



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

Inspection Report on

Wentworth Lodge

**9 Ty Draw Road
Penylan
Cardiff
CF23 5HA**

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Description of the service

Wentworth Lodge is a care home for older people located in Roath, Cardiff. It is within easy walking distance of Roath Park, 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 named responsible individual who owns the homes. At the time of writing this report all residents in the home have a diagnosis of dementia.

The home is set over three floors, with an accessible stair lift for the majority of the stairs. There are thirteen bedrooms; three of which are shared and three rooms have en suite facilities. There is a garden to the rear of the property.

Summary of our findings

1. Overall assessment

Overall we found that the people living at Wentworth Lodge are content and well cared for. They are looked after in a clean, well maintained and comfortable environment. People told us about and we observed positive interactions between staff and residents, showing they are treated with warmth and kindness. Staff told us they were motivated to provide good care. Residents and staff confirmed they feel able to approach the registered manager with any issues or concerns. However, some adjustments are needed to ensure people with dementia are fully supported in their daily lives to increase their independence and be provided with stimulation to enhance their wellbeing.

2. Improvements

Since the last inspection the registered manager has introduced activities for residents and also memory books which help staff know and understand the person's life experiences...

3. Requirements and recommendations

We found the home was not meeting its legal requirements in relation to the training of staff, with particular emphasis on developing staff understanding of working with people with dementia.

1. Well-being

Summary

Overall, we found that people receive support that promotes their wellbeing. However, this could be further enhanced with increased opportunities for people to access the local community.

Our findings

Overall we found that people have warm and friendly relationships with the staff that care for them. People we spoke to told us that the staff are 'very good' but that staff are often very busy and do not have time to sit and talk. However, we observed that the interactions that took place were friendly and people responded well to staff. We observed one resident who appeared agitated and unhappy. A member of staff reassured them and helped them find some music in their room that visibly soothed them. We observed residents interacting with each other, chatting or doing activities such as crosswords or reading the paper sitting together. People can feel they belong and have safe positive relationships with each other and the staff that care for them and that staff are alert to their changing moods. We concluded from this that people living at Wentworth Lodge experience warmth and belonging and have positive relationships with the staff that look after them.

People are able to exercise choice and control over their everyday lives. Residents we spoke to told us that staff ask their views on how they would like to be looked after and they are able to decide their own routines of when to get up and when to go to bed. We saw people having breakfast at their chosen time throughout the morning. One person confirmed that they like to come down for breakfast and go upstairs later and can choose when to get dressed. Since the last inspection the registered manager has addressed the issue of supporting residents who choose to remain in their rooms, by providing pressure mats which will alert staff if help is needed. People are therefore supported to express their individual choices and opinions which are valued and acknowledged by people caring for them.

We found that people are generally content with the care they receive; however we saw that staff appeared to be very busy during our visit and staffing levels may be affecting the care that some people receive. We saw that care staff were occupied fully with personal care for residents until late morning, kitchen staff were helping with breakfast tasks. Residents were mostly sitting in the front room watching television. Care staff did come into the sitting room occasionally and interacted positively and warmly with residents but this was mostly task focused, such as offering a cup of tea. One staff member later sat with residents to play a game of Scrabble, which seem to be enjoyed by those involved. We were told by two people we spoke to that they would like to go out and that they used to 'enjoy the fresh air', but 'staff don't seem to have the time'.

Staffing levels impact on opportunities for residents to make choices and have appropriate activities. Residents with dementia may not have suitable opportunity to achieve their full potential and independence and receive the level of interaction needed as described in the home's Statement of Purpose, 'the Home will seek to maximise independence by encouraging Service Users to retain, recover or develop his or her mental physical faculties'. Some people may not always be able to do the things that matter to them when they would like to do them.

2. Care and Support

Summary

People are treated with kindness and consideration by a familiar staff group who understand their individual needs. Staff are given the information they need in well organised and detailed care plans to provide the care to meet residents needs. We saw that staff in the home work well together and that there are a high proportion of positive interactions between staff and the people who live in the home.

