



Inspection Report on

Capel Grange Nursing Home

**2 Capel Court
Capel Crescent
Newport
NP20 2FG**

Date Inspection Completed

04/12/2019

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Description of the service

Capel Grange Nursing Home is situated in Newport. The service provider, Linc Cymru Housing Association is registered with Care Inspectorate Wales (CIW) to provide a Care Home Service for 72 people. The responsible individual (RI) for this service is Mr Richard Davies. There is a manager in post who is registered with Social Care Wales (SCW). The home's Statement of Purpose states that the home provides nursing care to people over the age of 50. At the time of inspection 72 people were living at the service.

Summary of our findings

1. Overall assessment

People are as content as they can be and their routines and preferences are sought and respected. People have opportunities to make decisions and have as much control over their lives as possible. The service provider seeks feedback about the service provided and there is evidence that feedback it receives is valued. People receive continuity of care as they are supported by familiar care workers who are committed and kind. Management are visible and approachable and the service places high regard on ongoing development and improvement.

2. Improvements

This was the first inspection carried out since the service was re-registered under the Regulation and Inspection of Social Care (Wales) Act (RISCA)

3. Requirements and recommendations

Section five of this report identifies our recommendations to improve the service. These recommendations include the following:

- Oral care documentation.
- People's outcome and review information.
- Rooms which are required to be locked.
- Increased support to choose meals.
- Redecoration of some frequently used areas.
- Recording of activities available on a one to one basis.
- Staff attendance at meetings.

1. Well-being

Our findings

People's rights and entitlements are understood and people are supported to have as much control over their daily lives as possible. We were provided with an up-to-date copy of the statement of purpose (SOP) which was sufficiently detailed to enable people considering moving into the care home to understand what type of care and support was available. We saw people had been routinely provided with copies of the SOP and we found the SOP was reflective of the service people received. During our observations of care practices at the service we saw people were supported to get up when they wished, were provided with appropriate meal choices and made decisions about where they ate, had access to snacks and drinks of their choice and opportunities to take part in varied and meaningful activities which evidenced people are enabled to make choices. The chef told us that seasonal menus were available and that people were consulted prior to any menu changes and this was confirmed by people that we spoke with. We saw copies of the menus available and found them varied and appeared to offer choices at mealtimes. We were told that people chose their meal the day before and we recommended the service consider the benefits of people choosing their meal on the day. This was because when we spoke with people living at the service some were unable to recall what they had ordered for their meal. We also recommended the home consider further supporting people with meal choices such as providing pictorial menus or providing plated versions of meal choices to help people choose what they would most prefer to eat. We read 'this is me' documentation for three people living at the care home and found this contained detailed social histories of individuals, recorded people's usual routines and were reflective of people's preferences. We saw that this information had been incorporated into people's personal plans and overall documentation in people's daily care notes indicated people's routines and preferences were understood and respected. We find people's well-being is encouraged as they are supported to make decisions and influence how their care and support is provided.

People are supported to be as happy and healthy as possible. We saw that where people were at risk of malnutrition or dehydration this was routinely identified in people's personal plans and risk assessment documentation. Appropriate food and fluid charts were documented daily and daily fluid intake information had been calculated which supported care workers to know the fluid requirements of individuals and identify if these were not being met. We saw care files included information to care workers on the signs of dehydration. Where individual weight monitoring was required we saw these were being recorded at intervals as identified in personal plans. We saw appropriate and timely referrals for example to health and social care professionals such as doctors, dieticians and occupational therapists had routinely taken place when required.

We considered activities available at the service and found these were extensive and were reflective of what mattered to people. Activity workers were employed at the service in

numbers as identified in the SOP. We considered activity information for the previous four weeks and found time had been allocated for both group and one to one activities. We were told by an activity worker that care workers also got involved and promoted activities and we saw this during our inspection. We considered the recording of activities and found group activities tended to be well documented. However, we found for some people who preferred one to one opportunities, recordings did not always evidence they were being offered at timely intervals. We discussed this with the manager who explained it was likely some recordings had not been documented. We recommended all opportunities for meaningful occupation be recorded including refusal by individuals and that documentation considered how activities were supporting individuals to achieve their identified outcomes. We conclude people do have access to meaningful activities but some improvement in recordings would be beneficial.

People live in a service where they feel safe. People we spoke with during the inspection and their representatives talked positively about their well-being and stated they felt “*safe and content*”. We saw appropriate risks had been identified and evaluated in risk assessment documentation and that reviews of the risks took place at frequent intervals during personal plan reviews. Any changes in needs or risks had resulted in appropriate and timely revision of care documentation. All individuals had been provided with a copy of the complaints procedure and people were aware or had a representative who was aware of how to make a complaint. We considered the complaints policy available at the service and saw that complaints were dealt with in line with the policy. Copies of complaints were available, alongside the actions taken to resolve the complaint and the satisfaction of the complainant. We find this is a service which operates a culture of openness and honesty and where people’s safety is prioritised.

