

Inspection Report on

Caewern Lodge

Neath

Date Inspection Completed

3 October 2022



About Caewern Lodge

Type of care provided	Care Home Service
	Adults Without Nursing
Registered Provider	Integra Community Living Options Limited
Registered places	6
Language of the service	English
Previous Care Inspectorate Wales inspection	5 July 2019
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

Caewern Lodge is a small care home in Neath. There are parking facilities to the side and an enclosed garden around the service. People living in Caewern Lodge are treated with dignity and respect by a consistent, dedicated, and well-trained staff team who know them well. People are supported with up-to-date personal plans that reflect them well. People are settled and content living in a home that is welcoming, comfortable and well maintained. There are systems in place to ensure care is delivered to meet the changing needs of people. Care workers are happy and feel supported in their roles. There is good oversight of how the service is being delivered through routine audits, dip sampling of files and obtaining feedback from people and using this information to drive improvements. The Responsible individual (RI) visits the service routinely and all regulatory reports are completed.

Well-being

People have a voice and are treated with dignity and respect. People are given the opportunity to visit the service prior to moving in and meeting others. Personal plans are written with the input of people from the onset of care provision. These plans are up to date and accurately reflect the current needs of people and how best to support them. People are complimentary of the care team and appreciate that their independence is promoted as much as possible. People and care workers are encouraged to provide feedback about the service and drive improvements. People routinely participate within the local community and are encouraged to engage in work and voluntary work where possible.

People's physical, mental health and emotional wellbeing is promoted. The service has good procedures in place to manage people's medication and where possible, people are encouraged to manage their own medication. Care workers and the consistent management team know people well and can recognise physical or mental health issues quickly to seek additional support as required.

People are protected from harm and neglect. Personal plans are accompanied with relevant and up-to-date risk assessments. Care staff are up to date in safeguarding training and are aware of their responsibilities to protect people and know the procedures to follow. There is a safeguarding policy in place which is up to date with the Welsh safeguarding procedures.

People live in a service that is comfortable and well maintained and supports their well-being. The service is welcoming, and homely and people told us they like living there. Environmental checks are carried out routinely to ensure the service remains safe and comfortable for people. Routine servicing of utilities and equipment takes place.

There is good oversight of the service. There is a manager and deputy in post who are well regarded by the care team The provider also has a good management support network in place with an area manager and responsible individual (RI) who visit the service routinely to carry out audits, environmental checks and speak to people and staff about their experience in the service. Regulatory reports are completed and feedback from people is used to drive improvements in the service.

Care and Support

The service provider considers a wide range of views and information to confirm that they are able to meet the needs of people prior to moving into Caewern Lodge. We saw in care files that there is a detailed and thorough assessment process prior to people moving into the service. There is involvement from all parties including mental health professionals. Individuals are included in the decision process as much as possible and visit the service several times prior to moving. This enables them to meet people and get a feel for the service beforehand. This also enables the management to carry out observations to ensure compatibility with existing residents in the service.

People are involved in the planning of their care to ensure they are provided with the quality of care and support they need. We looked at two care files and saw that personal plans are written from the individuals perspective. These plans give a good overview of the person and what matters to them, we saw that routine reviews are carried out with people and their named keyworker; however, signatures are not always visible to confirm this. We saw that personal plans and risk assessments are in place to promote independence as much as possible and these risk assessments are also reviewed as people's independence skills develop. This includes independent skills and level of supervision required in the kitchen, and confidence building in attending appointments independently. People are complimentary of the care and support they receive, comments included "staff are lovely, supportive and very caring" and "staff are great, they are here when you need them, nothing is too big to ask"

There are safe systems in place for the management of medication in the service and to maintain people's health. People are supported by care staff and a management team that know them well and can recognise any signs of ill health to act appropriately and in a timely way. Where possible, people are encouraged to manage their own medication to the best of their ability with risk assessed levels of support available to them. The service has a designated medication room which is kept locked, medication is stored securely in locked, individual cupboards per person in the room. Medication Administration Record (MAR) are completed accurately. And there are good procedures in place to manage medication stock levels. People are supported to attend routine medical appointments which are documented in care files.

The service promotes hygienic practices and manages the risk of cross infection. We saw that all care staff wear Personal Protective Equipment (PPE) appropriately. There are robust infection control procedures in place for visitors: All visitors are screened appropriately before entering, this includes body temperature checks, Lateral Flow Tests (LFT's) checks and completion of a declaration of health. The provider has a Covid-19 guidance document in place which is updated to correspond with government guidelines

Environment

The service provider has procedures in place to identify and mitigate risks to health and safety. We looked at the maintenance file and saw routine checks in the environment are carried out routinely, these include weekly window restrictors, water temperature and fire safety checks. The deputy manager informed us that the garden is awaiting some routine maintenance work and they are awaiting confirmation from the contractor for this to take place. Certificates for annual servicing for gas, electricity, and fire safety equipment were seen and up to date. There is good oversight of the service, and the environment is routinely looked at and audited and improvements planned.

The provider ensures that individual's care and support is provided in a location and environment with facilities and equipment that promotes achievement of their personal outcomes. Caewern Lodge has its own driveway with parking facilities to the side of the property. The building is surrounded by its enclosed grounds, there is a smoking shelter in place and a recently installed allotment area to support people who have a gardening hobby. There is a comfortable and homely lounge, dining room, separate games room and fully equipped kitchen and people are encouraged to use all areas both independently where possible and together. The service was clean, homely, and comfortable. There are easy read documents available for people in the hallway, which includes the service user guide and complaints policy. People told us they liked living in the service and said, "It's nice here" and "I get to live a pretty independent, normal life really".

Leadership and Management

The provider has arrangements in place for the effective oversight of the service through ongoing quality assurance. The service completes regulatory required bi-annual quality of care reports and we saw the last three of these that have been completed at appropriate timescales. We saw that these reports give a good picture of what has been going on in the service and how the service is performing. There was also detail on possible improvements required in the service. We saw feedback from people contribute to these reports also and is used to drive improvements. The provider has an area manager who routinely carries out visits and audits systems and paperwork at the service to ensure all requirements are met appropriately. RI visit reports were also seen and these details feedback from people and the care team, oversight of the environment and administration and actions required for completion. Whilst there is good oversight of the service, RI visits should be carried out quarterly, the last report was slightly overdue, and the RI is aware of this.

Caewern Lodge has a consistent and dedicated staff team who are skilled and trained to support people appropriately to meet their needs. The provider stores personnel files electronically and we looked at two staff files. All required documentation is in place prior to employment, this includes up to date Disclosure and Barring Service (DBS) checks. The training matrix was viewed, and the service has a 100% compliant rate at present. Staff training includes Safeguarding, medication and first aid. Care staff receive routine supervisions and annual appraisals and care staff spoken with told us they feel "valued" and "supported" in the service. Feedback from care staff was positive and all those spoken with were happy in their work. Comments included "Happy here it's a good place to work" and "I think I picked the best pace to work".

The service provider has oversight of financial arrangements and investment in the service. We saw the service is well maintained both internally and externally and there are good arrangements in place for repairs when they are required. There have been issues in recruiting staff, however previously employed care workers were being interviewed to return to work at the service which will provide continuity of care to people. Despite the difficulty in recruiting, we were told that there were always appropriate staffing levels to meet the needs of individuals. People told us they were able to participate in community activities and go out in the car and had recently enjoyed a trip to a theme park.

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	N/A
	inspection	

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