



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

Care and Social Services Inspectorate Wales

Care Standards Act 2000

Inspection Report

Wentworth Lodge

9 Ty Draw Road
Penylan
Cardiff
CF23 5HA

Type of Inspection – Baseline

Date of inspection – Wednesday, 16 March 2016

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Summary

About the service

Wentworth Lodge is a care home for older people located in Roath, Cardiff. It is opposite and within easy walking distance of Roath park and local shops and amenities.

The home is registered with Care and Social Services Inspectorate Wales (CSSIW) to provide personal care for up to sixteen people aged over 65 years, who may have a dementia diagnosis. The registered manager is Debbie Lewis. The registered provider is Ty Draw Lodge and Wentworth Lodge Limited and there is a nominated responsible individual.

The home is set over three floors, with an accessible stair lift for the majority of the stairs. There are some bedrooms on the ground floor. There is a garden to the rear of the property.

What type of inspection was carried out?

We (CSSIW) visited the home, unannounced and carried out a planned baseline inspection on 16 March 2016.

Analysis of information held by CSSIW in respect of the home led us to plan a baseline inspection which concentrated on all four quality themes; the quality of life, the quality of staffing, the quality of leadership and management and the quality of the environment.

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 on 11 February 2015.

Information in this report was gathered from:

- observing and spending time with people living in the home
- speaking with the deputy manager
- talking with all staff on duty during the inspection including, four care workers, the cleaner and the cook
- reviewing the last four staff meeting minutes and additional memorandums
- reading the annual quality assurance results (January 2016)
- review of two latest provider reports (Regulation 27) dated July 2015 and November 2014
- general observations of interactions between the staff and people living in the home
- examination of care files for two people living in the home, including their service delivery plans and daily notes
- reading the communication diary
- reading the activities folder (from 30^h January to 16 March 2016)
- examination of three staff personnel files, including training information and supervision notes
- reviewing the training matrix
- examination of the fire safety records
- taking a 'tour' of the home
- a telephone conversation with the registered manager on 24 March 2016.

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 Older People.

What has improved since the last inspection?

No non-compliance notices were issued as a result of the last inspection. The following recommendations were made at the last inspection and have been addressed:

- care plans are now reviewed and updated regularly
- cupboards that contain hazardous substances such as cleaning fluids, or sensitive and highly personal information such as care documentation, are always securely locked.
- all radiators have individual thermostats to reduce the temperature in residents' rooms.
- signage has been removed from residents' bathrooms and sinks in accordance with a recommendation for improvement made in our inspection report dated 11 February 2015. This enables residents to experience a more homely environment and atmosphere, which the provider strives to promote
- the use of environmental adaptations such as clear signs to support people with dementia to navigate their way around the home has been addressed.

What needs to be done to improve the service?

The following recommendations were made at the last inspection and have not been addressed:

- The registered person should consider the use of an improved system to allow residents to call or alert staff when help and support is needed. The use of 'memory boxes' or tactile board to stimulate individualised recollection and discussion for residents who may otherwise struggle to communicate due to the effects of memory loss or other cognitive impairments.

As a result of this inspection, the registered persons were advised that they are non-compliant with the following regulations of The Care Homes (Wales) Regulations 2002.

Regulation 16(2)(n)

The registered person shall consult people about the programme of activities and provide facilities for recreation, based on individual's pre-assessment information and current needs and interests. A more structured engaging activities programme would benefit people living in the home.

Regulation 18 (2) The registered person shall ensure that persons working at the home are appropriately supervised. This is because we found that staff are not having regular supervision meetings.

Regulation 27 (2)(a), (3), (4)(a)(b)(c), (5)(a)

The registered person must ensure that visits to the care home shall take place at least every three months and interview people living in the home, staff working in the home, inspect the premises of the home and its records. This is because we found that the

service is not having regular visits from someone who is not responsible for the day to day running of the home.

We have not issued notice of these breaches on this occasion as we were provided with a firm assurance that action would be taken in relation to these matters. Nevertheless, we expect the registered persons to take immediate and effective action to address these issues.

Areas for improvement

Daily notes could be developed to be more person-centred reflecting people's personal care needs as well as including details about individual's progress with goals, likes and responses.

Quality Of Life

People can be confident the staff are informed of their needs and of how support is to be provided. We examined two service delivery plans and saw these reflected the needs identified by the local commissioning authority. We found a good level of guidance for staff relating to the needs of a person for their personal care, preferred daily routine, physical health care, mobility, skin status and personal safety. We saw the service delivery plans and risk management plans had been regularly reviewed and updated to reflect any change in needs. This means staff are able to anticipate and respond to the needs of people using the service. We saw that people have personal history profiles or 'Me and My Life' documents which give additional information about the person. This can help staff make more meaningful relationships and conversations.

People can be confident of keeping well and that their physical health is maintained. This is because we saw from the records examined that people were supported with attendance to appointments with the G.P, hospital, dentist and chiropodist. We also saw that people had been supported in having contact with specialist support where appropriate i.e. speech and language therapists, community psychiatric nurse.

We spoke with four people living in the home who appeared to be in a relaxed mood and were able to verbally confirm their satisfaction with the home and the support provided by staff. One person told us "it's wicked here, the girls are so good". Another person said "I get choices; I couldn't ask for more, I'm very content here" and another told us "we're fed well; I've got a bed, what more do I need?"

