

Care and Social Services Inspectorate Wales

Care Standards Act 2000

**Inspection report
Care homes for older people**

Capel Grange Nursing Home

Capel Crescent
Pillgwenlly
Newport
NP20 2FG

Date of publication – 4 February 2010

You may reproduce this Report in its entirety. You may not reproduce it in part or in any abridged form and may only quote from it with the consent in writing of Welsh Ministers

Care and Social Services Inspectorate Wales

South East Wales
 6th Floor
 Civic Centre
 Pontypool
 Torfaen
 NP4 6YB

01495 761200
 01495 761239

Home:	Capel Grange Nursing Home
Contact telephone number:	01633 258900
Registered provider:	Linc-Cymru Housing Association Ltd
Registered manager:	
Number of places:	70
Category:	Care Home Nursing - Older
Dates of this inspection episode from:	31 October 2009 to: 31 January 2010
Dates of other relevant contact since last report:	28 October 2009
Date of previous report publication:	N/A First Inspection
Inspected by:	Helen Ford
Lay assessor:	None

Introduction

This report has been compiled following an inspection of the service undertaken by the Care and Social Services Inspectorate for Wales (CSSIW) under the provisions of the Care Standards Act 2000 and associated Regulations.

The primary focus of the report is to comment on the quality of life and quality of care experienced by service users.

The report contains information on how we inspect and what we find. The report is divided into distinct parts mirroring the broad areas of the National Minimum Standards.

CSSIW's inspectors are authorised to enter and inspect regulated services at any time. Inspection enables CSSIW to satisfy itself that continued registration is justified. It also ensures compliance with:

- Care Standards Act 2000 and associated Regulations whilst taking into account the National Minimum Standards.
- The service's own statement of purpose.

At each inspection episode or period there are visit/s to the service during which CSSIW may adopt a range of different methods in its attempt to capture service users' and their relatives'/representatives' experiences. Such methods may for example include self-assessment, discussion groups, and the use of questionnaires. At any other time throughout the year visits may also be made to the service to investigate complaints and to respond to any changes in the service.

Readers must be aware that a CSSIW report is intended to reflect the findings of the inspector at a specific period in time. Readers should not conclude that the circumstances of the service will be the same at all times.

The registered person(s) is responsible for ensuring that the service operates in a way which complies with the regulations. CSSIW will comment in the general text of the inspection report on their compliance. For those Regulations which CSSIW believes to be key in bringing about change in the particular service, they will be separately and clearly identified in the requirement section.

As well as listing these key requirements from the current inspection, requirements made by CSSIW during the year, since the last inspection, which have been met and those which remain outstanding are included in this report. The reader should note that requirements made in last year's report which are not listed as outstanding have been appropriately complied with.

Where key requirements have been identified, the provider is required under Regulation 25B (Compliance Notification) to advise, in writing, the appropriate regional office of the completion of any action required by CSSIW.

The regulated service is also responsible for having in place a clear, effective and fair complaints procedure which promotes local resolution between the parties in a swift and satisfactory manner, wherever possible. The annual inspection report will include a summary of the numbers of complaints dealt with locally and their outcome.

CSSIW may also be involved in the investigation of a complaint. Where this is the case CSSIW makes publicly available a summary of that complaint. CSSIW will also include within the annual inspection report a summary of any matters it has been involved in together with any action taken by CSSIW.

Should you have concerns about anything arising from the inspector`s findings, you may discuss these with CSSIW or with the registered person.

Care and Social Services Inspectorate Wales is required to make reports on regulated services available to the public. The reports are public documents and will be available on the CSSIW web site: www.cssiw.org.uk

Overall view of the care home

Capel Grange Community Nursing Home is a purpose built seventy bedroom care home, which has been built by LINC Cymru in the Pillgwenlly area of Newport. This was the home's first full inspection since registration, in June 2009.

Capel Grange is registered with the CSSIW to provide care and support for a maximum of seventy service users with general nursing and dementia nursing needs. The home is also registered to provide nursing care to a maximum of fourteen service users aged between fifty and sixty five years.

