



Inspection Report on

Cwmgelli Lodge Ltd

**Cwmgelli Lodge
Lon Pennant
Blackwood
NP12 1BR**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

12/01/2024

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About Cwmgelli Lodge Ltd

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Cwm Gelli Care Limited
Registered places	26
Language of the service	Both
Previous Care Inspectorate Wales inspection	25 May 2023
Does this service promote Welsh language and culture?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies, and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

Most people are happy with the care and support they receive from the service. People are supported to work towards their personal wellbeing goals, and experience positive outcomes as a result of the care and support they receive.

People have personal plans which provide care staff with clear guidance on how to meet their day-to-day needs. Plans are reviewed frequently, and effectively by the service. People experience positive rapport with care staff. We saw care staff respond warmly and respectfully, meeting people's individual communication styles.

The environment is well maintained and managed to ensure that people can fully use the space available to them. The service is clean and safe for people living there. We saw that specialist equipment is well maintained and safely stored.

The service and management team have worked hard to improve the quality of care provided at the service and have achieved the Priority Action Notice issued at the last inspection.

Well-being

People speak positively about the care and support they receive and the service as a whole. One person told us *“Staff are friendly, especially when you first come here.”* Care staff ensure that people are included in the choices that impact their day, we saw people actively engaged in a variety of activities during our inspection visit. Care staff demonstrate an understanding of how to meet people’s needs. We found significant improvement in the quality of interaction and rapport between people and care staff since our last inspection. People are treated with dignity and respect, and their individual circumstances are considered. We observed a broad range of activities taking place which enabled all people to participate in a way that worked for them. People achieve positive outcomes as a result of the care and support they receive at the service.

People are safe and protected from harm. The service has clear policies and procedures to safeguard people from abuse. We found that the service has a clear structure for reporting and monitoring safeguarding, and people are confident to raise concerns or complaints with the management team. The responsible individual (RI) ensures that feedback is captured from people and their representatives, as well as staff in a variety of roles. Feedback from people’s representatives is positive, one family member told us *“Some staff are excellent; some need to know more about people.”* We found that the service has recruited new care staff who are currently learning about their roles and the people within the service.

There is a new manager at the service since the last inspection. People and care staff told us they feel this has had a positive impact on the service delivery, and improved outcomes for people. We found greater consistency of care and support delivery in line with people’s personal plans. There is increased oversight within the service by the management team to ensure people experience good outcomes. However, some care staff told us they would like increased support and communication from the management team. People can move around their home as they choose, we saw people being supported to use communal spaces as well as quieter areas as they chose. Some people are supported to leave the service to enjoy their local community. The environment is clean and homely and meets the needs of people living there.

Care and Support

People have opportunities to engage in a range of activities. We observed that care staff and activity co-ordinators consider the individual needs of all people at the service to support them to participate in a way that works for them. People have personal plans in place which are clear and descriptive. They provide specific and person centred guidelines to support care staff to meet people's day-to-day needs. A family member told us "*Cwmgelli lodge is a fantastic home... I know my family member is looked after and well cared for.*" People told us they enjoy the food provided by the service, which has a rating of five (very good) with the Food Standards Agency. People's wellbeing outcomes are identified in line with their individual needs. There is clear guidance within the plans to support people to achieve their wellbeing outcomes.

The service gathers information about people's needs prior to people moving to the service. We saw that pre-assessment information is available for some people on the electronic system used by the service. However, some people's records are not yet available electronically. Risks and specialist needs considered in the care planning process. We found clear guidance to support people to take positive risks, and assessments are reviewed as part of the personal plan reviews. People are supported to be as independent as possible. Where people are unable to keep themselves safe, the necessary procedures are followed. Appropriate arrangements are in place with the Local Authority to ensure decisions are made in people's best interests, when required. We found that some people are awaiting assessments, but the manager is aware of this and has good oversight of what is needed.

