Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

LLanhennock Lodge

Leonard Cheshire Disability
Llanhennock
Newport
NP18 1LT

Date Inspection Completed

12/01/2023

About LLanhennock Lodge

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Leonard Cheshire Disability
Registered places	34
Language of the service	English
Previous Care Inspectorate Wales inspection	26 August 2022
Does this service provide the Welsh Language active offer?	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

Care Inspectorate Wales (CIW) carried out an unannounced inspection of Llanhennock Lodge and found insufficient evidence to demonstrate the required improvements had been achieved to address regulatory failing at the previous inspection. We noted a lack of urgency by the service provider to rectify the failings despite the increased risk of poor outcomes for people. As such the priority action notice issued at our last inspection in August 2022 remains in place.

Further changes within the management team have occurred since our last inspection. There remain inconsistencies in the reviewing and updating of each person's plan and associated risk assessments. The service has an ongoing recruitment drive and relies on agency staff to ensure safe minimum staffing levels are maintained. Levels and deployment of staff continue to affect staff morale and people's care and support. Staff supervision and appraisal is not provided on a regular basis. The oversight and monitoring are not sufficient to ensure the service operates safely and effectively for the individuals receiving care and support. Prompt maintenance and replacement of specialist equipment is not evidenced which impacts on the care people receive.

We are not satisfied that there has been sufficient progress at the service. As the provider has failed to address the outstanding non-compliance within deadlines, CIW will initiate its enforcement processes. We expect immediate action to address deficits and make the necessary improvements to secure better outcomes for people.

Well-being

People's experience of support to maintain their health and wellbeing can be varied. We saw continued inconsistencies in the reviewing and updating of each person's personal plan and associated risk assessments. Care documentation should provide up to date guidance for staff to follow to meet peoples identified needs, however, assessments, personal plans, risk assessments and their reviews are not consistent or robust enough to provide clear direction for staff to follow. Activities are available for people to participate in, however for those who may require more assistance to participate this is not always provided.

Processes are in place to protect people from abuse and neglect though these require further improvement. Care staff are trained in safeguarding vulnerable adults and have policies and procedures to guide them. Oversight of accidents and incidents continues to require improvement, to ensure appropriate action is taken to reduce any further risk. Audits of people's care delivery and health and safety monitoring are not adequate as they do not identify failings and actions to improve the service or identify possible safeguarding matters. Not all identified risk for individuals are reviewed on a regular basis resulting in care staff not having clear guidance on steps to take to prevent further harm for individuals.

The accommodation does not support people's wellbeing. Arrangements to ensure people's health and safety is maintained requires strengthening. Several people have had to move rooms due to faulty ceiling hoists, not all personal mementos and photographs had been transferred to their new rooms to personalise and make them feel at home. Both the physiotherapy room and hydrotherapy pool are out of use. Regular physiotherapy is a key aspect of care provided to help restore and maintain movement affected by injury or disability which is outlined in the service statement of purpose. Without these facilities the service is unable to provide services in-line with their statement of purpose or as commissioned.

During our visit, we saw positive interactions and communication between care staff and people receiving a service. However, we also witnessed a care intervention being provided with a lack of respect and dignity for a person. We saw people who are independently mobile moving around communal areas engaging in conversations with other residents and staff. We observed a group activity and noted several people engaging in this enthusiastically. In contrast, we also observed some in the group were left without any encouragement or staff engagement, whilst a group of staff sat together on the periphery.

Care and Support

At our last inspection, we found inadequate oversight of peoples' care and support. The service provider failed to ensure care and support is provided in a way that protects, promotes and maintains the safety and wellbeing of individuals. We issued non-compliance to this effect.

