



# Inspection Report on

**Lower Lodge**

**Swansea**

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## **Description of the service**

Lower Lodge provides respite care for up to a maximum of three younger adults with a learning disability who require personal care and support at any one time. Within the grounds of the home there is a separate day care provision that is not registered with Care Inspectorate Wales.

The registered provider is Community Lives Consortium. The manager employed is registered with Social Care Wales and has the day to day responsibility of the running of the home.

## **Summary of our findings**

### **1. Overall assessment**

Lower Lodge provides a comfortable and homely environment that is suitable for people's needs. People receive the right care, in the way that they want. There is a small team of care workers that are appropriately recruited. People's well-being is enhanced by the relationships they have with staff. There is a manager in place who is committed to improving the service. Further work is needed to ensure the service is meeting all legal requirements.

### **2. Improvements**

At the last inspection, there were no areas of non compliance identified. It was recommended that medication records, when written at the start of each stay, were signed by two staff members to ensure accuracy. This appears to have been mis-understood and remains a recommendation.

### **3. Requirements and recommendations**

Section five of this report sets out our recommendations to improve the service and areas where the care home is not meeting legal requirements.

Areas include:

- Auditing and reviewing care files, the Statement of Purpose and Service user guide
- Staff supervision, annual appraisals and training
- Annual quality assurance report
- Environmental
- Deprivation of Liberty Safeguard (DoLS) applications
- Medication

# 1. Well-being

## Summary

People's well-being is enhanced by the relationships they have with staff, who are caring, professional and ensure that people have a good quality of life. People can be assured that the care and support provided focusses on maintaining and supporting people's well-being.

## Our findings

People have good relationship with care workers who provide their care and support. Lower Lodge currently provided short respite stays for approximately 14 people, some of whom accessed the onsite day centre. People had a range of complex needs. Careful consideration was given to resident compatibility when accepting bookings for respite stays. This was to ensure a successful stay. The care is delivered by a core group of 12 care workers and 2 casual care workers, who work in both respite and the organisations day care provision. Consideration is given to care worker skills and familiarity in meeting the needs of the people for each stay. A relative told us consistency and routine is key to their loved one. As such the same care workers are on shift during their stay and the person knows what room they will be staying in. They said new members of staff were introduced to them prior to working with the person. To ensure successful stays new people were invited for introductory visits which includes tea visits until the person is comfortable in the environment and familiar with care workers. We saw comments in correspondence from a relative to the manager which demonstrated the importance of these preparatory visits *'I know she is going to enjoy with you', 'I'm not at all nervous about it [1<sup>st</sup> respite stay] as she's been so happy to come to you'*. Discussions with a relative confirmed this and stated *"I couldn't ask for \*\*\* to go to a better place, we are very lucky"*. This demonstrates that people can be assured of consistency.

People are involved in making decisions, within their capabilities, about their care. We were told that people followed their own routines, such as when to get up and go to bed, what they wanted to eat and drink and activities in which they were involved. Relatives confirmed that people were encouraged to make low level decisions. They expressed that care workers knew the person well and were able to understand non-verbal forms of communication. Care workers were familiar with the persons knew triggers and knew how to diffuse/distract when distressed. They also supported their relative to express themselves, and were patient and attentive. We saw the manager and care workers engaging with people during our visits. All interactions were relaxed and respectful and allowed people sufficient time to express themselves. It was evident care workers were familiar with peoples non-verbal forms of communication. We saw that care workers knew people well and were able to anticipate peoples needs. There was a natural familiarity and mutual respect between care workers and the people they support. We conclude that people experience warmth and respect.

