



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

## 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 – Focused

Date of inspection – Monday, 9 November 2015

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## Summary

### About the service

Ty Draw Lodge is a care home for older people, which is located in Roath, Cardiff. It is within easy walking distance of Roath Park, the Wellfield Road shopping centre and the local library.

The home is registered to provide personal care for up to 24 people, some of who may have a dementia diagnosis. On the day of our visit 22 people lived at the home.

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 registered Care and Social Service Inspectorate Wales (CSSIW) and with the Care Council for Wales.

### What type of inspection was carried out?

We (CSSIW) visited the home, unannounced, and carried out a focused inspection on 9 November 2015. We looked primarily at the domains of Quality of Life and Quality of Leadership and Management.

The visit was conducted in accordance with CSSIW procedures and was not undertaken in response to any concerns. The home's last inspection was a focused inspection conducted in 25 August 2014.

Information in this report was gathered from:

- talking with six people living in the home
- speaking with the Registered Manager
- talking with four staff on duty during the inspection and an advocate from Age Concern who was visiting people living in the home
- general observations of interactions between the staff and people living in the home, including the lunch time period
- examination of care files for three people living in the home
- examination of daily care notes for seven people living in the home
- reading the last two provider visit reports as per Regulation 27 of The Care Homes (Wales) Regulations 2002
- our general observations of the environment
- examination of the home's statement of purpose
- review of information held by CSSIW about the service.

### What does the service do well?

We did not identify any specific areas of excellence within the focus of this inspection that were over and above the practice determined by the National Minimum Standards for Care Homes for People in Wales.

### **What has improved since the last inspection?**

There were no issues of non-compliance to respond to following the last inspection, however, areas for improvement had been identified which were followed up in this visit.

People's care files are in the process of being updated. Some of the out of date documents have been archived, so the files are now less bulky for staff to use.

The registered manager told us that she has continued with her professional development with Cardiff Council, and has recently completed her Manager's level of Protection of Vulnerable Adults course; we did not view staff's files during this inspection.

### **What needs to be done to improve the service?**

We found that the service was technically non-compliant in three areas. Non-compliance notices have not been issued on this occasion because the registered manager provided assurances action would be taken immediately. The potential impact on people living in the home was not felt to be significant enough to warrant issuing a non-compliance notice.

#### **Regulation 13(5) of The Care Homes (Wales) Regulations 2002:**

The registered person shall make suitable arrangements to provide a safe system for moving and handling people living in the home. People's risk assessments and support plans regarding the risk of falls and moving and handling support should be reviewed to reflect their current needs.

#### **Regulation 15(2)(c) of The Care Homes (Wales) Regulations 2002**

The registered person shall keep people's care plans under review to ensure that people's health needs such as the management of diabetes is recorded and people remain healthy. Accurate record keeping would benefit people living in the home so that staff can anticipate health needs by monitoring health appointments, and also judge what people enjoy doing on a day to day basis.

#### **Regulation 16(2)(n) of The Care Homes (Wales) Regulations 2002**

The registered person shall consult people about the programme of activities and provide facilities for recreation. A more structured engaging activities programme would benefit people living in the home.

## Quality of Life

Overall, people told us that they were happy living in the home: “it’s a good home here”; “staff are so lovely”; “they do their best”. We saw warm interactions between the staff and the people in the home; throughout our visit people were spoken to with respect. Staff were jovial and appeared genuine in their caring approach.

People generally benefit from a healthy diet with attention to nutrition and hydration. We found in people’s care files that those who require attention to their weight are regularly weighed to monitor any significant changes, with involvement from their General Practitioner. This was confirmed by a staff member who also told us that fluid charts are used as and when required. There are a few people who have diabetes. We found that for one person, their health care notes need to be updated to reflect their current needs; there were no details about how the service is managing their diabetes. This was discussed with the registered manager at the end of the inspection and we were assured us that this would be reviewed as matter of importance.

We observed lunch being served in both the main dining room and the lounge area on the first floor. It was at a leisurely pace and people had chosen what they wanted to eat in the morning. We talked to the staff member who was cooking the meals that day (all staff take it in turns to be in charge of the cooking), and we read the menu diary. People are given choices and this is recorded. The main meal is served at lunch time and is usually a traditional style meal such as a roast dinner, with a traditional pudding. A lighter meal is served for dinner. People told us that the food “is excellent”; “I have no complaints”; “yes, it’s nice”.

Some people’s emotional well-being is supported by staff’s knowledge of the person. We heard reference to people’s life histories in conversations and some people had detailed ‘Me and My Life’ profiles in their care files. This gives the reader a good picture of the person’s family background; preferences, likes and dislikes and what pastimes they enjoy. It was discussed with the registered manager how it would benefit everyone to have this level of insight. An advocate from Age Concern was visiting on the day of our inspection and comes about every six weeks to see certain people. We were told that the registered manager is good at referring people whom she thinks would benefit from meeting with an advocate.

