



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

05/12/2023

Welsh Government © Crown copyright 2023.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

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 | 4 December 2023 and 5 December 2023 |
| Does this service promote Welsh language and culture? | This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture. |

Summary

People live in a well maintained, warm and clean environment with access to pleasant outside space. People receive consistent support from care workers who understand people's preferences and strive to provide support in a meaningful way. People are consulted regarding decisions about the personal outcomes they wish to achieve. Personal plans are of good quality and record people's outcomes, their preferences and preferred routines. People and their representatives are involved in their reviews. A newly appointed activity worker is employed at the service and people are consulted about the type of activities they would like to be offered. A deputy manager has been recruited since the last inspection and this has helped to improve management oversight. A range of audits are completed and consideration of patterns and trends in the information takes place. There is appropriate oversight of the service, and the provider is committed to ensuring the service continues to develop and improve. Safeguarding referrals are not always reported to appropriate agencies, and this requires improvement. Inconsistent oversight of individual capacity and Deprivation of Liberty Safeguards (DoLS) require attention. Whilst no immediate action is required, this is an area for improvement, and we expect the provider to take action. We will consider the improvements made at the next inspection.

Well-being

People are consulted and have as much control over their daily lives as possible. People's preferred routines, preferences and goals are understood and the support provided helps people to achieve their personal outcomes. Care workers are kind, caring and approachable. A dependency tool is completed and this supports the provider to identify how many staff are required on each shift. Staffing numbers are reflective of those identified in the dependency tool. Dependency levels are evaluated by staff on a regular basis. The provider understands the benefit of supporting people to have access to stimulating social activities and people are consulted about the type of activities they wish to take part in. Some activities are available on both a one-to-one and group basis, which enhances people's feelings of well-being. There is a newly recruited activity worker in place and further development of the role is planned. We saw the planned programme of activities for December 2023 which appeared varied.

Improved oversight of the management of the service is in place. Since the last inspection, a new deputy manager has been employed. Audits regarding a wide range of support is in place and consideration of any patterns or trends takes place. Some improvements to daily care recordings have been identified by the service and have been put in place. The provider acknowledges this is ongoing and further improvement is required to ensure written documentation reflects the full range of care and support provided to people.

Systems to safeguard people are in place. Staff are appropriately trained in adult safeguarding and have access to an up-to-date safeguarding policy in keeping with current legislation. Records of accidents and incidents at the service are completed and monitored. Where required, most incidents which required reporting to the local authority safeguarding team are reported. However, we identified some safeguarding referrals which had not been submitted. This was rectified promptly during the inspection. Improvement in the oversight of people's capacity and the DoLS in place is required. This is because some people have restrictions placed upon their liberty, for their safety, without the appropriate authorisations being requested or when the authorisations have expired.

People live in a suitable environment which meets their needs. People can choose to spend time communally or privately. The service is clean, homely and welcoming. Bedrooms reflect people's identity and clearly represent individual preferences. The service is committed to ongoing maintenance and refurbishment and improvements required are identified and completed promptly. There is access to a safe and pleasant garden area. Health and safety checks are in place to ensure the building is safe. The front door is secure and admittance is only authorised to people who's identity and reason for visiting has been checked.

Care and Support

People are content, and are supported to have as much choice and control over their daily lives as possible. We saw staff approach people in a kind and caring manner and staff told us they strive to provide personalised support. Staff have a clear understanding of individual needs and preferences and treat people with dignity and respect. People are consulted about activities and we saw the range of activities available include those which people had chosen. We were told about the plans to further expand the role of the activity worker. People are consulted about the menu options and a four weekly menu is available. Choices are available regarding daily meal options and routines. Personal plans are comprehensive and detailed and effectively guide staff, enabling them to provide appropriate support. The outcomes people wish to achieve are recorded and support is provided to help people achieve their goals. Improvements to daily care documentation has commenced, but continued improvement is required in order for the service to more fully record care and support is provided as recorded in personal plans. Personal plans are reviewed and updated when changes are identified. Feedback from people living at the service and their representatives is positive. One person told us *“the staff are friendly and caring”*. A representative told us *“X feels safe, the staff are excellent”*.

People receive appropriate support which enables them to remain as healthy as possible. Care staff demonstrate appropriate understanding of the need to support people to remain healthy. Discussions held with health and social care professionals are documented and their recommendations are followed. Where people’s needs change the service documents the action they have taken to ensure appropriate monitoring of people’s physical and emotional health take place.