People are unable to follow interests, are not positively occupied or stimulated and told us that they would like to go out and do more things whilst 'at home'. Staff told us that people don't go out unless families take them out. We read the activities folder and we saw various 'games' had been offered to people but only approximately five or six people participate in the activities, which are always in the afternoon. In February there were only seven 'activities' offered and up until the day of inspection in March, there had been one activity, with one being carried out during our visit. We observed that most people sat in the lounge either asleep or watching television for the majority of the morning as staff are busy with people's personal care routines. We observed an activity in the afternoon and people were either napping or engaged and uplifted in mood. Staff told us that the hairdresser and manicurist are viewed as 'activities', and the treatments take place in the lounge. It is acknowledged that consulting and engaging residents in activities is a complex area of work and residents may need encouragement; we spoke with one person who expressed an interest in crosswords; this person told us they *only* like doing crosswords.

There is no specific staff member who leads on activities and we were told that the activity provided in the afternoon depends on who is on duty. We read in people's care files of the interests people have and a checklist had been completed for some people indicating what type of activity would be best suited to the individual. For example, the 'activity level indicator' was 'sensory' for one person. However, there were no entries reflecting this stimulation. We read repetitive daily notes which were task orientated and did not give any information as to the person's emotional well-being. One entry was "spent the afternoon watching TV as usual". We discussed this with the registered

manager who told us that conversations and one to one time was not being recorded, this is going to be addressed. We were also assured that activities and people's general stimulation is going to be reviewed as a whole.

Quality Of Staffing

People can be assured they can feel attachment and belonging while living at the home. We observed good interactions between staff and people living in the home. Relationships were genuine and warm. Staff demonstrated their knowledge of people's interests and needs so could anticipate how to support people in a way which suits the individual.

However, these interactions were short lived, people told us that "the staff are so busy, I don't want to bother them, but we do sometimes have conversations". Staff were clear that they would not rush people's personal care routines in a task orientated manner, but felt that they did not have time to listen and talk to people. A cleaner has been employed by the provider, which has relieved the care staff of these duties and has enabled staff to spend more time with individuals in the morning. The staff were positive and appreciative of this change.

People are generally looked after by a familiar staff team. An external recruitment agency is used to cover staff shortages and the team told us that they try to get regular carers. We found that people are safeguarded by a recruitment process which ensures that staff are of good character prior to starting working at the home. We saw three staff's files and found them to be well organised and contained the necessary documents.

We found in staff files and after discussions with the staff team that some staff have not had regular supervision meetings, but have had annual appraisals. The deputy manager is aware that they are behind on staff's supervisions. We were assured that this would be addressed, and due to the low staff morale, this should be treated as a matter of urgency. When we spoke with the registered manager, the morale in the staff team is being addressed.

Overall, people can feel confident that staff are competent and confident in meeting their health care needs. We saw training records for three staff members. These provided information which told us that the majority of staff had undertaken mandatory training. Staff told us that the provision of training is good, that they can ask for additional training on certain subjects and have support to complete the recommended care qualification; the Qualifications and Credit Framework (QCF) in Health and Social Care. All staff should be trained in the understanding and awareness of dementia because the home looks after people with a diagnosis of dementia. Only four of the staff have done this training. Staff should also be trained in The Mental Capacity Act and Deprivation of Liberty Safeguards, which we were told by the registered manager is booked for July 2016. The deputy manager told us that they have started to plan for people's refresher training this year and are talking with the designated trainer for additional training courses. This will be considered further at a future inspection.

Quality Of Leadership and Management

The registered manager is registered with the CSSIW and is supported by a deputy manager. The registered manager was not present for the inspection but a subsequent phone conversation was held. The registered manager assured us that all the issues from the inspection will be addressed.

It was clear from observations, talking with the deputy manager and with staff that the team is committed to the service; passionate about caring for the people living in the home. It was evident from observations that the deputy manager is a good role model for the staff team, in terms of professional conduct and having a person centred approach with individuals in the home. The staff spoke highly of the deputy manager. People receive a consistent service, but it is not necessarily based upon quality improvement.

We saw the last provider report which was from July 2015, which gave an overview of the home. The responsible individual for the registered provider must ensure that visits in accordance with Regulation 27(1) are carried out every three months (Regulation 27(3) which should feed into the overall quality assurance process within the home. We were told by the registered manager that the person, who usually does the provider visits, and the service's annual report, will be contacted immediately.

The care home had not received any complaints since the last inspection. A number of compliments had been received; these were thank you cards from relatives of people who lived in the home.

We saw that archived, confidential documentation was not kept securely. During our telephone conversation with the registered manager, we were told that the information was now kept in secure cupboards.

Quality Of The Environment

Overall, we found that people live in a home which is tastefully decorated, airy, and clean. This is because the main lounge and dining room had comfortable seating and a number of bedrooms we saw were all clean, fresh and tidy.

We observed, and staff told us, that the majority of people spend the day in the main lounge and dining room. This is because there is insufficient staff to enable people to spend time on their own, in their rooms. We were told the risk of falls is high and people need supervision. However, people have mats in their rooms to alert staff via the call bell system if necessary. We recommend that the culture of everyone being downstairs and, essentially, restricting people's movements is reviewed. People should be able to go to their rooms when they wish. The registered manager told us that this issue will be addressed and put right. People's alarm systems can be switched on during the day to alert staff if someone needs assistance. The current system of alerting staff was an area of improvement at the previous inspection. The system has not changed and the registered manager told us that it will be discussed with the responsible individual.

There is a garden to the rear of the property which has recently been landscaped, with a contemporary appearance. People are able to access the garden through the kitchen (which is restricted during meal times) to a seated area with some raised beds or through the office.

Fire safety matters are attended to by the manager of the home. This is because we saw evidence of actions taken to rectify breaches of the fire safety order issued by the South Wales Fire and Rescue service who inspected the home in 2014. Additionally, the home employs an external fire company to carry out checks and tests on firefighting equipment and safety measures.

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.