The information contained in this report was obtained from a review of the self assessment documentation provided by the Responsible Individual prior to the inspection visit to the home. An announced inspection visit to the home which was taken over the period of one day. Detailed discussions with the Responsible Individual and the Deputy Manager and the staff team. Comments received to the staff questionnaires and the service user questionnaires which were returned to the CSSIW office. Three service user care files were case tracked during the inspection visit. Four Staff files were also reviewed. A tour of the home was also undertaken.

On the day of the inspection visit, all the service users were located on the middle floor of the home. It was reported that the bedrooms on the ground floor were reserved for those service users with a diagnosis of dementia. The Responsible Individual stated that the home was still in negotiations regarding the admission of service users with dementia. The top floor of the home was not registered. The Inspector during the visit to the home also conducted a registration visit and at the time of writing this report, the CSSIW has issued a Notice of Proposal to register the bedrooms on the top floor of the home.

An environmental review of home was undertaken, the home appeared to be clean and tidy, and there were no offensive odours noted. All the bedrooms viewed appeared personal and homely, service users had been encouraged to personalise their rooms with small items of furniture and ornaments. The home's communal facilities were nicely decorated and appropriately furnished.

The Inspector was informed that no service user moved into the home until a pre-admission assessment had been undertaken by the Deputy Manager, who was also the Clinical Lead for the home, and a Local Authority care plan if applicable had been received.

The staff spoken to during the inspection visit and comments received from the staff via the staff questionnaires were generally positive, although some comments were received regarding the morale of the staff, which had been low and was now improving.

The staff team appeared caring and supportive. The Inspector observed that staff provided care in a discreet and professional manner, showing compassion to those service users in their care.

It was recognised that the staff team had undertaken a variety of training, which was mandatory and service user specific. A training matrix was available to assist with training and development.

It is not practically possible for every aspect of the operation of an establishment to be observed on each visit. The absence of reference to a particular fault or issue does not

mean that such a fault does not exist. It is the responsibility of the Registered Person to ensure that in all aspects the home operates in accordance with the relevant laws, regulations and standards.

The Inspector would like to thank Mr Hugh Irwin, the Responsible Individual and Temporary Manager. Mrs Tanya O'Dwyer Deputy Manager/Clinical Lead, the nursing staff and service users for making her feel welcome, for their comments and their co-operation throughout the inspection process.

Choice of home

Inspector`s findings:

The home had produced a Statement of Purpose and Service User Guide. Both documents were comprehensive and gave service users and prospective service users the information necessary for them to make an informed choice about whether to live at the home. The Statement of Purpose needed to be amended to reflect the recent management changes within the home. The Inspector was informed that the Service User Guide was also available in an audio version.

Capel Grange is registered with the CSSIW to provide care and accommodation for up to seventy service users. The registration category of the home also allows the home to provide accommodation for fourteen younger adults aged between fifty and sixty five years in need of nursing care.

The Inspector was informed that prospective service users and their families were given the opportunity to visit the home to view the accommodation and care offered. Comments received from the service user questionnaires regarding this were mixed, although the majority stated that their families had viewed the home prior to them moving in.

The home had a comprehensive admissions policy, the temporary Manager confirmed that all service users were assessed prior to them moving into the home and where applicable a Local Authority care plan was received. The Inspector was informed that the admissions procedure had been reviewed since the home was registered. All service users were informed in writing, confirming that the home could meet their assessed needs.

The temporary Manager confirmed that all service users had a copy of Terms and Conditions of their residency, which included the amount of fees payable and by whom the fees were paid. These were observed to be in place on the day of the inspection visit.

On the day of the inspection visit the daily management of the home lay with the Responsible Individual/Temporary Manager. The Deputy Manager/Clinical Lead took responsibility for the clinical issues within the home. The assessment, planning implementation and evaluation of individualised care was undertaken by the Clinical Lead and the Registered Nurses employed within the home.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

--

Planning for individual needs and preferences

Inspector`s findings:

The Inspector case tracked and observed three service user care files. It was observed that each service user had an individual plan of care, which had been based on the care plans received from their Care Managers and the pre admission assessment. It was noted in all three files that the service delivery plans had recently been reviewed and rewritten.