People's rights are upheld and people's privacy, dignity and safety needs are generally met. Care workers were proactive in ensuring people's safety. We were actively advised to reverse into a car parking space (minimise risk to people using the service). As a visitor we were approached in the car park and our identity checked and the nature of our visit prior to

accessing the service. Visitors to the home were required to sign into a visitor's book which ensured staff knew who were at the home at all times. Confidentiality was demonstrated when a care worker unaware of our identity challenged our discussions with a care worker in the grounds of the service. They were ensuring that no personal information was being shared inappropriately. Care workers demonstrated a good understanding of their responsibilities in relation to safeguarding and talked, with confidence, about the correct action they would take if they suspected a person was at risk of abuse. Staff told us they would report any concerns to their managers and were confident the managers would address such concerns appropriately. We saw staff had undertaken adult protection training. However we identified that only one person had Deprivation of Liberty Safeguards (DoLS) authorisation in place. We recommended discussions to be held with care management and applications where appropriate to be made to ensure people's rights are upheld. Staff were able to explain the ways people's privacy and dignity needs were met. For example, closing doors and curtains, and ensuring people were encouraged to do as much as possible for themselves. Staff told us they were not rushed and could rely on their colleagues to assist if needed. People are cared for by staff who understand the importance of privacy and dignity.

## **2. Care and Support**

### **Summary**

People receive the right care, in the way that they want, and are able to make decisions about their lives and care, with support where necessary whilst maintaining their own routines. Further work is needed to ensure that all care documentation is reviewed prior to each respite stay to ensure they are current.

### **Our findings**

People receive the right care in the way that they want it and their needs and preferences are understood and anticipated. People's individual identities and routines are valued, and people are supported to remain healthy. We looked at the care records for three people using the service. Each person had three care files. We recommended that care files are audited, with unnecessary documents removed and older documentation archived. We found care plans in different places in different files and as such some duplication in risk assessments. We recommended that consideration is given to the structure of the care files to ensure pertinent information for the delivery of care is easily accessible. There was an inconsistency in the detail contained in care plans, with some requiring more person centred detail such as to what the person can/cant do for themselves and the best way to encourage them to be independent. We saw that care records had not been regularly reviewed and were not reviewed before each respite stay to ensure they were up to date. We notified the registered persons that they were not meeting the legal requirements. We saw person specific documentation such as: Personal Behaviour Support Plans; communication booklets. There was evidence of involvement from health and social care professionals when needed. We saw epilepsy profiles that had been developed by the Health Board and covert medication assessments were devised in consultation with health care professionals. We explored medication processes. Medication Administration Records (MAR'S) charts were hand written at the start of each stay to reflect the medication a person had brought with them. It was recommended at the last inspection for two staff members to complete this to ensure no mistakes are made during completion. This appears to have been misunderstood as we saw the charts had been completed by one person and that two staff members had been signing for medication administration. We recommend that this is rectified and also that dates and times people enter/leave respite is also recorded on the MARS chart. Overall people receive appropriate care and support to meet their needs.

People's likes, dislikes, preference, capabilities and abilities were taken into account with regards to activities and meals, which were dependant on people's wishes on the day. People who wished to were encouraged to go shopping to select their own food at the start of their respite stay. Meals were prepared in line with what people want. As the home is domesticated in size care workers can make two different meals if people did not want to eat the same thing. We saw sufficient supplies of food within the service. People were able to follow their preferred routines and pursue activities that were important to them during their stay. People are given opportunities to do things that matter to them and are supported to follow their interests.

### **3. Environment**

#### **Summary**

Lower Lodge provides a comfortable and homely environment that is suitable for people's needs. The layout of the home promotes accessibility and independence where possible: However people are not always supported in a clean environment.

#### **Our findings**

People are supported in accommodation that suits them. The service was provided in a domestic sized house, resulting in a homely setting. During the visit we saw communal areas; lounge, kitchen, bathrooms and bedrooms. Attention to detail was not maintained in relation to cleaning. We saw that bedding had not been ironed; dust on windowsills and around the sinks in the bedrooms; cobwebs and dust in the lounge area; crumbs on the kitchen counter; paper holes from a hole punch on the dining room floor; the fridge and freezer were in need of a clean. We also noted that labels were not being used in the fridge to highlight when food had been opened. Care workers were responsible for cleaning. Some care workers told us they had sufficient time to undertake cleaning, others said that there was little time to do so when supporting people. There was evidence of improvement of the cleanliness of the environment on our second visit. New cleaning duties check list had been introduced; matters had been addressed with staff during a meeting and the organisation was considering employing an external contractor for a deep clean once a month. Other matters had been addressed such as the labelling of food. We recommended on our first visit that food standards agency is contacted for a food hygiene rating assessment. In January 2019 they were awarded a rating of 5 . Outside, there was a good sized garden where people could safely spend time during nice weather. We found that the location and facilities promoted peoples' independence.

