



Care and Social Services Inspectorate Wales

Care Standards Act 2000

Inspection Report

Ty Draw Lodge

36-37 Ty Draw Road
Penylan
Cardiff
CF23 5HB

Type of Inspection – Focussed
Date(s) of inspection – 25 August 2014
Date of publication – 04 October 2014

Welsh Government © Crown copyright 2014.

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.*

Summary

About the service

Ty Draw Lodge is a care home for older people located in a pleasant residential area of Roath, Cardiff. It is within easy walking distance of Roath Park and local amenities

The home is registered to provide personal care for up to 24 people, some of who may have a dementia diagnosis.

The registered provider is Ty Draw Lodge and Wentworth Lodge Limited. The company have nominated a Responsible Individual. The registered manager is Mrs June Lyons, who is also registered with the Care Council for Wales.

What type of inspection was carried out?

We (CSSIW) carried out one planned unannounced visit to the care home on the 25 August 2014 in accordance with the CSSIW regulatory process. Analysis of information held by CSSIW in respect of the home, led us to plan a focused inspection which concentrated on the quality of life for people using the service.

The following methodology was used:

- A review of information held by CSSIW about the service including the home's self assessment of service data (SAS).
- Observations including SOFI (Short observational framework for inspectors) observations of daily life and care practice at the home. The SOFI 2 tool enables inspectors to observe and record life from a service user's perspective; how they spend their time, activities, interactions with others and the type of support received.
- Conversations with people living at the care home, their relatives, staff members and registered manager.
- An examination of records maintained within the home, including people's care records.
- Observations relating to the care home environment.
- Consideration of the home's statement of purpose and service user guide.
- Consideration of the home's complaints policy.
- Consideration of the home's quality assurance processes.

What does the service do well?

The care given by staff is person centred and individuals receive support and attention that reflects their own wishes, feelings and preferences.

Mealtimes are pleasant and sociable occasions, with a good range of home cooked foods available to suit all residents.

What has improved since the last inspection?

The service is now compliant with regulation 19 (2) (d) of the Care Home (Wales) Regulations 2002. This is because staff records contain evidence of full employment histories and safe recruitment practices.

What needs to be done to improve the service?

Whilst we observed that the care given was person centred and individualised, this was not always reflected in the care planning documentation. Some records were very task focused and gave little indication of the person's likes or dislikes and how they might best be approached when giving care. New staff recruits would therefore have little idea of the individuals they have been asked to provide care to. We note however, that the registered

manager has already begun a program of updating and improving records and this will be followed up at the next inspection.

We were also informed that one resident now has nursing needs that cannot be met by the home and is therefore awaiting transfer. However, it was not immediately obvious from the documentation what these needs were nor how the home would manage such needs pending their transfer, i.e. what risks had been identified and how these would be dealt with. We advised the registered manager that documentation would need to be updated to reflect this and that increased efforts should be made to expedite the person's transfer to a nursing home. This has now been followed up and the individual concerned has moved on.

Quality of life

People can be confident that their rights, choices, dignity, privacy and confidentiality will be respected by staff. People told us (CSSIW) that they were able to choose the time they got up in the morning and went to bed at night. People spoken with confirmed they were offered a choice of home cooked food at every meal and were provided with hot and cold drinks throughout the day. We observed the lunchtime meal and noted that it was very well presented, had a good variety of nutritious foods and was evidently enjoyed by all. Staff assistance was readily available for those who required support and choices were available as required.

Staff said people were able to have a bath or shower when they wished and this was confirmed in the records of personal care seen. People spoken with were positive about the support they received and told us that their privacy and dignity was maintained by staff when supporting them to meet their personal care needs.

Throughout our visit we observed residents being treated with dignity and respect by all members of staff with patience and compassion used even when faced with challenging or distressing behaviour.

Interactions were seen to be warm and caring and those residents who were able told us that they really appreciated the time and effort shown to them. Staff were able to anticipate people's needs and support was provided in a timely and discreet manner. We judged that people were treated as individuals and good account was taken of their likes and dislikes.

