



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

Inspection Report on

Ty Draw Lodge

**36-37 Ty Draw Road
Penylan
Cardiff
CF23 5HB**

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Description of 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, within the categories of older persons or older persons with dementia.

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.

Summary of our findings

1. Overall assessment

Draw Lodge provides care that addresses individual needs from a staff group that are enthusiastic about their work and know their residents well. People have their individuality acknowledged and dignity maintained. Staff are well supported and provided with clear and detailed care plans to guide their work. The home has good links with outside professionals to address the health needs of residents. The service considers how it can benefit the people who live there and strives for continual improvement.

People are provided with a good diet but the mealtime experience could provide a more social and stimulating experience. The home is comfortable, clean and bright but consideration to providing an environment that supports people with dementia to maintain their independence would be beneficial

2. Improvements

- People now have risk assessments and support plans regarding the risk of falls and moving and handling support
- People's care plans are kept under review to ensure that people's health needs such as the management of diabetes is recorded and people remain healthy.
- The home has a structured programme of activities

3. Requirements and recommendations

Section five of this report sets out recommendations to improve the service. We identified the following areas needed further attention:

- Falls should be analysed for any emerging patterns and action plans devised to prevent further falls.
- Reviews of care provided should provide fuller details.
- One to one activities would be beneficial to residents.
- Consideration should be given to current best practice in how the environment can support residents with dementia.
- Consideration should be given to making the lunchtime meal a more social experience.

1 Well-being

Summary

People feel valued and feel they can express opinions and be heard. There is attention to detail in maintaining peoples' dignity and staff understand the people they care for and treat them with kindness and know their likes and dislikes.

Professionals involved with the home are positive about the standards of care provided, the skills of the staff group and the efforts to support people in retaining independence.

Activities are available but at present mostly focus on residents as a group. There is potential to expand this to ensure people receive the opportunity for one to one activities that address their individual needs and preferences.

Our findings

People are generally supported to actively enjoy themselves and feel fulfilled emotionally, socially, physically and intellectually. We saw some people involved in some activities they enjoyed including skittles, gardening, sweeping up outside, having their meals outside, and chatting to staff and to each other. People we spoke to told us there are activities available if they wish to join in but several told us they preferred to either observe or spend time in their room and that staff respected their wishes. However, some people told us they would like to go outside the home more often but believed staff do not have the time to take them. This was discussed with the registered manager on the day and she agreed to speak to those concerned and make plans with them to go out. We were told by a resident that staff had gone out of their way to provide equipment and items needed to pursue a hobby and this had made a real difference to the person concerned. We noted from the records that the activities available were targeted at residents as a group. There was little choice of one to one activities, especially for those who are more dependent on staff input. We discussed this with the registered manager and she agreed to consider how this could be addressed. She told us that the home had activities such as reminiscence books but we had not seen them made available or in use. She will remind staff about making such items readily available. We did observe that where group activities were taking place, staff demonstrated skilled interaction with people, involving them in the activity or related conversation that was

relevant to them or that would stimulate conversation. People were seen to respond positively to these interactions. People can generally be involved, participate and do things that matter to them and provide them with enjoyment and fulfilment.

Staff treat people kindly and people are cared for by staff who are familiar to them and who know how to use verbal and non verbal communication. We saw people being responded to by staff by physical contact or tone of voice to engage them in conversation. We saw staff engage people in activities, offering them encouragement in a kind and caring manner. We saw that staff were patient and calm in their interactions with people and people responded well to them. People appeared confident in their interactions with staff and visitors and welcomed being spoken to. This evidences that a resident's feeling of being recognised and valued by others is reinforced and also indicates that people have a sense of belonging, which enhances their overall well-being. We spoke with visitors to the home who told us their relative has settled well, is happy and they were positive about the care they observed for their family member and for all residents. We concluded that residents at Ty Draw Lodge can feel they belong and have safe positive relationships with the staff who care for them and who understand their needs.

People living at Ty Draw Lodge are supported to maintain their dignity. We saw that all residents were clean, well groomed, dressed appropriately for the weather with hair freshly washed or styled. To achieve this for the more dependent residents, would have depended entirely on the staff group and it was positive to note the attention to detail for these residents. People can have their dignity maintained and feel their individuality matters.

People are provided with opportunities to influence their care and day-to-day life in the home. Residents were seen walking around the home and choosing where they wished to sit, with others or in their rooms. People told us they can get up and go to bed when they want. Some preferred to remain in their rooms and this was respected. Others preferred to spend time outdoors in the accessible garden area at the rear of the house, growing vegetables. People told us they can choose their meals and if they did not like what was available something else would be provided. We were told staff asked what people wanted or liked and their views were listened to. People can therefore express their views and opinions and be heard.

The safety of vulnerable people living in the home is maintained and people feel secure. Some residents accessed the community independently and were seen going out to do errands or for a walk. Other residents were able to access the garden independently. Some residents are unable to access the community independently and are subject to DOLS (Deprivation of Liberty Safeguards). Staff were aware of the issues around these restrictions. People living in the home therefore feel safe and protected and the home strikes a balance between keeping people safe and promoting their independence.