Staff ensure people are as safe as possible by adhering to clear policies and procedures and take swift action when needed. There is a safeguarding policy available and care workers receive appropriate safeguarding training. Staff appropriately document accidents and incidents that occur. Records show management deals promptly and appropriately with incidents which could affect people’s well-being. Detailed and comprehensive risk assessments are used to manage known risks to people’s safety.

Oversight of medication systems are in place. There is an appropriate medication policy and staff complete medication training. Medication is stored securely, and an electronic medication administration records (E-MAR) system is used. Monthly medication audits are completed which considers the effectiveness of the medicine management arrangements in place and identifies where improvements are required.

Environment

The layout of the service helps to support people to achieve their personal outcomes. The service is located over two floors and keypads are in place to help keep people safe. The service is friendly, homely and welcoming and the main entrance is secure. Our identity and reason for our visit were checked prior to admission. There is sufficient space for people to spend time together in communal areas and privately and people are encouraged to choose where they wish to spend their time. People's bedrooms reflect their taste and interests. People have access to a pleasant outside space.

Arrangements are in place to ensure people live in a safe environment. Risks to people's health and safety are identified and managed. Routine health and safety checks are conducted and where issues are identified these are appropriately addressed. There are effective arrangements in place to ensure maintenance issues are reported and dealt with promptly. Ongoing investment is made to the premises to ensure it's comfortable and meets people's needs. Individuals living at the service have appropriate personal emergency evacuation plans (PEEP) in place and these are reviewed and updated when required. Copies of PEEPs are easily accessible in a separate file should these be required in the event of an emergency. Electricity and gas safety checks take place. An up-to-date fire risk assessment is in place, and written documentation of fire drills are recorded.

People are provided with information which helps them to understand the type of support available. A statement of purpose (SOP) is compiled which details the support which can be provided at the service. The SOP is reviewed regularly, and CIW are routinely provided with the most up-to-date version. We found the SOP is reflective of the support provided to people.

Appropriate oversight of the service is in place. There are effective systems to support the daily management of the service. A wide range of audits are compiled on a regular basis which identifies what is working well, alongside areas where the service could develop further. Audits are completed comprehensively and consideration of patterns and trends in audit information helps the service to reduce risks to people living there. The responsible individual (RI) completes regular quality visits and produces detailed quality of care reports which further helps to identify areas for development and drive improvements. Feedback from people living at the service and staff help to influence the development of the service. Regular management meetings take place where progress regarding the identified development of the service is discussed. There is regular auditing of accidents and incidents which have occurred.

Safeguarding matters are not always reported to the local authority safeguarding team. We discussed this with management who rectified this immediately. Effective oversight of safeguarding incidents is an important issue and the service need to demonstrate improved oversight of this is in place. Some people lack the capacity to understand and make informed decisions about risks. However, we found capacity assessments for these individuals were not always completed. Although safeguards have been put in place to help keep people safe, there is inconsistent processes at the service regarding DoLS authorisation requests. Some people's DoLS authorisations had expired, and the service had not requested the renewal of the authorisation in a timely manner. People should not experience restrictions on their liberty without the appropriate processes being in place. We were told management have prioritised this. Whilst no immediate action is required, this is an area for improvement, and we expect the provider to take action. We will consider this at the next inspection.

People receive support from care workers who are appropriately recruited, trained and supervised. Staff personnel files contain consistent information including full employment history and references. Disclosure and Barring Service (DBS) checks are in place prior to the commencement of employment. Care workers complete mandatory training as recorded in the SOP during their induction. Refresher training is available and there is oversight of this. Supervision takes place at the required intervals. The service keeps appropriate records to demonstrate which staff are registered with Social Care Wales (SCW), the social care workforce regulator. Care workers provide positive feedback about working at the service. One person told us *"It's one of the best places I have worked"*. Another told us *"it's a happy place to work"*.

Summary of Non-Compliance

| Status | What each means |
|---------------------|---|
| New | This non-compliance was identified at this inspection. |
| Reviewed | 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. |
| Not Achieved | Compliance was tested at this inspection and was not achieved. |
| Achieved | 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 |

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 |
|------------|---------|--------|
|------------|---------|--------|

| | | |
|----|--|----------|
| 26 | No all incidents which are safeguarding in nature have been reported to the appropriate agencies. | New |
| 31 | Oversight around people's capacity, decisions made in their best interests and Deprivation of Liberty Safeguards in place need to improve. | New |
| 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. | Achieved |

Was this report helpful?

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

Date Published 23/01/2024