



Inspection Report on

Thistle Court Nursing Home

**Thistle Court Nursing Home
Thistle Court Ty Canol
Cwmbran
NP44 6JD**

Date Inspection Completed

23/02/2022

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About Thistle Court Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Thistle Court Ops Ltd.
Registered places	37
Language of the service	English
Previous Care Inspectorate Wales inspection	08/03/2021
Does this service provide the Welsh Language active offer?	No. This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people /children who use, or intend to use their service.

Summary

The ongoing renovation of the service should remain a priority, the first-floor accommodation requires attention to ensure environmental issues do not impact on people's well-being. People's personal plans are person-centred and cover all core areas of people's care appropriately. People's experience of care and support may vary and as a result people may not always feel they are treated with respect. We witnessed isolated incidents where people's dignity was not always maintained. The provider has measures in place to protect people from the risk of abuse. There were enough staff to keep people safe and to meet their needs on the day of inspection. There is oversight of the service on a day-to-day basis by the Responsible Individual (RI) with remote clinical support available, whilst recruitment of a new manager and clinical lead is undertaken. Internal quality assurance systems have identified areas for improvement and the RI is taking these forward. Policies and procedures should align with and reflect Welsh legislation and guidance.

Well-being

People are encouraged and assisted by care staff to be as healthy as they can be. People have access to GP services. We saw individuals are referred to other healthcare professionals as and when needed. Activities are the responsibility of all staff. During our inspection visit we saw people engaged in a range of different activities including colouring, board games and gentle physical activities. We found menu's show people have a choice of food at each meal. We saw lunch was being prepared with fresh ingredients. People we spoke with told us they enjoy the food provided for them. Staff working in the kitchen are aware of any specialist diets people require and those whose food needs to be fortified.

People's experience of care and support may vary and as a result people may not always feel they are treated with respect. We saw most staff provide care with respect and sensitivity. Staff spoke with people using appropriate volume and tone of voice, terms of endearment were used appropriately with positive reactions. One person we spoke with told us they feel the care they receive is good. However, we observed poor and limited engagement by agency staff and at times observed insensitive practise. We spoke with visiting family members who were positive about the care provided and complimentary about how their loved one was supported to move into the service and settled quickly.

People receiving a service are safeguarded from harm. There are systems in place to record accidents and incidents. Audits of people's care delivery and health and safety monitoring is in place. Where there are necessary restrictions made in people's best interests to manage their safety, these appear proportionate. Improvements in recording people's involvement in making best interests' decisions are required. Character and suitability checks of staff to undertake their roles before providing care are completed. Staff complete safeguarding training. Safeguarding issues that occur are recorded and reported in a timely manner. The provider has a safeguarding policy and guidelines for staff to follow these require revision to align with Welsh legislation and guidance.

Care and Support

Inspectors were given full access to care documentation throughout the visit with additional information provided electronically. Personal plans are person-centred and reflect individual needs. Each plan covers the core areas of an individual's care and support and details how staff can support them safely. For example, supporting a person at risk of falls or skin damage. Regular monitoring of the plan serves to identify any change in a person's needs which supports referral to other professionals as and when needed. Due care and attention is required to ensure documentation does not contain contradictory information. For example, the use of covert medication. Better evidence of people's involvement in care reviews and decision-making processes is required. Plans contain people's preferences, likes, dislikes, and social histories.

People who require one-to-one care receive this support. We were provided with copies of rotas which identified satisfactory arrangements are in place to supervise people. Where people may be distressed or need additional support, this is provided. Agency staff require a better induction to the service and the people they will be supporting especially when providing one-to-one care. For example, knowing the individual's name, preferences and how to best support the person and how to actively engage the person. We witnessed positive interactions during our inspection; we saw care staff supporting people in a dignified manner. During lunch we saw inconsistencies in the level of engagement and encouragement provided to individuals. We also witnessed isolated incidents where people's dignity was not always maintained. For example, supporting people with their personal care. This is an area for improvement we expect the provider to take action to rectify this and we will follow this up at our next inspection.

Robust medication procedures were followed on the day of our inspection, we found all medication which had been administered was accurately recorded on the persons Medication Administration Record (MAR). Where people have been administered 'as required' medication, the reason for this is clearly recorded on the MAR. Service medication policies and procedures are in line with current medication legislation. Oversight and audits are currently completed remotely by clinically trained staff within the organisation. We saw incident forms completed following any medication error.