People spend a lot of time in which they are not active or positively occupied. We observed, in the main lounge and in the lounge on the first floor, that many people sit, under stimulated and appear bored. We read daily notes for eight people, dating back, on average, over the previous two weeks. It showed that people mainly spend time “watching TV...had a quiet morning/afternoon...” There were a few entries, telling us they “enjoyed the activity in the afternoon” but there was no detail of what it was. For one person, their care plan states that they are to be “encourage[d] to join in activities”. This is to support their mental health needs, but they told us that there are no activities in the upstairs lounge where they spend their time. We spoke with staff and the registered manager about the opportunities people have regarding activities, which we were told is usually in the afternoon at 2pm. However, this is when many people are resting after their lunch, and on the day of our visit, a DVD was being put on in lounge for people. During the morning of our visit, a staff member was trying to engage people to participate in a

few memory games. Although, many people were not involved nor being encouraged to participate. Staff told us that there is no lead person regarding the organisation of activities. This was discussed with the registered manager and she is going to ensure the staff improve their record keeping, and it is recommended that the service has more structured activity programme focusing on people's needs, especially those with dementia, so that people's wellbeing improves.

Some people may not be safe from falls because their care plans and risk assessments are inconsistent, and give conflicting information to the reader. We discussed the details of this with the registered manager and gave clear examples of two people's care notes. The information regarding their mobility, including what equipment is used and how staff need to support them was contradictory.

People's health needs may not be being met as there is inconsistent evidence to show that regular appointments and reviews with external health professionals such as optician, dentist, chiropodist, are happening. We gave specific examples to the registered manager and she told us that people had been supported to access external health support such as chiropody, but the records were not being maintained. Accurate records need to be kept to ensure that people's health needs are recognised and staff can anticipate people's needs.

People who may not have capacity to make decisions about their lives are supported by Lasting Power of Attorneys. The registered manager also told us about applications she has submitted under the Deprivation of Liberty Safeguards. We saw copies of one of these applications in someone's care files. Due to the volume of applications currently, people are waiting for the assessments to be carried out.

The registered manager told us that people's care files are being reviewed and reorganised. This had started prior to the previous inspection in August 2014. It is noted that following the last inspection, the unwieldy files have become more user friendly. The care plans and risk assessments should be reviewed with the person, or a representative, and be signed by them to evidence that they agree with how they are to be cared for.

## Quality of Staffing

This inspection focused on the quality of life. CSSIW did not consider it necessary to look at the quality of staffing on this occasion because the focus was on the experience of service users. However, this theme will be considered during future inspections.

## Quality of Leadership and Management

This inspection focused on the quality of life. CSSIW did not consider it necessary to look at the quality of leadership and management on this occasion because the focus was on the experience of service users. However, the following observations were made.

We read the service's Statement of Purpose prior to the visit and generally people's expectations about what the service says it provides is matched to their experience. However, the activities which are detailed in the Statement of Purpose do not match the evidence we found during the visit. The regulatory breach was considered to be a technical issue and discussed in the quality of life section of this report.

We were given a provider visit report (as per Regulation 27 of The Care Homes (Wales) Regulations 2002) from July 2015. The home's annual quality review is currently being carried out, and the registered manager confirmed that a copy will be sent to CSSIW.

We read assessments carried out prior to people moving in, which gave a good amount of detail about the person's needs. The registered manager spoke about how some people are not accommodated due to their assessed needs and the service not being able to meet their needs. The admissions process is also explained in the home's Statement of Purpose. The home does not accommodate any emergency admissions.

The registered manager told us that a key worker system is in the early stages of being implemented. This should help with the delegation of tasks, and the record keeping. A key worker system also gives a point of familiarity for people using the service.

We talked to the registered manager about the staff taking breaks over the busy lunch time period. The registered manager must make sure that staff breaks are taken at a time which suits the needs of the people living in the home.

This theme will be considered in further detail during future inspections.

## Quality of The Environment

This inspection focused on the quality of life. CSSIW did not consider it necessary to look at the quality of the environment on this occasion because the focus was on the experience of service users. However, this theme will be considered during future inspections.

We did note that the home was warm and homely. The two lounges overlook the park opposite. The ambience was generally welcoming and relaxed. The main lounge had a mainstream radio station playing fairly loudly, which was turned off by the registered manager. It was discussed how more appropriate background music could be played to suit the people's age and taste.

There is thoughtful signposting for people to orientate themselves with, such as arrows and pictures for rooms, and individual photos on bedroom doors.

Some people can explore freely around the home and the outside areas. We observed this and read in some people's daily notes how they enjoy walking around both in the garden at the rear, in the communal areas and to their personal bedrooms. It would be difficult for people with less mobility to do this because of the need of staff support and the layout of the home.

We observed how visitors feel welcome, comfortable and relaxed.

The office is being relocated to an outbuilding in the garden and the registered manager told us that the room on the top floor is going to be made into a hairdressing room. People's files are going to be kept in a purpose built lockable cupboard in a side area off the dining room so that staff can access them easily.

The home cannot accommodate people who use a wheelchair. There is no lift in the home. People access the different floors by using the stairs with handrails or the chair lift.

There are four rooms which are twin rooms. The registered manager told us that two of these rooms are on the ground floor so people are able to occupy these rooms if their mobility disables them from using the chair lift or stairs. It was also confirmed by the registered manager that people who share a room only do so with full consent from people involved in their care and decision making processes. The decision is made with full awareness of compatibility between the people living there.



## How we inspect and report on services

We conduct two types of inspection; baseline and focused. 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.

- **Focused 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. Focused inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focused 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.