Unnecessary risks to people have generally been identified and as far as possible eliminated. However we saw a knife and pliers accessible in the unlocked staff bedroom upstairs, these were removed immediately. We recommend that staff remain vigilant and mindful of safety at all times. We were shown the maintenance records for the home. These evidenced that appropriate measures were taken to ensure the heating and fire fighting equipment were suitably serviced. A gas safety inspection had been carried out within the recommended timeframe. A current public liability certificate was displayed. Water temperatures were checked to minimise the risk of scalding. The fridge and freezers temperatures were recorded daily. People were safe from unauthorised visitors entering the building, as all visitors had to ring the front door bell prior to gaining entry and were requested to complete the visitor's book when entering and leaving. We saw that people's personal information was not always kept securely. During our first visit we saw a persons care record on a shelf in the dining area. We pointed this out to the manager who immediately returned the file to the office . Overall we found that the accommodation was uplifting; pleasant and provided a homely environment for people to stay.

## 4. Leadership and Management

### Summary

People receive care and support from a team of care workers that are appropriately recruited. Care workers do not always receive regular formal supervision or refresher training in mandatory subjects. There is a manager in place who is committed to improving the service.

### Our findings

People receive care and support from care workers that are appropriately recruited. A consistent care team of 14 deliver the care. The majority of who have been employed by the organisation for over three years. Nine have obtained a recognised social care qualification. We viewed the recruitment records for four employees. We saw that all the required checks were in place before new employees started to support people. This included reference checks, photo identification and Disclosure and Barring Service (DBS) checks. Care workers we spoke with felt supported by the manager and they said they could approach them with any concerns/issues as they arose. Employee supervision and annual appraisal records showed that care workers were not given the opportunity to discuss matters in a formal setting, and have these conversations recorded within regulatory timeframes. We notified the registered persons that they were not meeting the legal requirements. Care workers said that they felt sufficiently competent in their roles and that they had undertaken pertinent training. We explored the staff training records. We saw that care workers had undertaken service user specific training such as Positive Behaviour Management (PBM); safeguarding and epilepsy. We saw gaps for mandatory and update training including food hygiene and infection control. We raised that no staff had DoLS training, and that this needs to be addressed. We examined the minutes of the last two staff meetings. Staff meetings enable management and staff to come together to discuss issues that affect the respite service. We saw that matters such as outlining roles and responsibilities; training; and changes were discussed. We concluded overall staff can access support and are consulted on matters relating to the service.

People receive a service that is lead by a manager who is conscientious and approachable. The manager had responsibility for the respite and day centre provision based at Lower Lodge and one of the organisations supported living services. They have been in post since August 18. They were appropriately qualified and were registered with Social Care Wales. The organisations Network manager and their deputy support the manager in their role. The manager spends three days a week on site and is accessible to staff via phone at other times. Following feedback during our first inspection visit they had: held a team meeting; implemented a cleaning regime; contacted environmental health; commenced streamlining care records with a process for capturing review prior to respite stays. Made enquires in relation to DoLS. A supervision log had been devised and a staff appraisal policy session had been planned. Both staff and relatives said the manager was approachable and accessible. A relative described them as '*brilliant*' and explained that they had visited them at home to introduce themselves. They described how the process for booking respite had improved as the manager responds to requests in a timely manner having considered other bookings (for compatibility) and staff skill set (against leave). Staffing levels are determined by service users needs. Relatives said they had no concerns in relation to the service and

were confident that should they raise an issue it would be dealt with appropriately and professionally. Relatives said they could always get hold of someone at the service and that their phone calls were answered promptly. This demonstrates that people receive effective support from a service which is led by a proactive diligent manager.

