



## Inspection Report on

**Thomas Gabrielle General Nursing & Dementia Residential Home**

**Victoria Street  
Cwmbran  
NP44 3JP**

## **Date Inspection Completed**

30/07/2024

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## About Thomas Gabrielle General Nursing & Dementia Residential Home

|   |   |
|---|---|
| Type of care provided                                 | Care Home Service<br>Adults With Nursing  |
| Registered Provider                                   | Virgo Care Homes Ltd  |
| Registered places                                     | 73  |
| Language of the service                               | English   |
| Previous Care Inspectorate Wales inspection           | 26 January 2023   |
| 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

People living at the service receive good quality care and support from staff who are trained and safely recruited. People are encouraged to be as independent as possible and are treated with dignity and respect. Regular activities are offered to people including maintaining links with the local community. The environment is safe, secure, and routinely maintained. We found people, living, working, and visiting the service are highly complimentary of the services provided.

People who live at Thomas Gabrielle are accommodated in two separate buildings, one for people who require nursing care and a second for people requiring non-nursing dementia care. Each is run by an experienced manager who is supported by a staff team. There are effective management systems in place to support the day to day operation of the service. The responsible individual (RI) is a visible presence and has good oversight of the service. The outstanding areas for improvement have been met.

## Well-being

People's rights are respected, and their voice is heard. People contribute to decisions that affect their lives as they are encouraged to make everyday choices including food and drink selections and where they want to spend their day. People's views of the service are actively sought during meetings, satisfaction surveys and RI visits. In the last survey, Thomas Gabrielle received high levels of satisfaction from people living, working and visiting the service. We were told, *"Excellent atmosphere the staff are very professional, warm and friendly, with very good standards"* and *"I think all the staff and the level of care provided is first class."*

People are treated with dignity and respect and receive kind and compassionate support. We observed numerous positive interactions between staff and residents throughout our inspection. People have positive relationships with staff who work alongside them. We saw staff use appropriate touch to reassure and comfort individuals. People told us, *"The staff are friendly and supportive as a family we can't ask for anything more, x is cared for brilliantly."* People added, *"The care staff and management are diamonds."* and this is a *"Jewel of a care home."*

People are offered a range of activities to stimulate them. An activity team offer a weekly activity timetable which includes visits to the local community for walks, shopping and to local clubs and pubs. We observed an armchair fitness session and an Olympic themed quiz with good participation. The service provider recognises the importance of maintaining community links especially for younger residents. Visitors can come and go which helps residents to maintain relationships with their family, friends, and pets. We saw how people are supported to retain their independence where possible, in ways which matter to them. Each property has a garden for people to enjoy.

The provider does not offer a service to people in Welsh and would have to plan how to facilitate a service if needed. People are asked before admission their preferred language. The service has a language policy. Staff are encouraged to use key words to promote the Welsh language and people are supported to celebrate cultural activities. Information can be provided in Welsh language if requested.

## Care and Support

People are satisfied with the care and support they receive. Care staff provide individual support to people as set out in their personal plans which promotes their independence. Some people's plans could be made more person centred by including their social histories. Care staff are knowledgeable about the people in their care and understand their needs and preferences. We saw many encouraging and friendly interactions between people who live and work at the home. People receive care and support from care staff who are committed, kind and caring.

People's physical health and wellbeing is promoted. Care records show people receive support to access social and health care professionals when needed. The service reviews people's health needs on a monthly basis which serves to identify changes in the usual presentation of people they support promptly. We saw improvement in engagement with people and their relatives during the care plan review process which considers if the person's outcomes have been met. Relatives are confident their loved ones are being well cared for.

People are safe and protected. People receive care and support from care staff who have been safely recruited. People receive a good standard of care and support from a well-trained and supported care staff team, who are registered with Social Care Wales, the workforce regulator. People are protected from harm by staff who know how to raise concerns. People and their representatives know how to raise a complaint and have confidence in this being dealt with by management.

People are supported by sufficient staff numbers. Call bells are available to people who are able to use them. There was good staff presence throughout our visit with the majority of communal areas supervised. A dependency scoring tool is used to monitor staffing levels at the service.