At this inspection, we found insufficient improvement in this area. People's experience of care and support continues to be varied. We talked with one person who spoke negatively about their experience and the support they receive though visiting family members spoke of some improvements to the care and support their loved one receives. We saw the majority of care workers provided care with warmth and compassion. In contrast, we witnessed an incident when care was not provided in a dignified manner and this was discussed with the manager to ensure this was not custom and practice at the service. We received mixed responses to CIW feedback forms from people receiving a service and their representatives. The majority of forms stated they received a good level of care from staff. However, others stated staff need better manners and less reliance on agency staff who do not have the same level of skills. Forms returned from family members contained positive feedback about care staff but also had common themes around better communication, more staff and less reliance on agency. One family member said they wanted staff to have a *"better knowledge of their loved ones needs and wants".*

There is documentation in place for each person. Personal plans should cover core areas of an individual's care and support to be provided and mitigation of any identified risks. The plans we reviewed remain disorganised with limited evidence of regular review. The service provider states reviews are undertaken on a monthly basis by clinical staff and additional audits completed by management to ensure quality. We saw that eight people did not have their plan of care reviewed within the last three months as required by regulations. Additionally, only 1 person out of 28 accommodated had their plan of care reviewed on a monthly basis. For example, one plan was last reviewed on the 11 June 2022, despite the next review date for falls risk assessment, pressure sores and tissue viability, health and safety risk assessment of the 30 September 2022 and these had not been completed. Another plan we reviewed had been audited by senior management in June 2022 with actions identified, no evidence was found to demonstrate the plan had been updated or reviewed since then. Assessments, personal plans, risk assessments and their reviews are not consistent or robust enough to provide clear direction for staff to follow.

The above issues continue to pose a risk to people's health and well-being and we have therefore re-issued the priority action notice. The provider must take immediate action to address these issues.

Environment

The ground floor contains people's individual bedrooms and communal rooms, the upper floor is utilised by staff only. We saw several rooms were deemed unsafe to use, this included the physiotherapy room, hydrotherapy pool and bedrooms due to faulty ceiling hoists. The physiotherapy team are currently utilising the garden room, which was previously a communal space used by residents, their visitors and for activity sessions. The hydrotherapy pool remains out of use. We were told the physiotherapy plinth had been condemned on the 3 August 2022 and not replaced. The manager's monthly check report for December 2022 states, *"large gaps in physio and activity input for some residents".* A key element of the care and support provided at the service is access to regular physiotherapy to help restore and maintain movement affected by injury or disability. Without the appropriate environment and facilities people's physical wellbeing could be impacted.

We requested a copy of the service providers planned maintenance programme and was provided with a maintenance excel spreadsheet containing minimal information. The Responsible Individual (RI) report dated 29 December 2022 under the heading quality of environment stated, "*The service has not had an internal inspection recently…. focused on supporting with the Service Improvement Plan and Personal Care Plan audits to ensure compliance"*. This indicates there has been a succinct lack of oversight of the environment and a lack of understanding of the importance of people living in a safe environment which meets their health needs.

After our inspection visit, we were provided with a health, safety and environmental monitoring report completed on 17 August 2022, which identified "*improvement required"* as did the previous report. The report states "*Health and Safety checks are not being completed consistently to a level which indicates that the systems in place to manage Health and Safety is effective and the risk of a breach in statutory requirements is high*". The report also noted *"that management issues and retention of staff has had a significant impact on the services ability to compete tasks as scheduled".* Despite the service provider identifying these failings, little action has been taken to address them.

We saw water damage to ceilings with buckets placed under the leaks in the corridor, causing a potential hazard. We were told that one person did not have an appropriately sized bed and another person did not have appropriate furniture in their room. The service utilises an electronic system called MyTAG to record and evidence servicing and testing of equipment has been completed to meet compliance. For example, checks of slings, hoists, mattresses and bed rails however this system is not fully operational and on the day of inspection evidence of regular checks of equipment could not be provided.

The service provider has failed to ensure the premises; facilities and equipment are safe and suitable for the operation of the service. This is having an impact on people's health

and well-being and placing them at risk and we have therefore issued a priority action notice. The provider must take immediate action to address these issues.

Leadership and Management

Since our last inspection four months ago the service has had further changes in management, care staff and clinical leads. This lack of stability in staffing continues to impact the continuity of service delivery and clinical oversight.

The responsible individual visits the service as required. The most recent quality of care report produced in December 2022 identifies a number of actions required to improve service provision. A number of these actions had been identified at the last inspection in August 2022 and transferred to the service providers internal action plan with a target date for completion 8 January 2023. A selection of service specific monitoring and audit systems were reviewed on inspection. Where deficits and actions to improve the service were identified these do not appear to have been addressed in a timely manner and any improvements made have not been embedded into practise to ensure continual improvement and to meet regulatory requirements.