2. Care and Support

Our findings

People receive good quality, timely support from care workers who understand and respect people's preferences. We examined three care files of people living at the service. We found files were well organised and contained detailed and comprehensive '*what matters to me*' documentation which provided care workers with detailed social histories and identified people's preferences. We found personal plans were also detailed and comprehensive but tended to focus on the deficits in a person's life and the things they were unable to do independently. We were told that the service understood that the identification of people's personal outcomes and what mattered to individuals was important and management were consulting with all staff about the best way care documentation could be updated to capture this information more appropriately. We witnessed training/consultation sessions taking place during our inspection where care workers were supported to consider people's strengths and what they could do for themselves rather than focussing on their needs and how this would enable staff to support individuals to identify their outcomes and what support could be provided to ensure their achievement. We found these sessions were well received by care workers and they appeared enthusiastic about the changes ahead and their role within these changes.

We found reviews of care documentation were taking place routinely which met regulatory requirements. However, it was not always clear what input people living at the service and/or their representatives had in the review process. We discussed this with the manager who felt that supporting care workers to recognise what mattered to people would result in an improvement in the capturing of peoples' views or the views of their representative during reviews. People told us they were able to get up and retire to bed when they wished, eat where they felt most comfortable and their preferences in regards to bathing/showering was acknowledged and respected. Daily care documentation completed by care workers was overall detailed and reflected what support people had received. Although we noted support provided for oral care was documented daily, for those who required twice daily oral care documentation did not always reflect that people were offered this. We find, whilst people's preferences are identified, recorded and respected, more needs to be done to ensure what matters to each individual is fully documented, people's outcomes are identified and support is aimed at the achievement of people's outcomes.

People are treated with dignity and respect by care workers who are committed and kind. We observed lunch on the Swallow community. We noted people's meals looked appetising and warm and some people commented favourably about the meal. People's independence was maximised and they were encouraged to eat as independently as possible. For those who needed support to eat, support was provided in a discreet and caring manner and we saw the use of touch for reassurance was provided many times by several care workers. We observed the calm and pleasant dining atmosphere and saw all care workers were

respectful and promoted people's dignity. We found the dining experience to be supportive of people's overall well-being. People are supported to be as independent as possible but receive timely support when they require it.

People receive appropriate support with their medication and there are robust medication practices at the service. Medication was stored in locked rooms which were only accessible via key codes. We saw that temperature checks of medication rooms and of fridges were routinely documented and temperatures were noted to be within appropriate parameters. We saw the arrangements for the storage of medication, including controlled drugs, and documentation evidenced two staff members were involved in the recording and balance checking of controlled drugs as good practice dictates. We considered medication administration records (MAR) and found these included appropriate staff signatures with no gaps identified. MAR charts included people's photographs to support medication was administered to the correct individual. We were shown documentation where expiry dates of medication was recorded. We saw that where individuals were prescribed anti-psychotic medications these were being reviewed at appropriate intervals. We find there are robust medication procedures at the service which supports peoples' well-being.

3. Environment

Our findings

People live in a warm, clean and pleasant environment which meets their requirements. The home was decorated to a high standard with good quality fixtures and fittings. There was space for people to spend time both communally and privately. We found some areas of the home were particularly supportive of the requirements of people living with dementia. These areas were pleasantly decorated with local places of interest, had appropriately coloured front doors to help people identify their bedrooms and included pictorial signage to support people to be as independently oriented around the home as possible. We noted cleaning and maintenance staff were available during our inspection and there was high regard placed on cleanliness at the service. We were told that some bedrooms had recently been refurbished. We discussed with the manager the re-painting plans for one communal lounge area which was frequently used. We were told there were further plans for the redecoration of some communal spaces in the future. We noted people were able to personalise their bedrooms and people had access to belongings which were meaningful to them. People's well-being is maximised by having access to familiar possessions.

People live in an environment which considers their safety. Access to the building via the front door was only permitted once visitor identity and reason for their visit had been established. People living on communities for people living with dementia had additional safety precautions as the internal doors to these communities were only accessible via fob. There was a large enclosed and secure garden for people to spend time outside when weather permitted. We saw up-to-date health and safety documentation including gas, fire and electrical safety certificates, portable appliance tests (PAT), fire risk assessment and insurance certificates were stored on file. We noted individual personal emergency evacuation plans (PEEPs) were available on all care files that we examined. The care home had been inspected by the Foods Standard Agency and awarded five stars for food hygiene which was very good. During a tour of the environment we saw window restrictors were in place and people were being appropriately supervised by care workers. However, we did note an internal door which should have been locked for safety was found unlocked and a storage cupboard, which contained a step ladder providing access to the roof void, was found to be unlocked. We mentioned this to the manager who immediately ensured these issues were rectified. People's safety is prioritised but some further environmental checks are required to ensure there are no unnecessary environmental risks to people's health and safety.