We contacted professionals who are involved with the home for feedback on their views. They told us that they thought the care was '*amazing*', the registered manager and staff are

'approachable' and 'put people first'. They told us 'the manager is on the ball', 'couldn't fault them', 'it's all about the people'; 'they know what people like and don't like'.

We received questionnaires from seven staff and four resident/relatives. Staff told us they felt valued, that management are supportive and approachable. They felt the home offered person centred care and that care plans are updated after any change. They felt it was 'home from home' for the residents. They told us they received good training and supervision at the required intervals. Suggestions for improvement offered were the appointment of a laundress, a treatment room and a larger sitting room on the ground floor. Residents/relatives responses to questionnaires was that standards of care in the home were *'excellent'*. They or their relative had received a warm welcome to the home, were involved in planning the care, helped to retain independence, able to make choices, voice any opinions and knew who to make a complaint to if required.

2 Care and Support

Summary

People receive proactive and preventative care from staff who know them well and understand their needs. Appropriate and timely involvement of health professionals helps residents remain healthy and active. Staff are provided with good information on how to provide care including personal histories. People benefit from a healthy diet but mealtimes could be a more social and stimulating experience.

Our findings

People are supported to have regular nutritious meals at appropriate intervals. We saw staff encourage and support people at lunchtime and noted they were aware of peoples' preferences for size of meal or amount of a particular item. People told us they enjoyed their meal and the food is 'very good'. However, it was observed that there was little interaction between residents themselves, the main conversation being between staff and residents. The layout of the room did not allow for all residents to sit at tables and there was no room for staff to sit with people they were helping. We considered that the mealtime experience could have been more rewarding for people if staff were able to sit with those who needed assistance to stimulate conversation. We discussed this with the registered manager who will consider alternative arrangements. We saw that people were offered drinks regularly throughout the day. People's needs and preferences are therefore anticipated and understood.

People receive proactive and preventative care that is monitored and updated as needs change. We saw that there were clear, detailed admission assessments and care plans linking to risk assessments and health and care monthly reviews. We saw that care plans were signed by the resident or their representative. We saw that information informed staff how to care for the residents, including likes and dislikes. Care files contained clear records of health professional involvements with dates/times of calls. We saw that a wide range of professionals visit the home including mental health professionals, district nurses, chiropodists, dieticians and GP's. We were told by a professional that visits Ty Draw Lodge that staff are proactive in seeking input and '*know the residents well*'. We saw that there was a personal history on each resident. We noted one instance where a piece of information on the Local Authority care plan had not been transferred across. This was discussed with the registered manager who gave an explanation for this omission. However, any information provided by the local authority should be made available for staff and ongoing care management. Files contained documents that gave information about likes and dislikes and 'Things that are important to me'. We concluded from the evidence that people receive the right care at the right time and are enabled to be as healthy and active as possible.

3 Environment

Summary

People are cared for in a clean, comfortable and well maintained environment. However, there is not currently full consideration of how people with dementia could be further supported by the surroundings.

Our findings

People can feel valued because they are cared for in comfortable, clean, homely and personalised environment. Ty Draw Lodge is a well furnished, bright and clean home, we noted there were no unpleasant odours in any of the areas we visited. On arrival we saw that most people (seventeen) were seated in the front sitting room, with the remainder either in their rooms or the dining rooms. There is a sitting room also on the first floor overlooking Roath Park. We noted that the layout of the sitting room placed several residents at a disadvantage when trying to watch the television and they could neither see nor hear it. We saw several bedrooms and these were well furnished, comfortable and fitted with locks, although we were told no-one uses a key at present. The rooms that were shared are supplied with folding screens for privacy during personal care. We saw bathrooms and toilets that had equipment to support with manual handling and accessing baths and toilets. The building was well maintained with easy access to the rear garden area where there were tables and chairs in use by residents. Parts of the garden have been adapted to allow residents to grow vegetables. We observed the midday meal and as mentioned elsewhere the size and layout of the room does not allow for a sociable experience for some residents or for staff to sit with them at the dining table and engage them in conversation.

The office was in a separate secure building in the garden and many of the home's records were stored there. Residents' files were kept in a lockable cupboard in a side area off the dining room so that staff can access them easily. The home could not accommodate people who use a wheelchair. There was no lift in the home. People accessed the upper floors by using the stairs with handrails or the chair lift.

The Food hygiene rating is currently '3'. The registered manager told us that work required to improve the rating has been completed. The registered manager told us any work required by the Fire Officer has been completed. We saw that all personal Evacuation Plans (PEEPS) had been updated in March 2017 and now include pictures of the resident to aid evacuation.

We noted the laundry door had been left unlocked during our inspection despite a sign stating it must be locked at all times. This was brought to the attention of the registered manager who agreed to address this with staff and alter the arrangements for storing the key.

The environment was not fully supportive of people with dementia. We saw pale coloured walls throughout and all doors the same colour. This is not conducive to supporting people with dementia to retain independence in moving around the home so that they are able to tell one area from another. There were no areas of interest or stimulation to provide

opportunities for things for residents to do when moving around the home which would encourage them to remain active and mobile. People live in accommodation which meets most of their needs and supports them to maximise their independence although there is scope for improvement in this area.

