



Inspection Report on

Gibraltar House

**Gibraltar Care Village
Gibraltar House
Portal Road
Monmouth
NP25 5FL**

Date Inspection Completed

07/09/2023

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About Gibraltar House

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Gibraltar Care Village Ltd
Registered places	95
Language of the service	English
Previous Care Inspectorate Wales inspection	01 September 2022
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

Most people are happy with the care and support they receive at Gibraltar House. Opportunities to participate in planned events have been re-introduced, but levels of social interaction and stimulation on a day-to-day basis vary. Each person has a personal plan of care which is person centred and reviewed regularly. These plans direct staff on how best to deliver care and support. Personal plans do not always identify people's personal outcomes and aspirations or how these can be met.

The management of medicines have improved. There is oversight of the service on a day-to-day basis from a service manager who is not yet registered with the work force regulator, Social Care Wales. The Responsible Individual (RI) visits the service in accordance with the regulations. There is additional remote oversight and clinical support to identify areas for improvement. Internal systems to support and develop staff skills, have identified gaps in refresher training which requires improvement. Care staff enjoy their work and are generally happy in their role. Access to external space is limited due to ongoing maintenance issues and delays in structural repair.

Well-being

People are encouraged and assisted by care staff to be as healthy as they can be. People have access to GP services and appointments with health and social care professionals are arranged. We saw evidence of communication with professionals around people whose needs have changed. Personal plans we examined were sufficiently detailed and reviewed regularly. The storage and administration of medication is monitored and in line with the medication policy. Drinks are offered and topped up, as necessary. People's likes and dislikes, allergies and specialist diets are known. The service had been inspected by the Food Standards Agency and had been given a rating of 5, demonstrating the service was rated as very good.

There are systems in place to help protect people from abuse and harm. Risks to people are assessed and their safety is managed and monitored. There are systems in place to record accidents and incidents. Character and suitability checks of staff to undertake their roles before providing care are completed. The provider has a safeguarding policy and guidelines for staff to follow and the service has worked in partnership with other agencies to participate in the safeguarding process. There are necessary restrictions made in people's best interests to manage their safety; these appear proportionate.

People are encouraged to have control over their day to day lives where possible. Relative and representative meetings have been re-instated in order to for people's views and wishes to be taken on board and resident meetings will be re-introduced to give people a voice and the ability to contribute to how the service is delivered.

The physical environment does not meet everyone's needs. There is plenty of space for individuals to socialise, rest and interact with others, including a number of communal areas, corridors include regular seating areas. This further supports people to move around independently. People have their own rooms, which are clean and personalised to their own taste creating a sense of belonging. Access to outdoor space continues to be limited due to maintenance requirements. The timeliness of replacing flooring internally and external paving could pose a risk to people's health and safety.

We noted a contrast in the level of social interactions and general stimulation being provided for people to support their wellbeing. Activities, stimulation and social engagement are the responsibility of all staff there are no dedicated activity staff at the service. Opportunities to participate in planned activities have increased with the re-introduction of entertainers visiting the service.

At the time of this inspection, this service did not provide a service to people in Welsh and would have to plan how to facilitate a service in Welsh if this was needed.

Care and Support

People were mostly complimentary about the service provided. One person told us *“I like it here”* another said, *“staff are lovely”*. Visiting family, we spoke with were positive about the care provided to their loved ones. One person said, *“staff are excellent, I cannot praise them enough”*.

Each person receiving a service has an individualised personal plan that outlines their care and support needs. Personal plans detail how staff can support people with specific needs, for example, supporting someone at risk of skin damage. Risk assessments and management plans identify people’s vulnerabilities and promote safe practice. Daily recordings and supplementary monitoring charts are in place and we saw plans are reviewed regularly. Personal outcomes or goals for individuals and how these can be achieved are not always included. Evidence of people’s involvement in reviews and decision-making processes are not always included. These require further improvement, and we expect the provider to take action to rectify this and we will follow this up at our next inspection.

There are systems in place for the management and storage of medication. Medication is stored securely and can only be accessed by authorised staff. Care practitioners receive additional training to support nurses with elements of medication administration and all staff are supported by a detailed medication policy in place. Medication is overseen and monitored remotely by clinically trained staff within the organisation to identify any potential errors. Remedial actions are highlighted and the services’ clinical senior will *implement. We saw improvements had been made in relation to covert medication and “as required” (PRN) medication. These need to be embedded into practice and consistently applied.*

The level of engagement and interaction from staff was variable throughout the day of inspection. During mealtimes we saw staff from different departments are used to supplement staffing numbers. For the majority of people this enhanced their mealtime experience however some requiring support with their meal had to sit and wait for assistance. We saw staff actively encouraging and reassuring people, for example one member of staff was observed supporting a person to mobilise with gentle encouragement resulting in a real sense of achievement for the person. Another was observed making a person more comfortable in their seat with kindness and respect. In contrast some staff interactions were seen to be task orientated with minimal interaction.