People generally can be sure that they will have opportunities to engage in activities they enjoy. We examined daily records that showed that people were being offered a range of activities and this was confirmed by both residents and relatives spoken to. Staff said that the views of the people using the service were taken into account in devising the daily programme of activities. One person told us they particularly liked the quizzes and felt the level of activities was "about right".

On the whole people can be assured that their healthcare needs will be met. People spoken with said that they could see the GP whenever they felt unwell and the district nurses were regular visitors to the home. The mental health team were also involved in the care of people with dementia and people told us they were able to access the services of the community optician, dentist and chiropodist. We saw evidence that people's changing needs were being identified and the daily records provided detailed accounts of the involvement of health professionals.

We noted that quality assurance procedures were in place that included the use of questionnaires and feedback from residents and relatives, as well as from commissioners of care and visiting professionals. People can therefore be reassured that their views, wishes and feelings are listened to and that they are involved in their own care as much as possible.

Although we observed that the care given by staff was very good and tailored to particular individuals, this was not replicated in the care planning documentation. Care plans were detailed but, on the whole, were task oriented rather than individualised. In these instances we were unable to get any sense of the individual themselves, their likes or dislikes, strengths or their preferences for how care should be given. New staff

members would therefore have little idea of the individual they were providing care to and this may mean that care was given in a manner the person did not like. Subsequent discussions with the registered manager have reassured us that this is already being addressed and indeed we saw some examples of documentation that was person centred and individualised; we encourage the providers to complete this as soon as possible.

We were informed that one resident was awaiting transfer to a nursing home as it had been identified that they had nursing needs which could not be met by Ty Draw. The care planning documentation did not reflect what these needs were and what plans the provider had put in place to minimise risks. We subsequently spoke with the registered manager who agreed to update the documentation and increase efforts to ensure transfer was expedited as quickly as possible.

Overall, we noted that care files were very large and contained lots of historical information, making them somewhat unwieldy to use. We recommend that the providers take time to remove old or otherwise unnecessary information to improve ease of use and enable key material to be found more swiftly.

Quality of staffing

This inspection focussed on the quality of life for the residents of Ty Draw. We did not consider it necessary to look at the quality of staffing on this occasion as this was considered in detail at the last inspection. However this theme will be considered at future inspections.

Quality of leadership and management

This inspection focussed on the quality of life for the residents of Ty Draw. We did not consider it necessary to look at the quality of leadership and management on this occasion as this was considered in detail at the last inspection. However this theme will be considered at future inspections.

Quality of environment

This inspection focussed on the quality of life for the residents of Ty Draw. We did not consider it necessary to look at the quality of environment on this occasion as this was considered in detail at the last inspection. However this theme will be considered at future inspections.

How we inspect and report on services We conduct two types of inspection; baseline and focussed. Both consider the experience of people using services.

- **Baseline inspections** assess whether the registration of a service is justified and whether the conditions of registration are appropriate. For most services, we carry out these inspections every three years. Exceptions are registered child minders, out of school care, sessional care, crèches and open access provision, which are every four years.

At these inspections we check whether the service has a clear, effective Statement of Purpose and whether the service delivers on the commitments set out in its Statement of Purpose. In assessing whether registration is justified inspectors check that the service can demonstrate a history of compliance with regulations.

- **Focussed inspections** consider the experience of people using services and we will look at compliance with regulations when poor outcomes for people using services are identified. We carry out these inspections in between baseline inspections. Focussed inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focussed inspections may be scheduled or carried out in response to concerns.

Inspectors use a variety of methods to gather information during inspections. These may include;

- Talking with people who use services and their representatives
- Talking to staff and the manager
- Looking at documentation
- Observation of staff interactions with people and of the environment
- Comments made within questionnaires returned from people who use services, staff and health and social care professionals

We inspect and report our findings under 'Quality Themes'. Those relevant to each type of service are referred to within our inspection reports.

Further information about what we do can be found in our leaflet 'Improving Care and Social Services in Wales'. You can download this from our website, [Improving Care and Social Services in Wales](#) or ask us to send you a copy by telephoning your local CSSIW regional office.