

Inspection Report on

Tan Yr Allt Lodge Ltd

Tan Yr Allt Lodge 14 Alltwen Hill Pontardawe Swansea SA8 3AB

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

27/06/2023

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About Tan Yr Allt Lodge Ltd

Type of care provided	Care Home Service
	Adults With Nursing
Registered Provider	Tan Yr Allt Lodge Ltd
Registered places	26
Language of the service	Both
Previous Care Inspectorate Wales inspection	25 February 2022
Does this service provide the Welsh Language active offer?	This service provides an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

Tan yr Allt Lodge is clean, safe, accessible and well-maintained. People in the home and their relatives are all positive about the care and support they receive. Good care records are maintained, and prompt referrals are made to healthcare professionals where necessary.

The service is well managed and supported by good governance arrangements. The Responsible Individual (RI) is well-known by everyone connected to the home and regularly makes himself available to people, relatives and staff members. Nurses and care workers are enthusiastic about their work. They treat people with dignity and respect and say they feel well supported by senior staff. All employees attend training relevant to their roles and say it helps them to support people appropriately.

Overall, people are as independent as they wish to be and have as much control over their lives as possible. Nurses and care workers listen to people's opinions about their care and support and are aware of the importance of each person's well-being.

People make choices and decisions about how they spend their time. Care workers have good rapports and professional relationships with people and relatives. Each person may personalise their surroundings in line with their interests and hobbies. House meetings are not popular with people, so keyworkers and named nurses regularly talk to people and/or their representatives to review any changes to their care and support needs.

Each person receives the right support because care records clearly describe their support arrangements. Personal plans contain a great deal of information about individual preferences, together with a pen picture of their background. Care workers thoroughly know the people they support, and keyworkers work with people and their relatives to ensure they receive the support and information they need. Relatives confirm they are invited to take part when care records are reviewed. One relative told us, "They make sure we know what's going on all the time." In addition, people receive a copy of the service user guide when they arrive: this is a document which provides details of the service, including the complaints process should they need to use it. Relatives told us they are confident to raise anything they want to discuss with the manager and feel they would listen to them if they did.

People's voice is heard and listened to. The service provides the Active Offer of the Welsh language: this means being proactive in providing a service in Welsh without people having to ask for it - some people in the home and some staff members speak Welsh. The manager will discuss having the service user guide produced bilingually.

People receive support as described in their care plans from an established staff team of nurses and care workers. One relative said, "I can relax, knowing x is well cared for here. It's a great weight off my mind." Care reviews and risk assessments help maintain people's independence while keeping them safe from any risks involved.

Senior staff carry out assessments before people move into the home and consider a range of information to ensure they can meet people's needs: they take information from various sources, including nursing and other healthcare professional assessments. From this, senior staff develop care records to describe people's support arrangements and requirements. Detailed care records are held on a newly installed electronic system. Care workers access the information they need on handheld devices. We saw how easy it is to locate any guidance: this ensures people receive the support they need.

The provider has employed a speech and language therapist, an occupational therapist, and a physiotherapist for some time now: this means issues can be assessed and treatments and interventions implemented quickly, according to individual need. In addition, keyworkers and senior staff review care records every month, or more frequently, wherever support needs change so they remain up to date. Each person has a pen picture to record what is important to them and important information is recorded on a hospital passport that goes with the person if they visit hospital.

As far as possible, people are safe and protected from abuse. Care workers have been through the provider's rigorous recruitment process. All care workers can access policies and procedures to understand their responsibility to protect vulnerable people. They have regular safeguarding training updates. They told us senior staff members support them well and are always available for advice if necessary.

The home has detailed policies and procedures to manage the risk of infection. There are good hygiene practices throughout the home and care workers can refer to infection management policies when necessary. All measures are in constant use to ensure people are safe from infections.

Environment

Tan yr Allt Lodge consists of three separate units, each catering for people with specific needs. All areas are warm and clean, and people say they feel comfortable and happy.

Bedrooms are spacious and personalised to reflect the occupant's taste and interests, with items such as ornaments, soft furnishings, photos and items of furniture. Facilities and equipment promote each person's independence as much as possible: the corridors are wide to help people with reduced mobility and accommodate the equipment people regularly use, such as hoists and standing aids. Externally, there is a patio and an accessible garden with decking.

The environment is safe. Fire exits are free of obstructions. All COSHH (Control of Substances Hazardous to Health) materials are stored correctly, in line with the COSHH Regulations 2002 and there are clear instructions displayed in the home on what to do in the event of a fire.

People are safe from unauthorised visitors entering the building, as all visitors have to ring the front doorbell before gaining entry. Care records and peoples' confidential records are securely stored online and only available to employees who are authorised to view them. All employee personnel records are kept securely at the provider's head office in Swansea but are made available electronically on request.

Leadership and Management

Overall, the management team have a clear vision of the support they want to provide, and a positive regard to each person in the home. The RI regularly meets with the manager, nurses and care workers to oversee the monitoring of people's daily support. The

management team have regular contact with people's family members and healthcare professionals involved in their care. People know how to make a complaint if they need to and are confident the management team would listen to them if they did. One relative confirmed, "We would talk to the manager if we felt we had to, but usually it's just small issues that gets sorted there and then." People and their relatives may complete surveys to ask for their opinions on the quality of support they receive – responses are overwhelmingly positive about the service. Employees discuss any issues they wish to raise in regular, confidential supervision meetings. The RI records the quality of the service offered to people in regular quality assurance reports.

The provider ensures there are enough knowledgeable and skilled care workers to provide the right support for people. Pre-employment checks take place before new employees start work: these include reference checks, photo identification and Disclosure and Barring Service (DBS) checks. There is a 24-week staff induction program that is linked to individual learning outcomes and the 'All Wales Induction Framework for Health and Social Care.' The provider has also developed the role of Healthcare Practitioners (HCP) within the organisation: this provides care workers with a clear career progression, to assist nurses in parts of their role. We spoke to one HCP, who said the training had been, "really good, useful" and added "It's definitely worthwhile, we can share the workload now, helps us do things better."

As far as possible, the provider takes appropriate steps to safeguard people from neglect and abuse. The staff team ensure they protect all private and personal information. The home's safeguarding policy and procedure is in line with current legislation and local safeguarding procedures. Senior staff ensure all care records clearly state any risks to people's well-being and detailed risk management plans help to keep people safe and as independent as possible. Care workers recognise their personal responsibilities in keeping people safe. They are aware of the whistleblowing procedure and are confident to use it if the need arises. They would approach the manager or RI but would contact external agencies such as the local safeguarding office if they thought they needed to.

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	

N/A	No non-compliance of this type was identified at this inspection	N/A
21	An inspection carried out on 24th & 25th Feb 2022 found following a provider support file audit that records of actions taken in line with risks detailed in a support plan are inconsistent and incomplete.	Achieved

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