Since our last inspection amendments to staffing levels and deployment of staff at busy times have been made. Staffing rotas showed a slight increase in staffing levels and a reduction in the use of agency staff providing more consistency of people. Despite this staff were often busy and appeared rushed at times. There were incidents where people had to wait for assistance with personal care, causing some distress to the individual. This remains an area for improvement, and we expect the provider to take action to rectify this and we

will follow this up at our next inspection.

Environment

Accommodation is provided over three floors which are referred to as streets and houses. There is communal space on each floor where people can choose to be in the company of others or spend time on their own. People can move around independently and can choose where they would like to spend their time. Corridors include regular seating areas for people to rest and interact with others. People have their own rooms, which are large, clean and personalised to their own taste. People have family photos, cards and trinkets in their rooms, which gives a homely feel to their surroundings. Daily cleaning and laundry duties are being maintained. One of the houses had a strong smell of ammonia coming from the carpet. Following our inspection, a date for the carpet to be removed and replaced with laminate flooring was provided.

The provider has systems in place to mitigate risks to the health and safety of people. The service has a range of health and safety checks conducted on a regular basis. Routine servicing of utilities such as gas and electric take place. Risk assessments around water temperatures and legionella are in place. Checks and maintenance relating to equipment such as hoists, slings and lifts are on-going. Fire safety checks have improved, and the provider has an action plan in place following a fire risk assessment. Up to date personal emergency evacuation plans are in place and easily accessible in the event of an emergency.

At our last inspection we noted access to outdoor space was limited due to the large, raised decking area being unsafe for use and the garden area having uneven paths which pose a risk of trips and falls. Work has not commenced to improve access to external spaces. We were told for a second time that quotes had been received but confirmation of start dates could not be provided. Outdoor space is not accessible to everyone at the service, or safe and well maintained. This is an area for improvement and we expect the provider to take action to rectify this.

Leadership and Management

There are governance systems in place to support the operation of the service. There are remote auditing and quality assurance arrangements in place. These systems inform the Responsible Individual (RI) and manager of issues that occur and identify where improvements are required. The RI visits the service on a regular basis and completes the required reports. The appointed manager provides a level of stability to the service with increased daily oversight of service delivery. The manager is not registered with Social Care Wales, the work force regulator. This is an area for improvement, and we expect the provider to take action to rectify this.

A revised statement of purpose (SOP) was provided following inspection which better reflected the service provided. The regulator is notified when there are concerns and significant events affecting people. The provider engages in the safeguarding process with the local authority and other relevant parties. People and/or their representatives can contribute to the development of the service. Relative and representative meetings have been re-instated on a quarterly basis. Resident meetings are to be re-introduced. The RI engages with and gathers feedback from people receiving a service and their families.

There are suitable selection and vetting arrangements in place to enable the service provider to decide upon the safe 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. Disclosure and Barring Security (DBS) checks are in place and current. Newly appointed care staff complete an induction programme which includes training and shadow shifts.

Internal systems to support and develop staff skills, have identified gaps in staff refresher training. Staff training records we reviewed confirmed a high percentage of staff are overdue refresher training in core subjects, for example in fire safety, moving and handling and safeguarding. This is an area for improvement and we expect the provider to take action to address this. Staff will be provided with additional training to enhance linguistic skills with a specific focus on care delivery within the service. Care staff are supported to register with the workforce regulator, Social Care Wales.

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
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36	Staff are not up to date with core and refresher training.	New
44	Limited access to external grounds which are accessible and safe for use and appropriately maintained.	New
15	Personal plans do not always identify personal outcomes each individual would like to achieve, or evidence people's involvement in the development and review of their plans.	Not Achieved
34	During busy periods staffing levels are not sufficient to meet people's care or emotional wellbeing needs.	Not Achieved
67	Failure to appoint a suitably qualified and registered manager.	Not Achieved
7	The statement of purpose requires updating to reflect current service delivery.	Achieved
60	The provider has failed to notify CIW of some events as required in regulations.	Achieved
58	Failure to ensure appropriate recording and administration of medication.	Achieved
57	Fire safety systems are not sufficient.	Achieved

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Date Published 25/10/2023