The Inspector found that the care files were well presented and well organised, an index system had been used to separate each section of the file. Each service user had various risk assessments in place including pressure damage risk assessment, nutritional risk assessment, falls risk assessment, moving and handling risk assessment, and dependency levels. It was observed that the risk assessments had been reviewed on a regular basis. The Inspector noted that the risk assessments had been used to assist in the development of the service delivery plan. The temporary Manager also stated that a body map diagram was completed when a new service user moved into the home, to identify any bruising or pressure damage which may be present on admission.

The service delivery plans viewed gave detailed instructions of how the care staff should meet the care needs of the service user. It was noted that the service users or their representatives had not signed the care plan, but in discussions with some service users and comments received within the service user questionnaires indicated that the service users were aware of their 'plan of care'.

It was observed that each service users' daily record was completed at the end of each shift. The record detailed what care had been given and how the service user had been during the day.

The Inspector was informed that as the home had only been operational for six months many service users had only received a review of their care plan following their admission to the home six weeks previously. Comments observed following the six weekly review were positive.

On the day of the inspection visit, many of the service users, who received continuing healthcare funding, funded nursing care were being reviewed and re-assessed by the Nurse Assessor from the Local Health Board.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

--

Quality of life

Inspector`s findings:

The Inspector was informed that the management style adopted by the home maximised the service user's capacity to exercise personal choice and control in their lives where possible. The daily routines within the home were varied and flexible to suit the individual's expectations, preferences and capacities.

The Inspector observed that service users were encouraged to personalise their individual bedrooms, with small items of furniture, ornaments and pictures. The rooms observed during the visit to the home were homely and individualised. The temporary Manager confirmed that service users were encouraged to maintain their independence in relation to their legal business and personal finances.

The Inspector noted that the service users were clean and appropriately dressed. The service users wore their own clothes which were well laundered. Comments received via the service user questionnaires indicated that the service users chose their own clothing to wear. Although comments received to the service user questionnaire stated in many instances clothing had been purchased by families on their behalf.

During the inspection visit to the home the Inspector noted that the interaction between the service users and staff was professional and friendly. It was observed that staff spoke to service users in a respectful manner and care was observed to be undertaken with respect to the needs of the service user.

The home has recently employed a full time Activity Co-ordinator, who has begun to complete life books for service users, and to engage them in various activity programmes. The Activity Co-ordinator confirmed that she is hoping to organise regular relative meetings and facilitate service user meetings to gain a better understanding of the wishes of the service users. The Inspector received positive comments regarding the activities currently offered at the home, although it was suggested that more 'live' entertainment would be nice. On the day of the inspection visit some service users visited the local primary school's Christmas Carol Concert.

The temporary Manager confirmed that he wanted to ensure that the service users accessed the community on a regular basis. It was also confirmed that the home had set up a quality audit group to ensure that all the service users accommodated at the home received a good quality service and were able to put their individual views across.

The Inspector was informed that regular religious service also took place within the home, and that service users were free to attend their own churches with family members, or attend services in the sheltered housing scheme sited next door to the care home.

There were no restrictions placed upon the service users unless they were requested by the service user themselves. The Inspector was informed that there was no Deprivation of Liberty Safeguards in operation within the home on the day of the inspection visit.

The Inspector was informed that there were two single guest room available on the ground floor of the home. These rooms could be used by relatives of service users who were terminally ill.

It was noted all the records within the home were appropriately stored within locked filing cabinets and stored in accordance with the Data Protection Act 1998.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

--

Quality of care and treatment

Inspector`s findings:

The Inspector was informed that the home had specific policies and procedures in place in relation to maintaining the privacy and dignity of the users. Service users were able to have their own telephones in their rooms if they wished. The Inspectors were informed that service users were also able to use the office telephone if required.

All service users were registered with local GP practices. The Inspector was informed that the home was building up good relationships with the GP's who visited the home. The temporary Manager confirmed that service users had access to aspects of NHS services including hospital appointments.

The kitchen area was not inspected during the visit to the home. Although it is known that all the equipment is new. The Inspector was informed that the service users were offered three meals per day. It was also reported that there was a choice of meals available. The Inspector saw the lunchtime meal being served. The meals were transported to the various dining rooms in heated trolleys. The meals provided looked appetising and nutritious, the portion sizes also appeared appropriate to the needs of the service users. The Inspector observed that service users were supported to eat in a calm and dignified manner.