The clinical care review meetings are not completed on a regular basis or fully utilised in line with the service providers procedures and processes. The document requires the recording of any improvements in the service as a result of the actions taken. This had been identified as an area for improvement at previous inspections and this was not completed. Additionally, actions do not have timescales for completion or evidence to demonstrate if they have been completed.

A review of the safeguarding folder showed some improvements in December 2022 with the appointment of another new manager. However, it continued to be disorganised and unclear on the issues identified, actions taken and outcomes. A review of the accident/incident folder also showed some improvements in the monitoring and reviewing by the new manager. However, actions identified were not always completed. This resulted in people being put at continued risk of accidents and safeguarding incidents.

A review of Deprivation of Liberties Safeguarding (DoLS) folder containing all applications and authorisations of DoLS alongside copies of mental capacity assessments and best interest assessments was undertaken. We were told this was currently under review, however, without the person reviewing the folder being present it was difficult to navigate, with no summary to identify dates of authorisations and expiry dates. It was also unclear to see how information relating to DoLS was transferred to people's care documentation.

We reviewed the staffing rota covering a four-week period in December 2022 and noted the number of agency staff on shift each day outnumbered the number of permanent staff. For example, two permanent staff and nine agency staff covered the day shift on a regular basis and on one day ten agency staff covered the day shift with no permanent staff. The service provider explained agency staff are block booked for a three-month period apart from exceptional circumstances. However, agency staff are not afforded the same level of

formal support and supervision, access to specialist training to meet the residents' identified health needs as would a new permanent member of staff on their probation.

Such a reliance on agency staff impacts on the skill mix and level of experience on each shift to meet the identified needs of residents. For example, staff are put into teams and work in pairs, due to the limited number of permanent experienced staff to pair up with the more inexperienced staff cannot always be achieved. The additional pressure this places on permanent staff is also noted. For example, staff completed an incident form on 16 December 2022 due to low staffing levels, stating "*we have only 4 people in work, 1 person staying with 1:1, another 3 on the floor including an agency worker with no experience in care"* this resulted in expected skin care checks and continence care not being completed as frequently as required.

Two days after our inspection visit, four safeguarding referrals were completed by the service provider in relation to inappropriate practice by an agency nurse. This agency nurse was the person in charge on a night shift and several medication errors were made and an inappropriate response to a resident's request. Previously another agency nurse covering a night shift did not have the appropriate skills and experience or induction into the service, resulting in 16 residents not receiving their medication.

We were told there was a lack of leadership on the floor, as the manager and deputies stay in the office. Visiting relatives stated they did not know who was in charge, nobody had introduced themselves. We were told by both staff and members of management that moral and motivation has dipped, and more staff were considering leaving the service. Staff told us *"We are still reliant on agency staff; level of skill and experience is questionable and there is a disconnect between nurses and care staff*". *"Communication is awful, short staffed no help".* Another stated *"no support provided, lost confidence"*. Feedback questionnaires were mixed some stating things had improved, but others stated, *"needs improvement, better support from management, never know where to go for support"*.

The level and frequency of support and supervision for staff remains insufficient, the service providers Key Performance Indicator (KPI) currently states 55% compliance which is an improvement however this does not meet regulatory requirements. For example, one nurse has not had supervision for five months and two staff members on probation did not have monthly supervision as per providers policy and procedure. The service providers KPI for staff annual appraisals is 46.67%. Without comprehensive and regular staff supervision, staff members do not have the opportunity to discuss any concerns or training needs they may have and for their line manager to provide feedback on their work performance.

The above issues continue to place people's health and well-being at risk and we have therefore re-issued the priority action notice. The provider must take immediate action to address these issues.

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
48	There are insufficient arrangements to maintain facilities and equipment resulting in a poor environment.	New
6	The service is not provided with sufficient care, competence and skill.	Not 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
N/A	No non-compliance of this type was identified at this inspection	N/A

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