Our findings

We found that people receive person centred care which is clearly recorded in care plans. We looked at three resident's care files and found they were all well organised. The front of each file had a very useful brief pen picture of the resident, with the person's likes and dislikes outlined. This helped guide staff to provide individualised care. We saw that each file had a hospital admission form with all relevant information for the person to take with them, should they need hospital admission. We saw the daily notes completed by staff, which were detailed mainly task focused and some work is still needed to make them more person centred. Only one file had a relative's signature for the care plan where the resident themselves was unable to discuss their care plan and the manager told us this may be because family are not local or involved. We saw that the detail in the personal history was variable between files. We discussed this with the registered manager who told us that this can sometimes take a while to complete if there is little information at admission; one personal history was detailed and we were told this is the aim for all residents. We saw that Deprivation of Liberty Safeguards (DOLS) has been considered for all residents. Some people need protection under the Deprivation of Safeguards (DoLs) because of their vulnerabilities and potential risks they face. DoLs is a level of protection for people when all or parts of their freedoms are deprived because of their health condition. We saw that one authorised DOLS and mental capacity assessment was seen on file. We concluded that people's individual needs and preferences are understood and anticipated in the care planning process.

We found that staff worked well together as a team and provided responsive care when we observed the midday meal. It looked appetising and residents were noted to comment they enjoyed it and told us they enjoyed the food at the home. The mealtime was leisurely and unhurried with staff in the room to help as needed. We saw that staff were respectful and kind when helping residents with their food. We saw that some residents did not engage in conversation with each other but would initiate conversation with or respond well to staff. Members of staff were standing next to residents' tables throughout the meal. We discussed this with the registered manager and highlighted that if staff were able to sit with residents it would provide a more social occasion and stimulate conversation between residents. The manager told us she would look at how the experience could be improved. We saw that residents were helped to choose their meals from the pictorial menu and we were told that extra meals were made in case people change their minds. We saw staff being considerate of people's individual choices when one resident had taken a considerable time to eat the meal and the dessert had cooled off; staff offered to warm it up. People are given appropriate support by staff to be as healthy as they can be by a varied nutritional diet.

We found that, although staff interaction with residents was observed to be very warm and caring, there is not always the level of staff engagement with residents that they would like. Staff in the home told us they are enthusiastic about their work and that they were happy

working in the home and felt they worked well as a group. They told us they have regular supervision, have been offered good training in many areas and have a very supportive manager, so felt they could speak up if they had any issues or concerns. All staff that we spoke to mentioned the low staffing levels in the home and the impact it had on their ability to provide the care they would like. They all felt residents are well looked after, but opportunities for one to one time or quality interaction was limited by the range of tasks they have to undertake, especially in the morning. We concluded from this that people may not always be able to receive the right care at the right time in the way they want it.

Following the inspection we sought feedback from professionals who visit the home. The feedback was very positive and the main comments received were about the staff group. We were told that the staff are '*always kind and respectful*', and '*very patient even when very busy*'. We also received back two questionnaires from relatives and these were both very complimentary about the staff group in particular and the home was described as 'very clean'. Other comments included things that were positive about the home: the homely aspect- for example Flowers, pictures, cuddly toys and very cosy. Regarding involvement of health professionals for residents the comment was 'on the ball'. The only possible room for improvement was that there could be more toilets on the ground floor.

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 feel valued because they are cared for in a clean and homely environment. We saw that the home was light, bright, well furnished and decorated. The bedrooms we saw were well furnished and personalised with names on the doors and locks are fitted if people should wish to lock their doors. We saw decorations ready for Christmas and there were pictures of all residents on a Christmas tree decoration in the hallway. However, the environment is not currently designed to support people with dementia. We saw white 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.

The Food hygiene rating is currently '4'. The registered manager told us that work required to improve the rating are either completed or underway. There were recommendations from the Fire Officer's visit and we saw documentary evidence that the registered manager has arranged for these to be addressed.

We concluded that people at Wentworth Lodge live in a comfortable, clean, safe well maintained environment but it does not fully support them to maximise their independence or fully meet their individual needs. We discussed this with the registered manager who told us she will consider the use of colour in the home

4. Leadership and Management

Summary

The registered manager has positive ideas for moving the service forward and supporting people with dementia. This demonstrated a positive ethos where staff feel supported and well lead. However, the low levels of staffing in the home may impact on the quality of care staff wish to deliver and the care as described in the home's Statement of Purpose.

