



## Inspection Report on

**Thistle Court Nursing Home**

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

## **Date Inspection Completed**

23/07/2024

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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	25 July 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 are happy with the care provided and are treated with respect at Thistle Court. Levels of social interaction and stimulation for people is variable on a day-to-day basis. Each person has a personal plan of care which is individualised and reviewed regularly. These plans direct staff on how best to deliver care and support. The storage and administration of medication is safe. Care staff are employed following robust recruitment checks. Systems to evidence staff support are confusing and require development. Not all staff are registered with the work force regulator, Social Care Wales.

Management is approachable and visible in the running of the service. There is oversight of the service on a day-to-day basis from the service manager and a team of senior staff. The Responsible Individual (RI) visits the service in accordance with the regulations. The required quality of care report is not sufficiently robust. Governance, auditing and quality assurance arrangements are in place. Improvements are required to ensure the regulatory body is informed of all notifiable events. The property's fire safety systems are not sufficiently robust. The provider has made significant investment in the ongoing renovations of the service.

## Well-being

People are encouraged to have control over their day to day lives where possible. Individuals are given the opportunity to make everyday selections such as clothes to wear, where to spend their day, food and drink options. People are treated with dignity, warmth and kindness by staff. However, staff interactions with people can be predominantly task orientated. People appear to be spending long periods of time with limited stimulation or interaction from staff which can lead to boredom and feelings of isolation. Resident/relative meetings are held giving people a voice and the ability to contribute to how the service is delivered. People and their representatives are involved in the review of their care plans. Friends and relatives can visit when they wish.

People are encouraged and assisted by care staff to be as healthy as they can be. People's likes and dislikes, allergies and specialist diets are known. The service assesses people's care and support needs and any associated risks to their health and well-being. These are documented in personal plans, providing guidance for staff on how to support individuals with their needs. People have access to GP services and appointments with health and social care professionals are arranged. We saw people are appropriately referred to professionals for any health concerns. The storage and administration of medication is monitored to ensure medical conditions are managed accordingly. Personal plans we examined were sufficiently detailed and reviewed regularly.

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. Accidents and incidents are dealt with appropriately and monitored by managers so any trends can be identified and acted upon. 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. Where there are necessary restrictions made in people's best interests to manage their safety; these appear proportionate.

The service provider is continuing to invest in the property to enhance people's wellbeing. There is an ongoing schedule of works in place. Arrangements are in place to ensure the environment is clean throughout renovations. Individuals' rooms are personalised with their belongings on display which promotes belonging. Suitable mobility aids are in place to help people where needed. Work to improve fire safety systems is required.

## Care and Support

Care staff understand individual needs and how to meet them. We observed care staff taking time to reassure and support individuals, ensuring dignity and respect was maintained. We saw care staff interacting with people using humour to which people responded positively.

Assessments are completed prior to people moving in, to determine whether the service can cater for their needs. Each person receiving a service has a personal plan which is individualised and detailed. Plans are reflective of people's identified needs and contain guidance for staff to follow. Risk assessments highlight individual vulnerabilities and contain information on how to keep them safe. Plans include social histories, identify individual likes, dislikes and wishes, ensuring the person's voice is central to the care provided to them. Personal plans are reviewed regularly to ensure they remain up to date. Evidence of people's involvement in these reviews has improved.

There are systems in place to ensure that people's best interests are promoted. Capacity assessments are completed on a regular basis. Deprivation of Liberty Safeguard (DoLS) authorisations are sought where people lack mental capacity to make decisions about their care and accommodation and need to be deprived of their liberty to keep them safe. The service maintains a record of applications it has made and expiry dates but failed to notify CIW of these applications.

People are supported to maintain their health and wellbeing and referrals to health care services are made in a timely manner. Individuals' care and support is routinely monitored which supports referral to other professionals as and when needed with recommendations and direction acted upon by the service. Daily recordings and supplementary monitoring charts are in place, giving information about people's progress and identifying any changes in their care needs. There are systems in place for the management and storage of medication. Medication is stored securely and can only be accessed by authorised staff. A range of clinical audits are completed on a regular basis to identify any potential errors and remedial action required.

## Environment

The location, design and size of the premises are as described in the statement of purpose. The service provider continues to invest in ongoing renovations and updating of the environment. We walked around the environment and found it was clean and comfortable. Accommodation is provided over two floors; the ground floor has been renovated and the change to the physical environment has made a positive impact on people's quality of life and wellbeing. There is a schedule of works in place to renovate the first floor to a similar standard.

Ongoing improvements to the buildings fire safety systems are required. The most recent fire risk assessment for the building was completed in March 2024 and identified remedial work to be completed and timescales given for this. The service provider has failed to complete all required work, for example compartmentation and fire stops within the building. This is an area for improvement, we expect the provider to take action to rectify this.

Environmental Health have inspected the service since our last visit and has awarded a food hygiene rating of four meaning hygiene standards are good. 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 of the service whilst renovation work is being completed. All staff have access to personal protective equipment (PPE).

## Leadership and Management

The statement of purpose states what people can expect from the service and the service reflects its contents. There are governance systems in place to support the operation of the service. The RI has good oversight of the service; however, the quality-of-care report was not sufficiently robust. The latest report did not cover the required timeframe of six months to evidence the quality of service delivery during this time. This is 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.

The appointed manager provides daily oversight of service delivery and is registered with the workforce regulator, Social Care Wales (SCW). They are experienced and suitably qualified for their role and committed to support and develop the service. The regulatory body is informed of incidents affecting service delivery at the service. Notifications in relation to DoLS authorisations being applied for have not been received for the last 12 months. This is 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.

The service recruits and inducts staff appropriately. Selection and vetting arrangements enable the service providers 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. Current Disclosure and Barring Service (DBS) checks are available for all staff. Nurse registrations are valid which evidences their suitability for practice.

Systems to evidence formal staff supervision require improvement. We noted staff undertake group supervisions to discuss specific topics, for example infection control. We also noted that staff receive regular welfare calls from staff within the company's head office. These do not replace the requirement to hold on a quarterly basis one to one formal supervision to discuss practice and career development needs with line managers. 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. Training records showed the majority of staff had completed core and refresher training.

Not all care staff are registered with the workforce regulator, SCW within the required six 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. Staffing levels were sufficient on the day of our inspection to meet peoples care needs. The staff rota showed consistent levels of staff each day and a reduction in the use of agency staff 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
60	The service provider failed to notify the service	New



	regulator of applications for Deprivation of Liberties.	
35	The service provider has failed to ensure all staff are registered with Social Care Wales within the required six months.	New
36	Staff are not provided with regular one to one supervision with a line manager.	New
80	The RI has failed to complete a robust quality of care report to assess the standard of care and support at the service.	Not Achieved
57	Remedial fire safety work has not been completed in a timely manner.	Not Achieved
25	People receiving a service are not always treated with respect and sensitivity.	Achieved
34	Staffing levels and deployment of staff does not ensure that people's wellbeing is met consistently.	Achieved

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