People cannot always be assured that their care notes are recorded in a timely manner, which means they do not always accurately record the care and support provided. However, we observed that people are receiving care and support in line with their personal plans. The manager is aware of the gaps in recording and is working towards improving the frequency and timeliness of records. The service has a clear policy in place to support the safe handling and administration of medication. People are supported with their medication in line with best practice. We found significant improvement in the processes for administration, as well as auditing. The service has improved communication with external professionals to improve the medication processes.

Environment

People's bedrooms are spacious and personalised to meet their needs. We saw people decorate their personal spaces with photos and trinkets. People have space within their rooms for making drinks and snacks, as well as the option to use the kitchenettes on each floor. There is ample storage space in people's bedrooms to ensure that people have easy access to their belongings. People have access to ensuite bathrooms, as well as communal bathrooms with specialist equipment. We found that equipment is safely stored and maintained. The home is clean, and well presented. There is ample space for people to socialise as well as spend time privately.

There is a pleasant garden and "cwtch" area where people can participate in a range of activities. The service is in the process of linking with businesses in the community to provide a salon experience in the onsite hair dressing room. We saw good use of the environment to ensure people could spend time engaged in activities of their choosing. The lounges on both floors are not currently fully used, however the service has a plan in place to renovate these, to increase their usage and provide further spaces for people to spend their time. People are benefiting from a reduction in environmental restrictions within the home. The doors to both floors are now open, to provide people with the option of moving around the service freely. We observed that all items that could potentially cause harm such as cleaning materials and electrical cupboards remain safely locked away.

The service completes frequent health and safety checks to ensure the environment is safe and meets people's needs. We found there are some gaps in the recording of fire paperwork, as well as some gaps in the maintenance records. The manager is aware of this and is taking steps to address this with the team. The service completes frequent fire drills to ensure that care staff and nursing staff are confident and competent to complete evacuations in line with people's personal emergency evacuation plans. All safety certificates for the service are in place and in date. There is clear oversight of these from the maintenance and management teams.

Leadership and Management

There is a new manager at the service since the last inspection who is working to improve practice and delivery of care and support. The manager has good oversight of the service and is aware of gaps in record keeping across different areas of the service. The manager is working to address these, and while no immediate action is required, this is an area for improvement and we expect the provider to take action.

There are enough staff on duty to support people effectively. The management team consider people's needs and ensures that the rota reflects this. At times of fluctuating need, the management adapt staffing needs to ensure people's health, safety, and wellbeing are maintained. The service follows safe recruitment practices and ensures that care staff are registered with Social Care Wales, the workforce regulator. We also saw that nurses are registered with the Nursing and Midwifery Council, and the provider supports staff to maintain their professional registrations. The service ensures that staff receive appropriate training in line with the Statement of Purpose. There are robust procedures in place to support staff to complete their relevant training. There are induction pathways to support new staff in different roles within the service. We saw that some care staff are able to provide support through the Welsh language, as part of the service's Active Offer.

Staff receive support and supervision within the service, however we found that some staff have not received sufficient supervision to meet their needs, or the regulatory requirements. We found that supervisions completed vary in quality, and not all provide staff with the opportunity to reflect or discuss their practice. Some care staff told us they need more support and supervision from the management team. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

There are adequate governance arrangements in place to support the smooth running of the service. The RI is supported by the management team to collate and analyse information about the service delivery. There is some analysis of the data collected, and this is summarised and presented to the service provider in the quality of care report. The RI visits the service regularly to gather feedback from people, their representatives, and staff. The feedback gathered is considered and action is taken as a result of this to improve the quality of service delivery.

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
21	The service provider has not ensured that care and support is provided in a way which protects, promotes and maintains the safety and well-being of individuals. Ensure that there is sufficient oversight of processes and procedures within the home to enable care and support to be consistently delivered in a way which promotes and maintains the safety and well-being of people.	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
36	The service provider has not ensured that all people working at the service (including a person allowed to work as a volunteer) receive appropriate supervision and appraisal.	New
59	Records are not always completed in a timely manner, and do not accurately reflect the care and support provided to people, nor the record of every fire practice. The management are aware but have not taken timely action to address all gaps.	Not Achieved
60	Ensure that notifications are made in a timely manner and without delay	Achieved

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