4. Leadership and Management

Our findings

People are supported by a visible and approachable management team. During our inspection we saw the manager and deputy were visible and frequently interacted with individuals and their representatives. All people we spoke with during the inspection spoke positively about the management at the home and felt management were “*approachable and responsive*”. One staff member stated “*management are fantastic, I feel well supported*” another stated “*I am very happy with the support I receive from management*”. Providing people with good continuity of care by ensuring people received care from familiar care workers was important at the service and we were told by the Manager that they try not to use any agency staff. Several of the care workers we spoke with stated they had worked at the care home for several years because it was such a good place to work. All talked positively about their commitment to supporting people and the good team spirit at the service. We find management are supportive and contribute positively towards people’s well-being.

People receive support from care workers who are appropriately, recruited, vetted and trained. We examined the personnel files of four staff and found there were appropriate identity checks including copies of birth certificates and passports, full employment histories, appropriate references and all staff had appropriate disclosure and barring service checks (DBS) prior to the commencement of their employment. We saw that induction was comprehensive and followed guidelines provided by Social Care Wales and training was available as stated in the SOP. Supervisions were provided by appropriate staff members at intervals which met regulatory requirements. Supervision in this context referred to one to one time with a line manager to discuss learning and development needs and reflections on practice. We saw that supervision notes were individualised, comprehensively detailed and contained information about the positive contributions care workers had made, as well as identifying any learning and development needs. We conclude people are supported by care workers who are fit persons to work at the service.

People have opportunities to feedback their views about the quality of support they receive. We examined the care home’s quality assurance information. We saw completed questionnaires received during the previous year incorporated into a report alongside positive feedback from people living at the service, their representatives and staff working at the service. We noted the significant reduction of falls experienced by people living at the service and the actions which had led to this reduction. We were told about a member of staff who had been supported to complete further detailed falls training which appeared to have contributed positively to the reduction of falls. We examined a recent quality visit completed by the RI which was detailed and identified what was working well alongside where improvements were required. Feedback from people living at the service, their representatives and staff were recorded as part of this report. We were shown minutes of

meetings attended by residents and minutes of meetings attended by staff. We noted most staff had signed an attendance sheet which provided information about the level of staff attendance, but this was not available for all meetings. We recommended that keeping records of people's attendance at meetings is good practice and the manager assured us this would be completed for all future meetings. We find the service places high regard to the ongoing development of the service and demonstrates commitment to continuous improvement.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

This was the first inspection completed since the service was re-registered under RISCA.

5.2 Areas of non-compliance identified at this inspection

No areas of non-compliance were identified at this inspection.

Recommendations for improvement

- Capturing of people's outcomes is prioritised and review information reflects people's input.
- Completion of documentation to evidence support provided with oral care could be improved.
- Rooms which are required to be locked remain locked.
- People receive increased support to choose meals.
- Redecoration of some frequently used areas of the home.
- Improvement in recording of activities available on a one to one basis.
- Staff attendance at meetings need to be fully recorded.

6. How we undertook this inspection

One inspector visited the service on an unannounced basis as per our programme of inspections completed under the Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 on 29/11/2019 during the hours of 9.15 am and 4.15 pm. Two inspectors visited on an announced basis on 04/12/2019 between the hours of 9.45 am and 4.35 pm.

The following sources of information were used to inform this report:

- Information held by us about the service, including previous inspection reports, reportable notifications, safeguarding issues and concerns.
- Observation of daily routines and care practices at the home.
- Staff supervision and training records.
- Discussions with the Manager and Deputy.
- Discussions with five members of staff.
- Discussions with three people living at the home.
- Examination of three care files.
- Examination of four staff files.
- Consideration of complaints and compliments.
- Audit information including spot checks, medication and falls analysis.
- Consideration of policies including: medication, safeguarding and complaints.
- Questionnaires were sent to the home for dissemination amongst people living at the service, their representatives and staff. We received four completed questionnaires and have considered the feedback as part of this inspection.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	Linc Cymru Housing Association
Responsible Individual	Richard Davies
Registered maximum number of places	72
Date of previous Care Inspectorate Wales inspection	This was the first inspection completed since the service was re-registered under RISCA
Dates of this Inspection visit(s)	29/11/2019 and 04/12/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service who is continuing to work towards being fully able to provide the active offer of the Welsh language
Additional Information:	

Date Published 29/01/2020

No noncompliance records found in Open status.