The Inspector viewed the accident records within the home, it was confirmed that all accidents and incidents were recorded and audited by the management team, to monitor for trends and to ensure mechanisms were in place to prevent further accidents.

National Minimum Standard 18 was not audited on this occasion, as Capel Grange is a new building and all the fixtures and fittings were new. The certificates appertaining to the home were checked and verified as part of the registration process in June this year.

The home had a comprehensive medication policy in place. It was reported that medication was only dispensed by qualified nurses. A full medication audit was not undertaken on this occasion. The Inspector was informed that the home had a dedicated medication storage room. The Inspector had examined this room as part of the registration process in June 2009.

The Inspector was informed that the home had a full fire risk assessment in place. It was reported that all staff receive training regarding fire safety as part of their basic induction programme. All staff also received regular fire drills.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

--

Staffing

Inspector`s findings:

The staff rotas were examined as part of the inspection visit to the home. The temporary Manager discussed at length the new four weekly rotas which were being introduced in the home. The staffing levels were also discussed and it was apparent at the time of the inspection that sufficient staff were employed within the home to meet the current needs of the service users accommodated. The Inspector was informed that there was a minimum of one qualified nurse per shift. It was also planned to employ more staff as the number of service users accommodated rose.

There appeared to be sufficient hours of ancillary staff employed within the home to maintain the high standards of cleanliness, laundry and catering services within the home. These numbers will need to be reviewed as the numbers of service users increase.

The Inspector observed the recruitment processes within the home. The process was comprehensive. The Inspector reviewed three staff files during the inspection visit to the home. It was noted that the files were well presented and contained all the necessary pre employment information. Each staff member had a valid enhanced CRB disclosure, a completed application form, two confirmed written references, details of any gaps in employment history had been discussed with the applicant. The files also contained a recent photograph of the staff members. All relevant qualifications were recorded and checked. A member of Human Resource staff was involved during the interview process, and was present for part of the inspection visit.

The Inspector was informed that all staff received supervision on a two monthly basis. This was supported within the comments received from the returned staff questionnaires. The Inspector also viewed supervision records during the inspection visit. The Inspector was informed that all staff received a generic list of objectives to complete in between their supervision sessions. The objectives were dependent upon the employment status of the individual, i.e. qualified nurse or care assistant.

The temporary Manager discussed the induction programme, which all staff followed. The Inspector was shown the staff training matrix, which demonstrated that all staff received mandatory training, and service user specific training.

Comments received from the staff questionnaires returned, stated that they were generally happy working in the home. Although there were some comments regarding the morale of the staff team, which had been low, but was now improving. All staff were happy with the working environment.

The Inspector noted that all staff wore a uniform and were smartly and appropriately dressed. The Inspector was informed that staff had a changing room and locker facilities. There were also staff rooms and facilities on each floor within the home.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

--

Conduct and management of the home

Inspector`s findings:

The home currently has a temporary Manager in post. The temporary Manager is also the Responsible Individual for the home. The home has recently employed a Deputy Manager/Clinical Lead. The future management arrangements for the home were discussed at great length during the inspection visit. It was agreed that the Responsible Individual would inform the CSSIW early in the new year what the new management arrangements for the home would be.

The Inspector discussed the registration certificate for the home with the Responsible Individual. During this inspection visit the Inspector took time to review the accommodation and services available on the third floor of the home. The bedrooms, communal spaces, bathrooms and toilet facilities were examined and approved for use. A Notice of Proposal to Register the bedrooms was sent out to the providers.

The staff spoken to on the day of the inspection visit and the comments received from the staff questionnaire were generally positive of the management style within the home. Most respondents stated that they now felt valued, and that their points of view were listened to. The temporary Manager confirmed that he had set up a timetable for staff meetings, service user meetings and a quality assurance group to ensure that everyone connected with the home had the opportunity to make comments about the service. It was stated that the information received from these meetings and the Regulation 27 visits undertaken by the Providers, as well as the results from internal audits would ultimately feed into the annual quality assurance report and action plan.