Environment

On arrival, we were requested to undertake infection control precautions to ensure the safety of people; these included temperature checks, hand washing and ensuring relevant tests had been undertaken. We found the entrance to the service was secure. However, during our visit we found the rear of the building was not secure, doors left open unattended with the keys in the lock. This is an area for improvement we expect the provider to take action to rectify this and we will follow this up at our next inspection. Visitors sign a visitor's book which means there is a clear record of who was visiting the building in case of an emergency.

Maintenance records we viewed demonstrated routine completion of utilities testing. The auditing and servicing of equipment are up to date and fire safety tests and drills are completed within required timeframes. Personal Emergency Evacuation Plans (PEEP's) are in place and detail the level of support people require in the event of an emergency. The provider carries out checks and maintenance relating to equipment such as hoists, slings and the lift. The provider has a system in place to record and monitor maintenance requests.

The ground floor of the building has been renovated. We saw some people's rooms are personalised to their individual taste; however, we saw other rooms are bare and sparsely furnished. The service continues to have ongoing renovation work, which has fallen behind due to restriction during the pandemic. This has significantly impacted on the first-floor renovations. We saw flooring requires attention to ensure trip hazards and any potential infection control issues are addressed. We saw redecoration was required in communal areas and in some people's rooms. Shower facilities are available however people cannot have a bath if this is their preference. The bathing facilities are not accessible and did not have the appropriate equipment to enable use of them. These are areas for improvement we expect the provider to take action to rectify this and we will follow this up at our next inspection.

At the time of our inspection, the service has a rating of 2 "*improvements are required*" from the food standards agency until they are inspected again. We spoke to the RI about this matter and was informed the action required to improve food safety had been taken on the day of the inspection and they are waiting to be re-assessed.

Leadership and Management

There is a statement of purpose (SOP) which describes how the service is provided, and is available for people to assist them in choosing an appropriate service. The RI submits the required notifications to Care Inspectorate Wales (CIW) and is open and transparent in their dealings with the regulator. The provider has a range of policies in place, to support service delivery. These require review to ensure they align with and reflect Welsh legislation and guidance. This is an area for improvement we expect the provider to take action to rectify this and we will follow this up at our next inspection.

Systems are in place, which support the running of the service although we found they need more of a robust application. The SOP details a wide range of quality assurance processes and monitoring systems. We viewed a sample of internal audits and identified gaps in these being completed. The RI is a regular presence at the service whilst a new manager is recruited. The RI has completed the required quality assurance reviews that support oversight of the service. The service has a remote monitoring system called 'page of the day' which reviews service provision daily Monday to Friday and highlights actions required for the team to take forward each day. The appointment of a new manager will enhance daily oversight and the required monitoring of service delivery, and the building is consistently completed.

The service has sound recruitment practices. There are suitable selection and vetting arrangements in place to enable the service providers to decide upon the appointment of staff. We viewed staff files and found the necessary pre-employment checks have taken place. Employment histories are provided for applicants. Identification and references further support the individual fitness of staff to work at the service. Staff spoken with confirmed a basic induction process had taken place. The provider's induction policy refers to the All Wales Induction Framework but also contains out of date information and references to legislation, which is not applicable in Wales, this requires revision. Staff said they feel supported, even though formal one-to-one supervisions had not been provided on a regular basis. The staff supervision matrix provided did not show any gaps in supervision being provided. Staff said, "*I feel positive going forward*" and "*great team now and we work well together*". Staff training matrix showed most staff were up to date with their training which has been predominantly on-line.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
44	The accommodation was not secure from unauthorised access, free from hazards to people's health and safety or have an accessible bath for people to use.	New

12	Policies are not aligned to Welsh legislation and guidance.	New
25	People receiving a service were not always treated with respect and sensitivity.	New
59	59(3)(e) - Some requested documentation was not supplied as requested following the inspection visit, although was provided following the feedback discussion. The inspector was not granted computer access at the inspection visit - this was attributed to safety issues.	Achieved
25	Regulation 25(2) (a) - The service provider must ensure that individuals are treated with respect and sensitivity. This includes, but is not limited to respecting the individual's privacy and dignity. There was broken furniture identified in one persons bedroom and one deceased person's belongings were returned to their relative with some items broken and with full stoma bag	Achieved
43	Regulation 43 - The service provider must ensure facilities are suitable to meet the needs of people using the service.	Achieved
7	Regulation 7(2)(a) - The statement of purpose must be kept under review	Achieved
60	Regulation 60(1) - Notifications of alleged misconduct should be notified to CIW.	Achieved
	No service user guide for the service.	Achieved
	Manager not registered with SCW	Achieved

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