



Inspection Report on

Cefn Lodge Care Home

**Cefn Lodge Nursing Home
16 Cefn Parc
Neath
SA10 6YR**

Date Inspection Completed

01/11/2023

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About Cefn Lodge Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Cefn Lodge Limited
Registered places	35
Language of the service	English
Previous Care Inspectorate Wales inspection	28 March 2022
Does this service promote Welsh language and culture?	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

Cefn Lodge is a nursing and residential care home for adults who require support with nursing and or personal care needs. People have personal plans in place that reflect their needs well and give care staff the information needed to support them effectively. These are reviewed routinely and updated as needed. There is an activities coordinator in place who engages people in activities in the service. There are good systems in place to recruit care staff appropriately and those spoken with feel supported in their roles and valued as part of an effective team.

Some improvements have taken place in the environment of the service, however further refurbishment is still needed to ensure the service continues to meet the needs of people. Despite this, people are happy in the service and content with their surroundings and spend time in their rooms and communal lounges with others who they consider as friends. Overall, there are good maintenance procedures in place to maintain the service and ensure systems are in good working order.

At the time of this inspection there was no manager in post and the deputy manager was carrying out additional responsibilities to manage the service. The deputy manager has succeeded to maintain good oversight of the service and is very determined and dedicated in their role and held in high regard by people, their relatives, and the care team. At the time of the inspection, the provider had no Responsible Individual (RI) in place. However, a new RI has been identified and going through the registration process.

Well-being

People have a voice and are treated with dignity and respect. People and /or their relatives are involved in the development of their personal plans and participate in reviews where possible. People are complimentary of the way that staff support them and feel respected and safe with them. The deputy manager often speaks with people to understand their perspective of living in the service to identify improvements needed. Care staff were observed treating people with compassion and kindness.

People are safe in the service and protected from harm. There is a safeguarding policy in place. Care staff complete safeguarding training and those spoken with are aware of their responsibilities to report any concerns about people they support and the procedures to follow. People who do not have capacity to consent to decisions over their care and support have appropriate Deprivation of Liberty safeguards (DoLS) in place. The main entrance to the service is locked and all visitors sign in and out when entering or leaving the building. There are good maintenance procedures in place to maintain the environment.

Improvements are needed within the environment to ensure the service is maintained. There are areas of the service in need of refurbishment and repair, including visible water leaks in the office, and floor coverings which are loose or heavily patterned. Despite this, the service is clean with infection control procedures in place to minimise the risk of infectious outbreaks.

People are encouraged to maintain relationships and participate in things that they enjoy. People have good relationships with care staff and others living in the service. Numerous visitors were welcomed during the inspection visit. Activities take place routinely in the service and people spoken with told us how much they enjoy these and “*have a good laugh*”.

People’s physical, mental health and emotional wellbeing is promoted. Nursing and care staff know the people they support well and can recognise any signs of ill health. There are good records in place for health monitoring including nutritional input and weight which are monitored closely. Timely referrals are made to other professionals when required. Medication management is good in the service.

People live in a home with good oversight by the deputy manager. There are systems in place to ensure people receive the care they need through ongoing monitoring and auditing. In the absence of a manager and RI, the deputy manager has tried to include people in the decision-making process to identify improvements in the service going forward.

Care and Support

three care files and saw well written personal plans that cover all aspects of peoples care needs including: day to day routines, fluid and nutritional needs, skin care and much more. These documents are easy to read and are personal to the individual. Care staff spoken with told us that personal plans were easy to follow. Appropriate risk assessments are also in place, and we saw the service follow a resident of the day programme to ensure all files are reviewed on rotation every month. People are spoken with during this process and asked about their experiences in the home and if all is well with their personal plans. Documentation seen also confirmed this. We saw routine audits of care documentation is undertaken by the deputy manager including looking at care files to check they are up to date. People are happy in the service and have built up good relationships with staff, comments included: *“it’s lovely here, the food is lovely, the staff are lovely and I’m so glad to be here”*, *“It’s lovely here, the staff team are really good”* and *“the staff here are wonderful, I can’t complain”*.

There are good systems in place to maintain people’s health. People are supported by nursing and care staff who know them well. Many of the staff team have been employed in the service several years and have developed good relationships with the people they support, one person said, *“The staff talk to me like I’m one of the family”* and are always *“respectful”* and *“dignified”*. We saw good records of nutrition and fluid intake in care notes, as well as good monitoring and oversight of people’s weight and skin condition. Timely referrals are made when additional support is required, and this is also documented in care files and when dietary changes are required passed onto the chef. The service has a designated medication room which is locked when not in use. Medication is stored in an orderly way in locked trolleys which are chained to the walls. Safe storage conditions e.g., temperatures, are checked but these should be recorded daily going forward. We looked at a sample of Medication Administration Record (MAR) charts and found these were completed appropriately with signatures and notes in place.

