



Inspection Report on

Lewis Martin Court

**Unit 3 Lewis Martin Court
Clos Parc Morgannwg
Cardiff
CF11 8AW**

Date Inspection Completed

04 July 2022

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About Lewis Martin Court

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Salutem LD BidCo IV Limited
Registered places	17
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection of the service since registration under The Regulation and Inspection of Social Care (Wales) Act 2016.
Does this service provide the Welsh Language active offer?	This is a service that is working towards providing an 'Active Offer' of the Welsh Language.

Summary

Pre-admission assessment processes are robust and care plans reflect a person's health and well-being needs. People are consulted about their care on a regular basis but this is not always captured formally as required so we expect the service to improve this. People are happy with the care they receive, enjoy living at the home and form positive relationships with all staff members. The provider encourages people to access the community, supporting with suitable vehicles that belong to the home.

The bungalows provide good accessibility and equipment is in place to enable care provision. Planned improvements of the environment are partially completed with delays due to other maintenance projects, or limits on ability of contractors to come into the home during the pandemic. The provider has indicated that the funding for all required improvements is available.

The service provider has a responsible individual, (RI), to oversee the provision and quality of care. They carry out their duties with due diligence. The day-to-day smooth running of the home is overseen by a manager, supported by a 'Clinical Lead'. Care staff and nurses are suitably trained and qualified and have access to up-to-date policies and procedures. Supervision meetings have taken place for almost all staff; the 'Clinical Lead' is awaiting theirs.

Well-being

The provider ensures that people's voices are heard and people are encouraged to communicate their preferences in ways that they are able. People have good relationships with care workers, nurses and other staff who support them. Staff are able to pick up on non-verbal indications that someone is trying to communicate their needs, and they make every effort to meet these. People have access to advocates when they need assistance to make decisions they can't manage. The service provider, through visits from the RI and quality assurance methods, captures people's thoughts on how the service can be improved, and addresses this if possible. Careful consideration is given when a new resident is going to be admitted, making sure the service can meet their needs, but also considering how everyone living in the service will get on with each other.

Activities are personalised and support people to follow their interests or things they enjoy doing. For people with limited understanding, staff know them well and help to make day to day decisions around what to do, based on what the person has shown delight with in the past. People are encouraged to try new experiences. People don't always like some planned activities such as 'stretching,' prescribed by physiotherapists, but they are supported to do these to maintain as much mobility as possible.

Health care needs and care within the service is managed well. Where nursing care needs are identified as part of a health care plan, suitably qualified nurses support these. One family member told us that the nurses are '*tremendous*', that the service is '*excellent*' and '*the manager is very good.*'

Some people living at the service lead more independent lives and enjoy going to work. Care and support is reviewed regularly and when possible, people are assisted to access alternative living arrangements that better suit their independence. This has been delayed due to the pandemic and limited suitable accommodation. People are consulted, updated and supported to live as independently as possible, for some, this includes management of their own medication administration. The service ensures risks around this are clearly documented.

The provider recognises the importance of involving the person or their representatives in consultations about how the service can improve and are making some positive changes because of this. To promote well-being, the environment needs attention. Some environment projects are part way through and others have funds readily available for when work is able to start. People living at Lewis Martin Court can access all parts of the service even in motorised wheelchairs, have suitable equipment to meet their needs, and can access the community if they wish.

Care and Support

Care and support is provided by a compassionate workforce and people develop positive relationships with them. We saw warm, fun interactions that people enjoyed, demonstrated by their smiles and laughter. When people lack capacity to make decisions, the service ensures referrals are made to the correct authorities for support. We saw documentation in place for decisions made in people's best interest when they are unable to make decisions themselves. Generally family members are advocates for people in the service, but an independent advocate is available if required. We found that one person would benefit from a referral for independent representation and the manager took immediate action to address this. Records show families are updated regularly and one family member told us how the service ensured good communication throughout the Covid-19 pandemic when visiting was not permitted in line with Welsh Government recommendations.

Robust pre-admission processes are followed that considers information from many sources to ensure people's needs can be met. Time is taken to allow people to become familiar with the home and staff. Care plans are developed that include good detail around people's communication ability and make reference to the 'Welsh Language' for one person. Care plans related to people's needs give sufficient information, and clearly outline important information, such as allergies. People who require strategies in place to manage behaviours have good documentation around this so all staff can be consistent in their approach. Care plans clearly outline people's clinical needs and nurses provide appropriate care. More formal recording of involvement of people or their representatives in personal plan reviews is required. This is an area for improvement and we expect the service provider to take action. The service provides a consistent service to people who are permanent residents and those who receive respite care.

