



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Inspection Report on

Lower Lodge

Swansea

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Description of the service

Lower Lodge Respite Care Service provides personal care and accommodation for up to three younger adults with a learning disability. The registered provider is Community Lives Consortium, a large domiciliary care agency that operates in the Swansea, Neath and Port Talbot areas. The acting manager with day-to-day management responsibility is Ellen Lewis.

Summary of our findings

1. Overall assessment

We found that people living in Lower Lodge are supported to live their lives as they choose. People receive support that focuses on their needs. The acting manager provides clear direction and ensures the staff team are well supported. Systems are in place to monitor the quality of care, and action is taken to improve where necessary.

2. Improvements

- There is a new shower and bathroom upstairs, and a new toilet and flooring downstairs;
- Some new furniture has been purchased;
- The garden has been further developed.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service and any area where the home is not meeting legal requirements. It includes the following:

- We recommended that the home reviewed its medication procedures.

1. Well-being

Summary

People are listened to and believe their views are valued. People's individual needs and preferences are understood and anticipated. People are encouraged to participate in activities that are important to them.

Our findings

People are listened to and believe their views are valued. Care workers respected people's personal choices; we saw people being asked how they wanted to spend their day. Care workers were clearly aware how important people's routines were for them. In addition, some people were not always clear in their communication, or did not use speech to communicate. The home therefore routinely used photos and picture cards to ask people's opinions on preferred activities and drinks. We also noted that some people who did use speech themselves, strongly preferred other people to use certain phrases and conversational routines. We saw various examples of this, including one person who insisted on certain phrases not being used when communicating with them. We saw that the person remained calm and happy when these rules were applied. People had also been supported through a recent bereavement by the use of 'social stories.' These described complex life situations for people with autism who may not initially grasp the whole picture, and helped the person to be aware of the range of emotions one may feel at such sad news. People and care workers also had access to a psychologist to talk through the issue, and a counselling service was also available. This showed that people are listened to and that their views are valued.

People's individual needs and preferences are understood and anticipated. The home took information from families in order to support their relative appropriately. Each person's physical and mental health was assessed, together with a record of any personal goals and preferences. As an example, we saw one person entered the home and changed all the calendars around the premises before they were ready to start their day. Care workers told us that the calendars were left for this person as it was important for them to make the changes each day. This demonstrated that people's support needs and preferences are clearly understood and regularly anticipated.

People are encouraged to participate in activities that are important to them. Each person we met was as active as they wished to be. All activities were risk assessed in order to keep people safe. We saw photos of people enjoying a wide range of leisure activities, such as cycling, playing tennis, swimming and shopping. The home had recently obtained membership of a large nearby park for people to take long walks. Care records evidenced that these were all activities that people liked to participate in. This illustrated that people have a choice in the activities they pursue and do things that matter to them.

2. Care and Support

Summary

Care workers were knowledgeable about people's support needs and preferences. Medication is generally managed appropriately. People's rights are upheld and their safety is promoted. People are encouraged to look after themselves and supported to be fit and well.

Our findings

Care workers were knowledgeable about people's support needs and preferences. As part of the assessment each person who came to the home was asked about their lifestyle choices. These documents described the person's preferences and all relevant support needs. Where a person was unable to discuss their support due to their learning disability, the home took information from relatives and other healthcare professionals in the person's life. This information was then transferred to support plans and detailed Positive Behaviour System (PBS) plans. PBS plans were compiled by a psychologist, in conjunction with the care team and the person's family. They contained pen pictures, which gave care workers all the information they needed about the person's preferences and background history, and support guidelines if the person became anxious or angry. We noted that all care workers had signed to denote they had read these documents. Daily support plans monitored how each person spent their days by recording their health, nutritional intake, activities undertaken and mood. The home was currently developing the care records generally; one document, 'What Matters To Me,' was being used to record aspects of the person's life that made them feel safe, secure, healthy and happy. It also recorded how the person managed their finances and completed daily living skills such as laundry and cooking. It therefore provided care workers with a great deal of guidance to maximise each person's independence. As this was a new system, care workers had received training in its use. This illustrated that care workers were knowledgeable about people's support needs.

Procedures for medication management were in place. All medication was stored in a locked cupboard in the upstairs staff room. The system for storing medication was robust. However, because Lower Lodge is a respite service, people brought their own medication in each time they stayed. This meant that care workers had to record all medication brought into the home on every occasion; they wrote details of the medication on the provider's own medication recording charts (MARs). This meant that the home was not using pre-printed documents provided by the dispensing pharmacy. But, we noted that these entries were being written by one care worker each time, which increased the risk of errors occurring with medication names, dosages and times. We therefore recommended that the home immediately ensured a second care worker's signature (or the family member who brought the medication into the home) was recorded alongside each entry as a checking measure, so that people could be reassured they would be provided with the right medication. The care workers' training matrix showed that all care workers who administered medication had been suitably trained. This confirmed that medication is generally managed appropriately.