Our findings

We found that the registered manager provided a positive approach towards the care of residents. She told us she is working towards developing the service with staff. This includes plans to make more use of colour throughout the home to stimulate people with dementia. We saw 'memory books' started by staff to aid interaction with residents with dementia and act as a basis for conversation. The registered manager told us she is enthusiastic about improving care for people with dementia in the home and uses a variety of sources of information and advice. People can feel the management of the home is aware of best practice but may be limited in providing what is required if staffing levels are at minimum levels.

People cannot feel fully assured there are sufficient staff numbers and that they are deployed appropriately. Staffing levels in the home were discussed at the previous inspection. In view of home having full capacity for dementia care and the increasing dependency levels and complexity of care needs this will pose, demand on staff is considerable. In addition, staff are being expected to undertake a variety of other tasks which will take them away from their caring roles. During the morning this includes making/changing beds, laundry tasks and during the afternoon the preparation of the tea as the cook leaves at 2.30pm. On the day of this inspection one of the two staff on duty had to make the afternoon meal for residents. The Regulation 27 visits and reports are being carried out by an independent person and the issue of staffing levels and the service's ability to meet the needs of its residents was raised for the attention of the registered manager and the responsible individual. The latest report (18 October 2016) highlighted that staff time is taken with carrying out 'tasks' in the home and had an impact on 'quality time with residents'. In addition, the issue of risks posed by overstretched staff was mentioned in this report. The registered manager is aware of this and will discuss further with the responsible individual. There is not currently a full commitment to driving continuous improvement and acting on feedback from people living and working at the service.

The service does not currently have a proactive approach to the learning and development of staff to meet the specific needs of the people living in the home. The Statement of Purpose states that the home will 'Employ staff in sufficient numbers with the relevant mix of skills to meet the Service Users needs' and 'Offer our staff a range of training, which is relevant to their role, based on their previous experience and necessary for their further development'. The registered manager told us that all residents in the home have a diagnosis of dementia, but the training matrix we saw showed us that, out of 15 staff, only 6 staff have received dementia training. We did not see any negative impact on residents from the staff approach to their care but training will ensure that staff will be able to deal with any more complex risks or care issues that may occur. The manager agreed she would look into arranging training for the remainder of the staff as soon as possible. People are not fully benefitting at present from a service which is committed to innovation and informed by best practice.

5. Improvements required and recommended following this inspection
5.1 Areas of non compliance from previous inspections

At the previous 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.

We saw evidence that activities are available but there is no structured format at present as this activity depends on staff time and relates to the recommendation below

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. Staff are now being supervised at the required intervals

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. The registered provider has delegated this responsibility to an independent consultant and the visits were seen to be carried out at the required intervals.

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. Some progress has been made but requires further development. The registered manager acknowledged that and is committed to improvement.

5.2 Areas of non compliance identified at this inspection

Identified areas of non compliance where non compliance notices were not issued:

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.

We found that the registered persons were not fully compliant with Regulation 18 (1) (c) (i) as there was lack of evidence to indicate that all staff had received appropriate training for the work they are to perform. This relates particularly to training in caring for people with dementia.

We will not be issuing a non compliance notice as we did not note any negative impact on the care of residents at this time

Recommendations for improvement

We recommended the following:

- Consider an assessment of staffing levels to support staff to meet the individual needs of residents in the home regarding their numbers and the layout of the home (Minimum Standard 20.3 National Minimum Standards for care Homes for Older people 2004).
- Consider how the specialised services offered for people with dementia in this service will be based on current good practice, and reflect relevant specialist and clinical guidance (Minimum Standard 3.2 National Minimum Standards for care Homes for Older people 2004).

6. 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 three resident care files ;
- examination of the home's Statement of Purpose;
- 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 two relative/resident questionnaires
- follow up phone calls 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)	Debra Lewis
Registered maximum number of places	16
Date of previous CSSIW inspection	2 June 2016
Dates of this Inspection visit(s)	22/12/2016
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
Additional Information:	