4 Leadership and Management

Summary

Residents, relatives and staff are able to raise issues with the manager and be confident that they will be listened to and addressed. People using the service receive care they are confident in. People working at the home are supported by effective leadership which seeks to improve standards of care.

Our findings

People benefit from a service where staff feel well-supported and are appropriately trained for the roles they undertake. We saw the home's matrix for staff training and qualifications and sixteen staff hold a National Vocational Qualification and all have received the compulsory training required to perform their roles. Other training specifically for the needs of the people living in the home included: diabetes; epilepsy; falls response; malnutrition; mental health; DOLS (Deprivation of Liberty Safeguards; challenging behaviour in people with dementia. Staff told us they receive supervision every two months and the home's records confirm this. Supervision in this context refers to a staff member meeting with their line manager on a confidential basis in order to discuss their performance, training needs and any concerns they may have. They told us there is always someone to ask for advice and guidance and staff indicated they felt motivated and had a sense of achievement in their work. We were told the registered manager is available at all times. Staff feel confident in expressing their views and meetings are held regularly. They told us the staff work well as a team and there is a good working atmosphere. Staff told us they feel well prepared for their work as each shift prepares handover information on each named resident both verbally and in writing.

There are sufficient numbers of staff working at the home to meet peoples' needs. We examined the staff rota and saw that there were five care staff, a cleaner, the registered manager and administration staff on duty during the morning. The registered manager told us that they have recently increased the numbers of staff on night duty. Staff we spoke to told us they did not feel under pressure and that there were enough staff to give people the care they needed. Residents and relatives spoken to confirmed that they felt that staffing levels were sufficient. The registered manager ensures sufficient staffing levels to meet the needs of the people that use the service. People benefit from a service where the well being of staff is given priority and staff are well trained and led.

Residents, visitors and staff know who is in charge and are able to express their opinions and concerns. People told us that where they have made any requests or comments they received an immediate and positive response from the registered manager. They told us they felt comfortable in approaching the manager or staff with any issues and confident of a positive response. People are able to express their concerns and voice their opinions on their care.

The service looks to consider the care it offers and seeks ways that this may be improved. We saw that the record keeping has been recently organised to ensure it is easier for staff to read and understand. Staff files have been amended to include all the required information to ensure staff are recruited safely is clearly visible. We saw a record kept of falls, the action taken and outcome. The registered manager told us she has now introduced a 72 hour follow up after any fall to monitor the service user's wellbeing. However, no analysis of falls has been undertaken to establish any pattern to allow for preventative planning. This was discussed with the manager who will implement this immediately. We saw a recent audit of the medication system in the home, completed by the registered manager and the outcome was that the system was compliant with actions taken following an incident earlier in the year. We viewed the agency's Statement of Purpose and Service User Guide and found clear information on the service to be provided in an easily accessible form. We saw the most recent Quality Assurance report and this showed evidence that staff and service users had been approached for their views on the care in the home. People benefit from care which is committed to continual improvement.

5 Improvements required and recommended following this inspection

Areas of non compliance from previous inspections:

We found that the service was technically non-compliant in three areas. All areas of non compliance have now been met.

Areas of non compliance identified at this inspection:

There were no areas of non compliance identified at this inspection.

Recommendations for improvement:

- Falls should be analysed for any emerging patterns and action plans devised to prevent further falls.
- Reviews of care provided should involve service users and family/representatives, record details of matters discussed and signed to indicate agreements on planned actions.
- Activities should be considered that will address individual needs and provide quality one to one time with care staff.
- Consideration should be given to making the lunchtime meal a more social experience.
- Consideration should be given to current best practice in how the environment can support residents with dementia in maintaining independence, providing stimulation and allowing interaction with their surroundings.

6 How we undertook this inspection

1. How we undertook this inspection

This was a routine focused inspection undertaken as part of the annual inspection plan. The sources of information used to support our findings in this report were as follows:

- Discussions with the registered manager.
- Discussion with five residents.
- Discussion with three members of staff.
- Consideration of information held by CSSIW on the service.
- Observation of daily life and care practices at the home.
- Observation of social activities taking place.
- Observations using the Short Observational Framework for Inspection (SOFI 2) tool which enables inspectors to observe and record life from a service user's perspective; how they spend their time, their activities, quality of interactions with others and the type of support received.
- Examination of six resident care files.
- Examination of the home's Statement of Purpose.
- Examination of the home's Service User Guide
- Examination of the Quality assurance report.
- Consideration of documentation held at the home.
- Consideration of the home's quality assurance processes and documentation;
- A tour of areas of the home to which residents have access.
- Ten questionnaires for residents/relatives and ten for staff were left for completion. To date we have received four relative/resident and seven staff questionnaires.
- Follow up phone calls and emails to visiting professionals.

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 - Older
Registered Person	Ty Draw And Wentworth Lodges Ltd
Registered Manager(s)	June Lyons
Registered maximum number of places	24
Date of previous CSSIW inspection	9 December 2015
Dates of this Inspection visit(s)	19/07/2017
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	Yes
Additional Information:	