The service had taken all reasonable steps to identify and prevent the possibility of abuse from happening. People were able to leave the premises via the front door whenever they wished but an alarm was fitted to the door to alert care workers if anyone opened it. This was due to the necessity of providing support when people did want to leave due to a reduced understanding of road safety. Care workers were aware of safeguarding and whistleblowing procedures and told us they would go to the manager initially, but would also approach external agencies such as safeguarding offices or CSSIW if they thought they needed to. They also said they had received training in safeguarding. Employee training records we examined confirmed this. This evidenced that people are protected from abuse as far as possible, their rights are upheld and their safety is promoted.

People are encouraged to look after themselves and supported to be fit and well. All information regarding each person's healthcare support was contained in their care records. People were supported to access their own healthcare professionals such as a doctor, dentist or optician if necessary when they were staying at the home. People also had access to a psychologist. We concluded that people's health is promoted because people have access to healthcare support when necessary.

3. Environment

Summary

Lower Lodge provides a comfortable environment that is safe and suitable for people's needs. The premises are well maintained. Each person's confidentiality is respected.

Our findings

Lower Lodge provides a comfortable environment that is safe and suitable for people's needs. All communal rooms were spacious, light and airy and there had been considerable redecoration throughout the downstairs areas. There was a separate lounge and dining area. During our inspection, one person was doing a jigsaw in their customary place at the dining table and another person was supported to make a cup of tea and do their laundry. All meals were cooked in the kitchen and people were invited to be involved in meal preparations. We saw a list inside a kitchen cupboard that described each person's food preferences. Bedrooms we viewed were spacious. As people usually moved into the same room each time they stayed, people who preferred their room to be sparsely decorated were able to have that choice. The garden had developed since the last inspection; there was a raised planting bed, a greenhouse, a water feature and a lawn. Some people were interested in gardening and had been involved in its development. Others simply enjoyed having access to such a pleasant outdoor space. Overall, this illustrated that the home is clean and comfortable and suitable for people's needs.

People are supported in in a safe environment. Cleaning materials and other substances that could be hazardous to people's health were securely stored in a COSHH (Control of Substances Hazardous to Health) cupboard. Annual fire risk assessments were completed, together with personal emergency evacuation plans (PEEPs) for each person who stayed at the home. Environmental risks were assessed and all maintenance, environmental safety checks and repairs were carried out as planned. This evidenced that people are supported in in a safe and well maintained environment.

People's confidentiality and privacy is maintained at all times. Care records were stored securely and were available only to care workers who were authorised to access them. Similarly, employee personnel records were also securely stored and not accessible to unauthorised employees. People were also safe from unauthorised visitors entering the building, as all visitors had to knock on the front door prior to gaining entry and were requested to complete the visitor's book when entering and leaving. This confirmed that people's privacy and personal information is well protected at Lower Lodge.

4. Leadership and Management

Summary

All employees are provided with good support. Procedures are in place to monitor care workers' recruitment, training and support. There are robust systems in place to assess and improve the quality of the home where necessary.

Our findings

The acting manager had completed her QCF 5 in Leadership and Management and was registered with Social Care Wales (formerly the Care Council for Wales) and was currently awaiting registration with CSSIW. The home's Statement of Purpose outlined its aims and the facilities offered for people.

There are suitable procedures in place to monitor care workers' recruitment, training and support. We viewed employee recruitment records and saw that all the required employment checks were in place when new employees were appointed. This included reference checks, photo identification and Disclosure and Barring Service (DBS) checks. Training that was specific to the home was also available for care workers; this included autism, dementia and 'active support', a means of providing person centred support to people. Supervision records showed that care workers could discuss issues in a formal setting and have the discussions recorded. However, employee records showed that most care workers were receiving supervision every 2 months as planned, but we notified the manager that there was room for improvement. This was because we saw 2 employees who had only received their supervision 3 monthly. No non compliance notice has been issued on this occasion, as the provider was remedying the situation immediately. This showed there are generally good processes in place that monitor all recruitment, training and support for employees.

We were shown a number of systems designed to assess the quality of support people received. This included monthly medication and infection control audits, together with regular visits by the responsible individual to check the support provided. In addition, we saw there was a system to monitor complaints; there had been no complaints since the last inspection. Care workers were able to discuss their concerns at supervision meetings with senior staff. During our inspection, we saw records that confirmed this. This evidenced that clear systems are in place to monitor the quality of support people receive, with an overall commitment to driving continuous improvement within the home.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

None

5.2 Areas of non compliance identified at this inspection

None

5.3 Recommendations for improvement

We recommend the following:

We recommended that the manager reviewed medication procedures to incorporate two signatures when medication records were written.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the home on 6 July 2017 between 09:30 and 16:00.

The following methods were used:

- We walked around the premises;
- We met and spoke with five people and took note of their interactions with the care workers who supported them;
- We spoke with three care workers and the registered manager;
- We examined four people's care records and three employee personnel and training records;

Further information about what we do can be found on our website www.cssiw.org.uk

About the service

Type of care provided	Adult Care Home - Younger
Registered Person	Community Lives Consortium
Registered Manager(s)	
Registered maximum number of places	3
Date of previous CSSIW inspection	14 April 2016
Dates of this Inspection visit(s)	06/07/2017
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	Yes
Additional Information: <p>This is a service that provides an 'Active Offer' of the Welsh language. It provides a service that anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.</p>	