People and their families are clear about what the service provides. Relatives we spoke with confirmed they had access to information before the service commenced. We viewed the services Statement of Purpose (not dated) and Service User Guide (dated January 2017). These documents outline the service provision. We recommended that both these documents are reviewed to ensure they are: up to date; unnecessary information is removed; grammatical/spelling errors are corrected and that the service name is clear. A complaints policy and procedure was readily available; the organisational 'sorting out your problems' document was service user friendly with the use of pictures. People's relatives told us they knew how to make a complaint if they needed. We observed care workers working in a way that upheld the services ethos and in line with policies and procedures. Care workers interacted with people in a respectful, friendly and patient way. People can access information to help them understand the vision and purpose of the service.

On the whole there are robust, transparent systems in place to assess the quality of the service. We saw that the organisations Network Manager, who had been delegated by the responsible individual visited the service regularly. They produced reports detailing their observations and discussions with both staff and service users along side any quality monitoring conducted during the visit. We saw a comprehensive electronic system to record incidents/behaviours, which enables analysis for patterns/trends of events that can help identify triggers to people's behaviours. Incidents were appropriately dealt with, and referrals, where necessary made. We examined the policies and procedures for safeguarding; psychological support and complaints. We saw that these were appropriate. Overall, there are systems in place to assess the quality of the service but legal requirements are not being fully met as no annual report on the quality of care had been produced.

## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non compliance from previous inspections**

There were no areas of non compliance identified.

### **5.2 Areas of non compliance identified at this inspection**

We advised the registered persons that improvements are needed in order to fully meet the legal requirements within the Care Homes (Wales) Regulations 2002. The following matters require addressing:

- Regulation 17 (3) – care records are to be reviewed before each respite stay to ensure they are up to date. Care files are to be audited and old documents archived. Consideration is to be given to changing the structure of care files so that all relevant information is easily accessible
- Regulation 18 (2) – Staff supervision is not always conducted within regulatory timescales, and staff have not had annual appraisals.
- Regulation 25 (3) – an annual Quality of care report.

A notice has not been issued on this occasion, as there was no immediate or significant impact for people using the service. We expect the registered persons to take action to rectify the above and these matters will be followed up at the next inspection.

### **5.3 Recommendations for improvement**

We recommend the following:

- Deprivation of liberty safeguard discussions to be held with peoples' care manager and applications to be made.
- Ensure the environment is safe and clean to all at all time.
- Current procedures for the recording of medication into the home requires review, so that two staff members sign in medication on admission. Dates of stay and time of admission/departure to be recorded on the medication chart.
- Care workers to receive refresher training in all mandatory training including food hygiene and infection control
- The Statement of Purpose and Service User guide are reviewed to ensure the service name is clear and all information is up to date.

## 6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. We made unannounced visit to the home on the 02 January 2019 between 10:15am and 16:40pm and an announced visit on the 14 January 2019 between 09:20am and 13:20pm.

The following methods were used:

- Conversations with the managers; the responsible individual's delegate (the Registered Network Manager) and their assistant;
- Conversations with two care workers;
- Observations of interactions between people using the onsite day centre and the care workers on duty whilst within the respite premises;
- A tour of the home;
- Telephone conversations with the relatives of two people who use the service (chosen at random);

We looked at :

- Three people's care records,
- Four care workers records,
- Staffing rota & training matrix,
- Statement of Purpose,
- Service User Guide,
- Three of the home's policies and procedures selected at random,
- Incident and accident reporting documents,
- Complaint processes,
- Quality assurance processes including records relating to staff meetings and a sample of environmental certificates,
- Deprivation of Liberty Safeguarding procedures.

Further information about what we do can be found on our website:

[www.careinspectorate.wales](http://www.careinspectorate.wales)

## About the service

<b>Type of care provided</b>	<b>Adult Care Home - Younger</b>
<b>Registered Person</b>	<b>Community Lives Consortium</b>
<b>Manager</b>	<b>Jamie Locking</b>
<b>Registered maximum number of places</b>	<b>3</b>
<b>Date of previous Care Inspectorate Wales inspection</b>	<b>11 August 2017</b>
<b>Dates of this Inspection visit(s)</b>	<b>02/01/2019</b>
<b>Operating Language of the service</b>	<b>English</b>
<b>Does this service provide the Welsh Language active offer?</b>	<b>No</b>
<b>Additional Information:</b>	