



Inspection Report on

Gibraltar House

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

Date Inspection Completed

1 & 2 September 2022

Welsh Government © Crown copyright 2022.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

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	16/03/2021
Does this service provide the Welsh Language active offer?	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

Staff treat people with respect and dignity, are safely recruited, supported and trained. Each person has a personal plan of care. Reviews and updates to plans are inconsistent, do not identify personal outcomes or how these could be met. Medication practises require strengthening. Staffing levels should remain under review especially at busy times such as mealtimes. Opportunities to participate in activities are limited and levels of social interaction and stimulation are variable. Improvements are required to ensure the regulatory body is informed of all notifiable events. Internal quality assurance systems have identified areas for improvement and the Responsible Individual (RI) is taking this forward. The RI is regularly at the service until a new manager is formally appointed. The environment is homely, clean, and decorated to a good standard. Fire safety is not sufficiently robust.

Well-being

People are encouraged and assisted by care staff to be as healthy as they can be. People have developed good relationships with permanent staff and this helps to support people's well-being and emotional health. People have access to GP services. Appointments with health and social care professionals are arranged for regular checks or if individual needs change. Improvements in the administration of medicines are required. 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.

People were on the whole complimentary about the service provided. One person told us *"The staff are great and I like it here"* another said, *"most staff are lovely"*. Visiting family, we spoke with were mostly positive about the care provided to their loved ones. One person said, *"he appears to like the carers and is settled"*. They felt confident that staff and management would and had listened to their concerns. Staffing levels and how busy staff appeared to be was raised, with one person stating, *"there is not enough of them (staff) at times"* and another saying, *"staffing levels can vary"*. The environment is at times very busy; we saw care staff responding to people's needs as quickly as they could. One member of staff stated, *"it can be difficult to do occupation (activities) and one to one with people when there aren't enough staff"*.

The physical environment indoors meets people's needs and is safe and secure. People can move around independently. Access to outdoor space is currently limited due to maintenance requirements. There are a number of communal areas and facilities for people to use. Corridors include regular seating areas for people to rest and interact with others. Throughout the building there are objects of interest for people to touch and reminisce. People have their own rooms, which are warm, clean and personalised to their own taste. Health and safety policies and procedures are in place and audits are completed.

The provider has measures in place to protect people from the risk of abuse. Risks to people are assessed and their safety is managed and monitored. There are systems in place to record accidents and incidents. Audits of people's care delivery and health and safety monitoring is in place. Character and suitability checks of staff to undertake their roles before providing care are completed. Staff complete safeguarding training. Where there are necessary restrictions made in people's best interests to manage their safety, these appear proportionate.

Care and Support

Personal plans are in place for each person. Each plan covers the core areas of an individual's care and support and details how staff can support them safely. Due care and attention is required to ensure all plans are up to-date. For example, a person with bed rails in use did not have a bed rails assessment completed to evidence why they were required. The level of detail within personal and social histories, and people's choices, preferences and routines are variable. Personal outcomes for individuals are not always included. Better evidence of people's involvement in reviews and decision-making processes is required. The above areas require improvement, and we expect the provider to take action, and this will be followed up at the next inspection.

There are systems in place to ensure that people's best interests are promoted. Capacity assessments are completed on a regular basis. Where people lack the mental capacity to make important decisions relating to their life, Deprivation of Liberty Safeguard (DoLS) authorisations had been requested and put in place. Best interest assessments require further details of people involved in the process.

Current medication practises require strengthening. Medication is securely stored. Controlled medication is monitored. Covert medication paperwork had not been reviewed appropriately. Medication administration records (MARs) showed gaps in recording and amendments made without signatures to identify who made the alterations. This is an area for improvement, and we expect the provider to take action, and this will be followed up at the next inspection.

Staffing levels were sufficient on the day of our inspection to meet people's basic care needs but require review. Opportunities to be actively engaged and stimulated throughout the day especially for those who are cared for in their room is limited. The environment is at times very busy. Staff had little time to interact with people during mealtimes. On one occasion we saw people who were independent eating their meals were served first, and those who required assistance were served afterwards. People had to wait in excess of 30 minutes and watch others around them eating their meals. On another occasion we saw an individual struggling to use their fork appropriately and staff did not offer assistance in a timely manner. Throughout the day we observed people spending lengthy periods of time with limited interaction from staff. This could result in boredom and loneliness. We saw incidents where people had to wait for assistance with personal care. Staff told us they were often busy and felt rushed. 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.

Environment

People benefit from a safe and secure environment. On arrival, the main door was secure and we were asked to complete an electronic admission system. We were also requested to undertake infection control precautions to ensure the safety of people.

Accommodation is provided over three floors, which are referred to as streets and houses. There is communal space on each floor, 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. Throughout the building there are objects of interest for people to touch and reminisce. People have their own rooms, which are warm, 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.

Access to outdoor space is currently limited due to the large, raised decking area being unsafe for use. The provider is currently seeking quotes for remedial work to be undertaken. The ground floor has direct access out onto garden area's however the paths are uneven and require repair to reduce risks of trips and falls.

Health and safety records we viewed demonstrated routine completion of utilities testing. The auditing and servicing of equipment. The provider has a system in place to record and monitor maintenance requests. Fire safety tests are completed on a regular basis. However, regular evacuations and fire drills are not undertaken. Personal Emergency Evacuation Plans (PEEP's) have not been reviewed in a timely manner to ensure the right level of support people require in the event of an emergency is recorded. This is an area for improvement. We expect the provider to take action, and this will be followed up at the next inspection.

Leadership and Management

The responsible individual (RI) maintains close oversight of the service and has an active presence on a regular basis until a new manager is formally appointed. The service has been without a registered manager for seven months. This is an area for improvement, and we expect the provider to take action, and this will be followed up at the next inspection. The RI completes the required quality assurance reviews which support oversight of the service. Regular monitoring arrangements, which review service provision, and assess quality are in place. 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.

There are suitable selection and vetting arrangements in place to enable the service provider to decide upon the appointment of staff. We viewed staff files and found the necessary pre-employment safety and screening 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. Better evidence of satisfactory linguistic abilities for the purpose of providing care and support is necessary.

Staff told us they are happy in their role, although it could be very busy at times and spoke positively about their employment. They stated they felt supported and confident in their role, and the management team are approachable. Staff supervision matrix showed all staff had received supervision in the last three months. Supervision records are not detailed and lacked evidence to demonstrate feedback on work performance. Newly appointed staff receive induction and all staff employed receive training relevant to their roles.

Appropriate notifications are not consistently sent by management to relevant regulatory bodies and statutory agencies. For example, staff testing positive for an infectious disease and occurrences of pressure ulcers are not always sent as required. This is an area for improvement. We expect the provider to take action and this will be followed up at the next inspection.

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
15	Personal plans do not always consider/record personal wishes, aspirations or identify personal outcomes each individual would like to achieve.	New

34	During busy periods staffing levels are not sufficient to meet people's care or emotional health and wellbeing needs.	New
60	The provider has failed to notify CIW of some events as required in regulations.	New
67	Failure to appoint a manager.	New
58	Failure to ensure appropriate recording and administration of medication.	New
57	Fire safety systems are not sufficient.	New

Date Published 02/11/2022