



Inspection Report on

Cefn Lodge Care Home

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

Date Inspection Completed

30/05/2024

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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	27 September 2023
Does this service promote Welsh language and culture?	This service is not making a significant effort to promote the use of Welsh language and culture

Summary

This was a focussed inspection to follow up on concerns received by Care Inspectorate Wales (CIW), in relation to the care and support being delivered and overall oversight of the service.

Cefn Lodge nursing home has been under new ownership since the beginning of December 2023. Financial investment in the property is evident with refurbishment works carried out and new flooring laid throughout. There is a continuous improvement plan in place to ensure all aspects of the environment in need of work will be remedied in due course. The new provider has implemented a new electronic care planning system which appears to be very comprehensive; it includes alerts and reminders to ensure all elements within the system are reviewed and maintained as required.

A new manager was appointed at the change of ownership. Care staff spoke highly of the new manager and felt that staff morale is much improved in the service with the recent changes. The owners of the service and the Responsible Individual (RI) visit the service on a weekly basis and feedback from staff and management is very positive, with all feeling supported in their roles. Systems to oversee the service have been implemented and the RI has spoken with people to obtain their views on the service to drive improvements.

Well-being

People are supported to maintain their physical health and well-being. There is a consistent staff team in Cefn Lodge who know the people they support very well. Many people living in the service have lived there for many years also. Any changes in people's health or demeanour is acted upon swiftly and effectively, with medical advice being sought. Personal plans are currently being transferred onto the electronic system, where good records are maintained of people's fluid and nutritional intake as well as their health care needs. Medication procedures in place in the service are good.

People are safeguarded from harm and neglect. Safeguarding training is mandatory for all care staff. Those spoken with have a good understanding of their responsibilities to report any concerns they have about people they support. People who are lacking in the capacity to make decisions about their care and accommodation have Deprivation of Liberty Safeguards (DoLS) in place. There are security arrangements in place to ensure all visitors enter and leave the premises in a secure manner. The provider has up to date policies and procedures in place for the safe running of the service. The environment has been improved and further improvements are planned to ensure the service continues to meet people's needs.

People live in an environment that supports their well-being. There have been extensive improvements to the environment in Cefn lodge since the new provider's involvement. New flooring has been laid throughout the service and people commented on how much nicer it is now. Communal lounges both upstairs and downstairs are light and airy, and people were seen enjoying activities in them. Domestic staff were seen keeping the service clean and clutter free. New industrial laundry facilities have been installed, and we were told this has been a significant improvement.

The provider has put procedures in place to ensure good oversight of the service. The director and RI visit the service every week and speak with the management team to ensure things are going smoothly. The RI completes quarterly reports and bi-annual quality of care reviews as required which contain feedback from people living in the service to drive improvements.

Care and Support

As this was a focused inspection, we have not considered this theme in full.

Personal plans of care are developed with people where possible to reflect their needs. In recent months the service has been transferring all personal plans onto a new electronic system. We looked at a sample of these personal plans and supporting risk assessments and found them to be written from the person's perspective. We saw good detail on the history of people and what matters to them as well as a clear record of their needs and how these could be met. All files viewed have been reviewed recently. Records of care worker interactions with people were also seen and these appear to be comprehensive with all elements of care provided logged appropriately.

There are systems in place to safeguard people from harm or neglect. Safeguarding training is mandatory for all care staff and those spoken with understand their roles and responsibilities in reporting any concerns about the people they support. People who lack capacity to make decisions about their care, support and accommodation have appropriate Deprivation of Liberty Safeguards (DoLS) in place. However, at the time of the inspection notification for these had not been submitted to CIW as required. This has since been rectified by the service manager.

Environment

As this was a focused inspection, we have not considered this theme in full.

An area of improvement was highlighted at the last two? inspections due to lack of investment and refurbishment in the environment, namely communal areas were very tired, and flooring was in a poor state of repair. Since the last inspection, the new provider has replaced the flooring throughout the service. The new flooring is clean, pattern free and easy to clean and replace in sections if needed in the future. People told us that the service was *“lovely and clean now”* and *“so much better”*. At the last inspection there were also visible leaks in the office and the walls were in need of urgent repair. This has also been rectified and the office has been refurbished and furniture replaced. The food hygiene rating has dropped slightly in the service to a 3 “satisfactory”, however we were told that this was down to the need for an additional fridge/ equipment and there is confidence that this will increase back to a 5 “very good” on the next visit. The chef works tirelessly to ensure good and wholesome meals are prepared for people. On our visit, the kitchen was very clean and organised with good food handling procedures in place. We spoke with domestic staff who confirmed that there are plenty of supplies in the service to keep it clean. A new industrial washing machine and dryer has been installed which has made a significant improvement in the laundry room with processes now more efficient.

The provider understands there are still ongoing works needed in the service, however, big improvements have been made which have minimised the risk to people.

Leadership and Management

As this was a focused inspection, we have not considered this theme in full.

Governance arrangements are in place to support the smooth operation of the service. We looked at the Statement of purpose which has been updated to reflect the new ownership of the service. A sample of policies were viewed, and these have been reviewed and reflect changes in legislation. The new software installed in the service for care planning documentation is set up with alerts to remind the user when specific things are due, this includes care plan and risk assessment reviews. We looked at the manager audit file and saw that routine monthly audits take place in the service, these include care plan, medication, infection control, weight monitoring and more.

Care staff are happy and feel supported and suitably trained in their roles. We spoke with care, domestic, nursing and kitchen staff and all told us that they felt supported in their roles, had sufficient training, and felt that changes that have taken place since the new ownership have been very positive. Staff receive routine supervision and commented that the new manager was very approachable if they had any issues. The training matrix was viewed, and all staff are up to date with manual handling training with competency checks also completed. Other training covered includes safeguarding, person centred care, first aid and more. Many staff in the service have been in post for several years and consequently staff turnover is low. All staff spoken with commented on how much staff morale has improved since the new ownership. Comments included: *“there is more communication, with the new owner and RI, the manager and senior is visible on the floor, I have no concerns and staff morale is much better”, “things are so much better here now” and “we see the owner and RI usually about twice a week, they always try to speak with us to see how things are going, it’s good now and I’m much happier”*.

There are arrangements in place for the effective oversight of the service through ongoing quality assurance. We looked at the RI visit reports and found these to contain feedback from people living in the service and staff. Within these reports there is also evidence of oversight of day-to-day documentation in the service such as checking through safeguarding concerns and complaints. We viewed the quality-of-care review and found this gives a good overview of the service and its performance and improvements identified are noted. There are plans in place for the ongoing development of Cefn Lodge and the provider is liaising with other professionals and the local authority about this.

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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N/A	No non-compliance of this type was identified at this inspection	N/A
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.	Achieved

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