



# Inspection Report on

**Llantarnam Lodge**

**Llantarnam Lodge Care Home  
Pentre Lane  
Llantarnam  
Cwmbran  
NP44 3AP**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

**17 February 2022**

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## About Llantarnam Lodge

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Llantarnam Care Limited
Registered places	30
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">6 July 2022</a>
Does this service provide the Welsh Language active offer?	The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

This inspection was required to consider areas of regulation outstanding at the last inspection.

The service recognises the importance of ensuring attention is given to promoting the safety and well-being of people living at the service. Overall, people receive support from sufficient numbers and appropriately deployed care workers. The service strives to recruit and retain care workers. The service is aware of the importance the role activities play in supporting people's well-being. People are consulted about the type of activities available and their feedback is valued. Improvements in regards to the oversight of the management of the service are in place. The quality of care review needs to improve to routinely consider any patterns or trends in regards to audit information.

## Well-being

Individuals are consulted about the range and frequency of activities. The service understands the value of supporting people to have access to stimulating social activities. Activities are available on both a one-to-one and group basis, in order to enhance people's feelings of well-being. There is one activities worker currently employed. However, the service acknowledges the benefit of further expanding the availability of activities and has successfully recruited an additional activities worker.

Staffing issues continue to be experienced across social care following the Covid 19 pandemic. Understandably, some impact on continuity has been experienced by people living at the service. Recruitment and retention of appropriate care workers remains challenging, but the service has developed plans in regards to this. Re-assessment of individuals with very high dependency needs has taken place since the last inspection. Revised thresholds for the level of needs which can be catered for, are now in place at the pre-assessment stage. Frequent re-evaluation of staffing levels to ensure appropriate staff are on shift at all times is required.

Improved oversight of the management of the service is in place. Since the last inspection, a new manager has been employed at the service. There have been some improvements to written documentation, including audit information. Quality visits take place as required every three months, and a quality of care review has recently been compiled by the responsible individual (RI). Further improvements in regards to the identification of patterns and trends as part of routine analysis is required.

## Care and Support

People receive timely support from sufficient numbers of appropriately deployed care workers. Overall, there have been improvements to the numbers of care staff on shift during the day. People we spoke with are overall complimentary about the length of time they wait to receive support. Call-bells are not overhead ringing for unnecessarily long periods. We considered staffing rotas for a four week period prior to the date of inspection. Overall, we found four members of care staff are usually employed each day, and we found this on the day we inspected. On the day of inspection, we noted the supervision of people using the downstairs communal lounge had improved. Care staff we spoke with were positive about their employment. One staff member told us *"I'm happy here and I feel well supported."* Another told us *"We are a good team, we work well together."* Staff feel things work much more efficiently and effectively when sufficient numbers of staff are available on each shift. Moving forward, we remind the provider of the benefits of regularly reassessing the numbers of care staff required, taking into consideration the level of individual need and occupancy levels at the service. Overall people living at the service and their representatives were complimentary about the service provided. One person living at the service, and another person's representative both described the care as *"excellent."*

There are improvements in the completion of the dependency tool, which is instrumental in identifying how many care workers are required to be available on each shift. Where peoples' needs are identified as high dependency, this is now clearly recorded. As part of this re-evaluation, reviews of the needs for all people living at the service, starting with those with the highest level of dependency, have been completed. This has resulted in some individuals with the highest level of needs moving to alternative care settings. Care workers appear less rushed and provide support to people in a more relaxed manner. An improvement in staff morale and the general satisfaction of people living at the service was noted.

Individuals are consulted about the range and frequency of activities. There is currently one activity co-ordinator employed at the service who works four days each week. Prior to the completion of the inspection, another activity co-ordinator has been recruited. Documentation demonstrates the activity worker regularly consults with individuals living at the service, in order to develop and improve the range and frequency of activities available. Individual records evidence a range of activities are currently available provided on both an individual and group basis, depending on peoples' preferences. It is anticipated that further enhancement of the activity role will take place once the team is more established.

## Leadership and Management

Improved oversight of the service is now in place. We saw documentation which evidences increased ways of engaging with people living at the service, their representatives and care workers employed at the service is now in place. Meetings for people living and staff working at the home are scheduled at regular intervals. Coffee mornings have recently been set up for peoples' representatives to consult with the RI. This has been well received and it is felt likely to have a beneficial impact on communication moving forward. The service is planning to compile a regular newsletter, which will be provided to people living at the service and their representatives. It is anticipated this will further enhance levels of communication, keeping people informed about developments at the service. The manager told us about their plans to ensure that where it is beneficial for peoples' representatives to be involved in reviews, this will take place.

The RI completes quality visits which evidences there is oversight of the management of the service. Reports are available which demonstrate when and how these visits took place. We found these visits are taking place every three monthly as required. Improvements in the frequency of Care Inspectorate Wales (CIW) being advised of reportable events taking place is evident since the last inspection. We found improvements in some documentation, with audits taking place routinely. We were provided with a copy of a recently completed quality of care review. This evidences the RI is committed to ensuring effective oversight of the service is in place. Although audits are routinely now being completed, information in regards to identifying any patterns or trends to reduce risks is required and is an area for improvement. Consideration of this was not available in the quality of care review and should be included. The service provided assurances consideration of this this would be reflected in the next quality of care review completed.

The service is taking appropriate steps to ensure ongoing recruitment and retention of care workers is in place. Although recruitment and retention of care workers continues to be challenging for all care providers, we saw most care workers who had recently left employment, had completed leaving questionnaires which helps to identify the reasons for their decision. The service advised they are reviewing the terms and conditions in place for care workers, including rates of pay, to ensure the service continues to remain competitive.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

### Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A
21	The service provider has not consistently ensured that care and support is provided in a way which protects, promotes and maintains the safety and well-being of individuals.	Achieved

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

### Area(s) for Improvement

Regulation	Summary	Status
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80	Although the Regulation 80 quality of care review is being completed on a six monthly basis, the review does not routinely consider the outcome of regular audits being compiled by the service. Audits are not routinely considering the identification of any patterns or trends in the information collated and therefore do not fully demonstrate how risks are effectively mitigated.	New
66	The responsible individual has not consistently demonstrated effective arrangements are in place for the supervision and management of the service.	Achieved



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