People have opportunities to participate in activities in the service and have built good relationships with others. An activities coordinator is in post and the evening prior to the inspection a Halloween party took place in the service. People spoken with feel content in the service and are happy. Feedback received evidenced this, comments included: *“I get to do some activities and I always join in and we have a laugh”*, *“I’ve made some friends here now too, it’s a really good bunch”*, *“We do activities and we have a laugh, we have entertainment, buffets, shows its great here, we can’t get better than this”* and *“we get things to do and we can join in if we want to”*. During the inspection we observed people sitting and chatting together, a quiz took place and people were joining in and smiling. We spoke with relatives who were visiting during the inspection and feedback was positive *“We are happy with the care here, they all seem to have a good rapport with X”* and *“Y has been here a number of years and I’ve been visiting all this time, they are always welcoming, communication is very good and they all get on great with Y, and Y is quite happy here”*.

Environment

People are comfortable in a warm and homely environment that meets their needs, however ongoing refurbishments works are needed to improve the environment for people. Since the last inspection we saw that some minor refurbishment works have taken place, including painting communal areas, and replacing some flooring in bedrooms. Heavily patterned carpet is still in place in communal areas which is not ideal for people living with dementia. We did note however, these have been cleaned professionally and flooring in need of replacing in bedrooms has been made safe for the interim period. We noted that there are water leaks in need of repair in the office from recent heavy rainfall. The overall environment needs investment and refurbishment to better meet the needs of people. This is an area for improvement, and we expect the provider to take action, this will be followed up at the next inspection.

People have access to the outdoors. Cefn lodge has a beautiful mature garden to the rear which is currently not in use by people. A smaller secure garden area is available, and we saw this in use during the inspection. Raised beds and large pots are in place in the garden and we were told that crops and plants were planted by people in the service over the summer months successfully and some were still in bloom. The service consists of two storeys, with a large communal lounge on each floor, bedrooms and bathrooms, there is a working lift in place. The managers office and kitchen are on the ground floor and the external visitors pod has been converted into a staff room. Bedrooms are personalised and people told us they like their rooms, one person said, *"I like my room its nice, just the way I like it"*.

The service provider has procedures in place to identify and mitigate risks to health and safety. We saw the maintenance file and met the maintenance person during the visit. Records were seen of routine checks that take place to maintain the safety of people living in the service. Checks seen include manual handling, fire safety equipment, water outlet temperature and more. We saw a hard-working team of domestic and laundry staff on duty and all areas of the service appeared clean. Certificates are in place for the routine servicing of utilities in the service including gas, electricity, and fire systems. Personal emergency evacuation plans (PEEP's) are in place for each individual living in the service. The Kitchen was inspected by environmental health in January 2023 and scored the maximum score available of 5 to indicate very good practices in place in the service. We saw the kitchen and spoke to the chef who had very good systems in place for food safety in the home.

Leadership and Management

The deputy manager has good arrangements in place to oversee the service. They are visible and are supported by a dedicated nursing and care team. Routine audits are undertaken which include care and staff file checks, skin integrity oversight, medication, weight monitoring, infection control, and much more. In the absence of an RI the deputy manager often speaks with people and their relatives to obtain feedback about the service received and asks if any improvements could be made which are acted upon. People spoken with confirmed this. At the time of this inspection there were changes taking place with the provider and a new RI is going through our registration process. Consequently, the required RI oversight duties including quarterly visits and the production of quality-of-care review were not being completed. As there is no impact on people in the service at present, we have not raised this as an area for improvement on this occasion but will consider this at the next inspection thus enabling the new RI to rectify this.

Care staff working at the service are recruited, trained, and supported appropriately to carry out their roles successfully. Three personnel files were viewed, and we saw appropriate documentation for safe recruitment and background checks in place, which includes up to date Disclosure and Barring Service (DBS) checks. The training matrix was seen, and staff have completed lots of training deemed as mandatory in their Statement of Purpose (SoP). Although some staff are slightly overdue for refresher training. The deputy manager is aware of this and already taking action to rectify it. Many staff members are registered with Social Care Wales (SCW) the workforce regulator whilst those who aren't are working towards their registration. Nursing staff are appropriately qualified and routine pin checks in place. Supervisions and appraisals take place although these sometimes are slightly over the required timescales. The deputy manager is aware of this and assured us this will be addressed going forward.

The provider has systems in place to support the smooth operation of the service. We viewed a sample of policies and procedures and saw they are reviewed as required and updated to include any changes to legislation. We looked at the services SoP which reflects the service well. The deputy manager told us the new director has been in contact and has some good plans for improvements in the service which will be followed up at the next inspection. There is minimal use of agency staff in the service and a good ethos of teamwork. This includes staff covering each other at times of absence and sickness, to maintain continuity to the people living there. Care staff confirmed this in their feedback, comments included: *"we have very good team work here between carers, senior carers and nurses, we are all one team"*, *"colleagues are hardworking and supportive of each other"* and *"the management here are very helpful and supportive"*.

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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44	improvements are needed to the environment as it is tired and is in need of refurbishment, despite this there are good procedures in place to maintain the environment and any remedial work is carried out as needed.	New
35	Full and satisfactory information and documentation has not consistently been obtained for all staff, or made available at the service for inspection.	Achieved
80	The service has failed to complete reports following formal quality of care reviews, which include an assessment as to the standard of care and support being provided and any recommendations needed to improve the service.	Achieved

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