



Inspection Report on

Thistle Court Nursing Home

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

Date Inspection Completed

25/07/2023

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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	23 February 2022
Does this service promote Welsh language and culture?	This is a service that is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People's experience of care and support may vary and as a result they may not always feel they are treated with respect. We witnessed isolated incidents where people's dignity was not always maintained. Staffing levels and deployment of staff did not ensure that everyone's emotional wellbeing is met. Each person has a personal plan of care which is person centred, directs staff to deliver care and support and is regularly reviewed and updated. Although, the plans do not identify people's personal outcomes and aspirations or how these can be met. There is oversight of the service on a day-to-day basis from the service manager. 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. A quality of care report was not available. The physical environment benefits from investment in ongoing renovation work. The property's fire safety is not sufficiently robust.

Well-being

People's experience of care and support varies and as a result people may not always feel they are treated with respect. We saw most staff provide care with dignity and sensitivity. Staff spoke with people using appropriate volume and tone of voice, terms of endearment and touch were used appropriately with positive reactions. We observed poor and limited engagement by newer staff members which at times led to insensitive practises. The environment is at times very busy; care staff responded to people's needs as quickly as they could. On the day of inspection, staffing levels and deployment of staff did not ensure that everyone's emotional wellbeing was met.

People are encouraged and assisted by care staff to be as healthy as they can be. People have developed good relationships with established staff which 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. We saw evidence of communication with professionals around people whose needs have changed. Personal plans are sufficiently detailed and reviewed regularly. We saw the storage and administration of medication is monitored and in line with the medication policy. People's stimulation and activities are the responsibility of all staff. During our inspection visit we saw limited social activities taking place, photographs were later provided of people engaging in gentle physical activities. Ongoing investment in the physical environment will enhance people's wellbeing.

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. 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. The provider has a safeguarding policy and guidelines for staff to follow. The service has worked in partnership with other agencies to participate in the safeguarding process. Where there are necessary restrictions made in people's best interests to manage their safety, these appear proportionate.

Care and Support

Each person receiving a service has a personal plan which is individualised. 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. Risk assessments and management plans identify people's vulnerabilities and promote safe practice. Individuals' care and support is routinely monitored which supports referral to other professionals as and when needed. Daily recordings and supplementary monitoring charts are in place, giving information about people's progress and identifying any changes in their care needs. We saw plans are reviewed regularly. The provider is in the process of enhancing their service delivery model. We were told this would develop staffs understanding and ability to identify desired outcomes and aspirations of the people they support. We were told this would be embedded into practice over the next six months.

We saw evidence of appropriate and timely referrals to health professionals and partner agencies, with recommendations and direction acted upon by the service. There are systems in place to ensure that people's best interests are promoted. Capacity assessments are completed on a regular basis. We saw where people lacked the mental capacity to make important decisions relating to their life, Deprivation of Liberty Safeguard (DoLS) authorisations had been requested and put in place. The service maintained a record of applications it had made.

People do not always receive care in a way that is meaningful to them. The majority of care staff have a clear understanding of individual needs and how to meet them. We observed care staff taking time to reassure and support individuals who were displaying signs of distress. We saw care staff playfully interacting with people using humour to which people responded positively. In contrast to this we saw occasions when engagement with people was limited, insensitive and predominantly task led and not focussed on peoples' wellbeing. This has also led to people receiving care and support which does not always consider their dignity. 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.

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. The service has a medication policy in place. Medication is overseen and monitored remotely by clinically trained staff within the organisation. We were told on a day-to-day basis clinically trained staff at the service are accountable for the safe management of medicines.

Environment

The service continues to benefit from investment in the re-development of the environment to enhance people's wellbeing. We were shown individual rooms which have been renovated and refurbished to a good standard. Bathrooms are now accessible for people. The renovation work will continue in a phased way to try and reduce disruption to people. The provider intends to reconfigure communal areas to include a sensory space and area for quiet reflection.

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 and certificates seen. Materials which have the potential to cause harm are securely locked away to safeguard people. Records confirming the testing and servicing of electrical equipment is available. Risk assessments around water temperatures and legionella are in place. Checks and maintenance relating to equipment such as hoists, slings and the lift are on-going. The provider has a system in place to record and monitor maintenance requests.

Servicing records for the buildings fire system and fire safety equipment, identified fire doors as defective in March 2023. At the time of our inspection, the doors continued to require replacement. This is an area for improvement, we expect the provider to take action to rectify this. Following inspection, we were told a new company had been sourced and was currently reassessing the fire doors to enable a quote and timescale for works to be agreed. Personal Emergency Evacuation Plans (PEEP's) are in place and detail the level of support people require in the event of an emergency.

The service has a food hygiene rating of two meaning that improvement is needed. Following our visit, we were told Environmental Health had re-inspected and the service will be given a new higher rating. Kitchen staff have knowledge of people's dietary requirements to support their health and well-being. There is a team of cleaning staff, who follow a cleaning schedule to support the cleanliness and infection control practices of the service.

Leadership and Management

There are governance systems in place to support the operation of the service. The newly appointed manager provides a level of stability to the team, increased daily oversight of service delivery and an eagerness to improve outcomes for people. The Responsible Individual (RI) visits the service on a regular basis. There are remote auditing and quality assurance arrangements in place. These systems inform the responsible individual and manager of issues that occur and identify where improvements are required. The six-monthly quality of care report had not been completed for the service. 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.

Policies and procedures, such as for complaints, medication, and safeguarding, are in place. They give guidance to care staff, for example telling them what to do if they thought someone was at risk of harm. We saw the service has procedures to deal with complaints.

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 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. New staff complete an induction programme. Care staff are supported to register with the workforce regulator, Social Care Wales.

Systems to support staff and develop their skills have improved. All staff had received formal supervision within the last three months. Annual staff appraisals are being undertaken. Team meetings are now being held to inform and update staff. Training records showed the majority of staff had completed core and refresher training.

Staffing levels were below those expected on the day of our inspection due to last minute sickness, this was further compounded with an increased provision of one-to-one support to be covered within the team. Alongside, new members of staff requiring additional support and guidance. People's basic care needs were being met. The environment was busy at times. Staff told us they were often busy and felt rushed. We observed variations in the level of engagement and stimulation people received. During the lunchtime meal we observed minimal interaction and support provided without sensitivity and respect. Morning medication was still being administered to people at lunchtime. Staffing levels and deployment of staff did not ensure that everyone's emotional wellbeing was met. 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.

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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80	The RI has failed to compile a quality of care report to assess the standard of care and support at the service.	New
57	Fire doors in the property require replacement.	New
34	Staffing levels and deployment of staff does not ensure that people's wellbeing is met consistently.	New
25	People receiving a service are not always treated with respect and sensitivity.	Not Achieved
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.	Achieved
12	Policies are not aligned to Welsh legislation and guidance.	Achieved

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