Effective arrangements are in place for the safe management of medication. Staff are trained to administer medication to people. We saw that medication is stored safely and staff complete medication records accurately. Medication audits are completed regularly. Infection prevention and control procedures are good. Care staff have access to personal protective equipment (PPE) and we observed staff using appropriate PPE throughout the inspection.

## Environment

The home is welcoming, comfortable, clean, and well-maintained. Both properties provide sufficient space for people to socialise and have the choice of privacy away from their own rooms. Appropriate arrangements are in place to ensure risks to people's health and safety are identified and dealt with. Records show monitoring checks are carried out to identify and address issues promptly. The service has regular maintenance workers with arrangements in place for ongoing maintenance and repair. Regular checks of the fire alarms take place and staff are trained in fire safety. People living in the home have a personal emergency evacuation plan to guide staff how to support them to leave safely in the case of an emergency. We noted some people's plans needed to be reviewed to reflect their current needs and were given assurance this would be prioritised. People are safe from unauthorised visitors entering the building.

People are encouraged to personalise their surroundings in line with their interests, tastes, and hobbies. The general décor is light, bright, and stimulating. The furniture in communal areas considers the needs of older people. Aids and equipment throughout the service promotes people's independence. Corridors are clutter free which means people can move freely around the environment. We saw how the service has carefully considered the needs of people living with dementia, to support their orientation around parts of the service.

The service promotes hygienic practices and manages the risk of infection. The service has a current Food Standards Agency (FSA) rating of 4, which means that hygiene standards are good. A choice of meals are freshly prepared at the service, based on people's preferences. We saw Personal Protective Equipment (PPE) and hand sanitising stations located around the home.

## Leadership and Management

There are effective governance systems in place which support the smooth running of the service. Each property is run by a manager who is registered with Social Care Wales, supported by a clinical lead/ deputy manager and a staff team. Staff told us, *“it’s a happy place to work”* as they are supported by the management team who are approachable and committed to service development.

People can access information which informs them about the service. An up-to-date Statement of Purpose (SoP) details the range and nature of the support available to people. The SoP is reflective of the service people receive. Policies which provide guidance for staff ensure services are provided in line with the SoP and are annually updated.

Arrangements are in place for effective oversight of the service through on-going quality assurance. A number of audits are routinely completed which assess the quality of the service such as accidents and incidents. Complaints are considered as part of the exercise. The RI routinely visits the service and gains people’s views and opinions. A six monthly quality of care review is undertaken. Recommendations form part of an on-going business plan which serves to drive forward improvements. The most recent quality of care review was based on peoples satisfaction of the service. *“The results show the service is well run and relatives are mainly happy with the care”*.

Staff recruitment practices have improved. We sampled personnel files for newly appointed staff and found the required pre-employment checks had been completed. This included a Disclosure and Barring Service (DBS) check, satisfactory references, pictorial identification, and full employment histories. All staff receive an induction. Care staff are registered with Social Care Wales. There is on-going training to support staff to perform their role. Supervisions are regularly undertaken. Annual appraisals found staff are committed to improving the lives of people living at the service.

### Summary of Non-Compliance

| Status              | What each means   |
|---------------------|---|
| <b>New</b>          | This non-compliance was identified at this inspection.  |
| <b>Reviewed</b>     | 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. |
| <b>Not Achieved</b> | Compliance was tested at this inspection and was not achieved.  |
| <b>Achieved</b>     | 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.

### Area(s) for Improvement

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



|    |   |          |
|----|---|----------|
|    | inspection  |          |
| 15 | <p>People's plans do not record how the person will be supported to achieve their personal outcomes. This means during the plans review, the extent to which an individual has been able to achieve their personal outcomes cannot be assessed. One persons plan failed to set out steps to mitigate their identified risks this could have an impact on the individual and others wellbeing.</p> | Achieved |
| 35 | <p>The service provider must strengthen selection and vetting systems to enable them make a decision on the appointment and refusal of all staff.</p>   | Achieved |

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