The Inspector was informed that the home supported service users to attend hospital appointments etc.

The home had an appropriate insurance certificate on display.

The temporary Manager confirmed that the home did not act as an appointee for any of the service users accommodated. It was stated that the home held small amounts of money for some service users. The home had a policy and procedure in place to record the amount of money held and the Inspector was informed that the money stored was checked regularly by two members of staff. The organisation also undertook regular financial audits within the home.

The temporary Manager and Clinical lead had introduced a variety of audits and check lists, which included a medication audit, nutritional audit and a general audit of the care plans within the home. The Inspector was informed that action plans were developed to address any shortfall identified.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Concerns, complaints and protection

Inspector`s findings:

The home had a comprehensive policy and procedure in place for the handling of complaints or concerns, which were raised by staff, service users, or their families. Copies of the home’s complaints procedure was available within the Service User Guide.

The Inspector noted each of the bedrooms contained a perspex information box, containing information relating to the home, the temporary Manager confirmed that he was going to put laminated copies of the complaints procedure in each box.

The complaints book was viewed, it was observed that the home had received four complaints, since the home first opened. It was apparent that all the complaints had been investigated and appropriately addressed. The CSSIW has received one anonymous complaint, which was appropriately investigated.

The home had policies and procedures in place in relation to the Protection of Vulnerable Adults (POVA). The Inspector was informed that all staff had received POVA Level 2 training, and this training was on going. There has been one POVA alert received since the home was registered and this was currently ongoing.

Discussions were held with the temporary Manager in relation to the Mental Capacity Act and the Deprivation of Liberty Safeguards (DOLS), the Inspector was informed that there were currently no DOLS in operation within the home. The home did not employ any forms of physical restraint.

The home had a ‘Whistle Blowing Policy’ in place, this was made available to all staff to ensure that staff were comfortable in reporting incident of abuse to the Manager and or Senior Staff.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

--

The physical environment

Inspector`s findings:

Capel Grange is a purpose built community nursing home which has been built in the Pillgwenlly area of Newport. The home has seventy individual bedrooms which are all en suite. There are a large number of communal rooms and areas within the home. All areas within the home were tastefully decorated and co-ordinated. The home has a pleasant outdoor garden which can be enjoyed by the service users during clement weather. Access to the home is via a short drive, which provides access to both Capel Grange and Capel Court a supported living scheme provided by LINC Cymru. Entry is obtained by the main door and signing the visitor's book. The home had a car park which provided adequate car parking facilities for both staff and visitors.

The home was fitted with grab rails and hand rails to enable service users to mobilise independently throughout the home. The home has a central passenger shaft lift, which enabled service users' access all parts of the home and the outside areas. There is also a smaller service lift available. It was noted that the lighting within the home was domestic in nature and sufficiently bright. Comments received from the service users spoken to and to the service user questionnaire confirmed that they were very happy with their bedrooms and the environment.

The ground floor to the home contained an entrance hall and reception desk, the laundry, kitchen and medication room. There was also a large communal lounge. The ground floor also provided two relative's bedrooms. These rooms were available for the relatives of service users who required a place to stay. There is also a unit of 12 which the providers plan to use for service users with dementia nursing care needs.

The middle floor currently provided accommodation for 29 service users, in separate units. The top floor which has recently been registered provides nursing care and accommodation for a further 29 service users.

Each separate unit contained ample day space and all the bedrooms were in excess of 14 square metres. All the bedrooms contained an en suite toilet and level access shower. In addition there was an electric profiling bed complete with pressure reducing mattress and a suitable storage space and a lockable facility for the safe storage of valuable. All the bedrooms were tastefully decorated.

Service users spoken to on the day of the inspection visit and comments received to the service user questionnaire, confirmed that they were generally happy with the accommodation and services offered.

All rooms viewed during the inspection visit, appeared personal and homely. The home was clean and there were no offensive odours noted on the day of the inspection visit.

The Inspector was informed that service users were able to install their own telephones if they wished. The temporary Manager also stated that the home could facilitate wireless internet connections.

The home has a comprehensive infection control policy, which is known to the staff employed at the home.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

--