The service makes appropriate referrals to health services and a local health board nurse assessor confirmed this. Unfortunately, there can be delays in accessing some external health services that are outside the control of the home. The nurse assessor also told us that the service is '*good at taking on board any recommendations*' from professionals and '*people are at the centre of the service*' provision. There is good monitoring of people's clinical status and handover of this information between staff. Medication records we saw were completed correctly. Daily records are consistently completed, outlining support provided. People's mood or enjoyment of an activity is captured evidencing that consideration is given to outcomes of people's emotional well-being. Activities are individualised and help people to follow their interests; some like to go to see their preferred football team, others access work, while some prefer more home-based activities such as baking, enjoying music or having fun with water in the garden.

Environment

The home provides people with accommodation where they have their own bedroom and en suite bathroom in one of three bungalows. People can individualise their room and we saw people have posters and items of interest to them on display. Level access throughout the property supports mobility, especially for those in motorised wheelchairs. Lounges in each of the bungalows offer equipment and space to support people to relax and enjoy sensory equipment or television. We saw people are helped to move out of their wheelchairs onto specialist flooring to enjoy freedom to stretch and roll, promoting their physical well-being. Kitchen and dining spaces are used frequently, and we saw people supported to bake cakes in one bungalow. Plenty of staff are available to greet visitors and appropriate checks are carried out to help keep people safe. The provider is considering how to continue to allow freedom for some people to come and go who are able to do this independently, whilst keeping other people protected and secure.

The service provider is aware of several areas within the environment that need attention and improvement. Expenditure has been approved to address problematic areas such as storage in bedrooms, but this work has not been carried out partly due to other work such as flooring being replaced, and partly due to difficulties getting contractors into the home during the Covid-19 pandemic. Two of the three bungalows have new kitchens fitted, with the third about to be started. The general condition of lower walls, fixtures and furnishings in one bungalow is poor due to wheelchair impact; provision of more robust surface coverings is required, which the provider is sourcing to ensure people's well-being is promoted through their environment. The central courtyard area between bungalows had been identified as requiring improvement by the service; this is currently being addressed. There are also plans to add a 'Summer House' for people to use. The RI is currently considering how medication storage can be improved as the integrity of medication could be compromised due to higher than recommended temperatures at times. Additional storage for medication equipment is also being considered. Whilst there has been delays for various reasons to starting the environmental work, we have been assured by the RI that work will now progress quickly.

A Food Standards Agency report highlighted many areas for improvement following their visit in September 2021. On the day of our visit, we found improvements had been made, especially around storage of food items in fridges which were appropriately labelled. The RI confirmed the work required to meet the required standard was now complete. There is a robust infection control policy and we saw the workforce following this, including checking visitors have limited the risks of bringing an infection into the service.

Leadership and Management

A registered responsible individual is in place to oversee the quality of care. They demonstrate improved oversight as they are physically visiting the service, allowing them opportunity to see the environment, care provided and have a chance to speak with people and staff at the home. The RI produces reports showing details of what the service does well, but also how the service can improve. They inform the provider of resources needed to secure improvement, and this is arranged. Policies and other documentation such as the 'Statement of Purpose' are regularly reviewed and provide current information. A 'Service User Guide' in addition to 'Complaints Procedures' are available, clear and detailed.

There is a manager who has responsibility for the smooth running of the service on a day-to-day basis. People and staff speak highly of them and acknowledge their understanding and commitment to the service and its development. They are supported by a clinical lead who provides oversight of the nursing care. There is good communication throughout the service with whole team meeting records showing staff have opportunities to contribute their thoughts and suggestions. Auditing tools are used, and concerns and complaints are managed in line with procedures.

Continuity of care is provided through the workforce, many having worked at the service for a long time. They demonstrate good understanding and genuine care. All staff are recruited safely and personnel files contain relevant documentation to show this. When employed staff cannot cover, the service has suitably trained bank staff to call upon to support. As they regularly work at the service, they too know people well. All staff have access to training that reflects the needs of people living at Lewis Martin Court, and are encouraged by the management team to ensure this is up to date. The care staff and nurses receive appropriate supervision meetings with a line manager. The 'Clinical Lead Nurse' has not had clinical supervision, but this is being arranged imminently. Staff feel supported through the manager, and there is a good working atmosphere where colleagues are supportive of one another.

Staffing levels are appropriate to the needs of people living at the service, including nurses. The service has a vehicle available that provides transport for wheelchairs and some people have their own vehicles. The provider ensures there are enough qualified and competent staff available to drive the vehicles to support trips into the community and wider afield.

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
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16	Formal personal plan reviews are not being conducted with the person or their representative, though there are regular reviews of care plans when changes occur.	New
73	Regulation 73(3): The RI must visit the home and meet with staff and individuals at least every three months.	Achieved
60	Regulation 60(1): The service provider must notify CIW of the events specified in Parts 1 and 2 of Schedule 3.	Achieved

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