



Inspection Report on

Crown Lodge

Newport

Date Inspection Completed

25/04/2024

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About Crown Lodge

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Cartrefi Cwtch Ltd
Registered places	3
Language of the service	English
Previous Care Inspectorate Wales inspection	22 February 2023
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

This is a small residential service. Long standing care staff support people living at the service with dignity, care and respect. People are supported to do things they enjoy and to lead happy and fulfilling lives. People living at the service are at the heart of the care they receive.

Staff at the service are happy and feel empowered to fulfil their job roles. They feel supported by management and have regular training and supervision as is needed, and in line with regulatory requirements.

There is good oversight of the service by the manager and the Responsible Individual (RI). There are systems in place for governance and monitoring of the service.

The environment has benefited from some re-decoration which has improved areas within the service. The service is homely and people there are relaxed and comfortable.

Well-being

People living in the service are happy and healthy. People experience a good quality of life filled with plenty of hobbies and activities which each person enjoys. People are supported to maximise their independence and build on their existing skills.

During the inspection we observed people to be relaxed and content. Interactions between people and staff supporting them are positive and engaging. There are trusting and supportive relationships between people at the service and the staff supporting them. Staff know people at the service well and respond to their needs quickly and in a caring manner.

People have control over their daily lives as much as is possible. People are supported to make their own decisions and staff proactively seek opportunities in line with people's likes and interests. People's wishes are respected, and staff respond to people's needs with care and positive encouragement. People are supported in line with their individual needs and their strengths promoted by the staff team.

People undertake activities which promote a healthy lifestyle. During inspection we saw evidence of contact with external agencies made as required by people at the service. This ensures people's health is maintained.

There are policies in place which set out how people are protected from harm and abuse. The service has taken some actions when required to do so, however these actions can be enhanced further to ensure people are always kept safe.

The service has recently introduced a Welsh Board into communal areas of the service. This includes the day and date being shared bi-lingually as well as a Welsh word of the day.

There is a pleasant culture and happy atmosphere within the service which positively impacts the people who live at the service.

Care and Support

People are happy at the service. People receive care and support in a way that promotes their independence. People make choices about their day, and these choices are respected. People's hobbies and interests are explored with staff support, and people are encouraged to enjoy activities in line with their interests with their peers. People at the service enjoy frequent day trips including to local attractions, shops and day services, as well as to theme parks and other interesting attractions.

People have personal plans which promote their wellbeing outcomes. Personal plans include information from a variety of sources including external professionals where appropriate. There are a few different assessments within people's personal plans, and these are reviewed by care staff at the service. However, the review of this documentation is not as thorough as required by the regulations. This is an area for improvement, and we expect the provider to take action.

People are supported to take positive risks which are supported by risk assessment documentation. Care staff know people at the service well, however not all of this knowledge is always captured within people's personal plans.

The service calls upon external agencies to support people when required. Staff follow this advice and guidance to ensure people living at the service receive the best possible care and support. This ensures people's health, wellbeing and safety.

There are systems in place at the service to ensure medication is administered safely. There is oversight and review of these systems to ensure accuracy and review any errors that may occur.

There are hygienic practices at the service. There are plans to introduce a designated staff member responsible for health and safety each shift which will improve the practices already in place within the service. A plentiful supply of required equipment and supplies was observed within the service.

Environment

The service has benefited from redecoration since the last inspection, including new flooring throughout the service. People's bedrooms have also been redecorated and are personalised and styled in line with people's likes and preferences.

Communal areas of the service are nicely decorated and personalised handmade items on display in the lounge and kitchen areas. There are shared spaces within the service that people can choose to use in addition to their bedroom. There is a sensory room upstairs which provides a quiet relaxing space for people living at the service.

There is a secure garden to the back of the service with a raised patio area. There are garden tables and chairs available as well as a few garden games for people to use if they wish. There are plans to clean and refresh the garden area making it more attractive for people living at the service.

There are lockable areas within the service for cleaning products and similar items to be stored securely. However, we found that not all COSHH (Control of Substances Hazardous to Health) items are stored securely. Whilst most of the service was clean, there were some areas that need attention. This is an area for improvement, and we expect the provider to take action.

There are clear systems in place within the service to ensure the review and maintenance of the service. Utilities within the service are tested and checked when required. Fire alarms at the service are checked and fire drills take place too. Each person living at the service has their own Personal Emergency Evacuation Plan (PEEP) and staff know how to support people in the event of an emergency.

The service has a Food Standards Agency rating of Four (Good) so people can be assured food is prepared and delivered in a safe environment.

Leadership and Management

The RI visits the service regularly and completes the required duties in line with regulations. There are systems in place to ensure appropriate oversight and governance of the service. The manager monitors the service to promote safe practices. There could be some strengthening to these systems to ensure data is recorded more accurately.

Recruitment practices are safe at the service. There is a consistent long standing staff team at the service. Staff told us they feel supported by management, and they feel able to approach management with any issues they experience. One staff member told us “*nothing is too much trouble*” when talking about the management of the service. Staff told us they enjoy their work, and the whole staff team are helpful and supportive to each other.

Supervision sessions happen regularly for staff, and these sessions allow staff to discuss matters important to them, as well as matters arising from the service. All staff have completed the required training sessions as part of their job roles, and the manager has oversight of when any refresher training is required. Team meetings happen regularly to ensure everyone is updated on important matters.

The Statement of Purpose (SOP) and Service User Guide (SUG) documents are robust and describe the service to the people who live there, their families or anyone wanting to know more about the service. The service delivers the care as set out in these documents.

Management of the service are aware of their responsibilities to liaise with external professionals and are aware of the most up to date regulations around their responsibilities of when to make such notifications.

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	Provider should ensure that all hazardous materials are safely secured. Provider should ensure that facilities that should be locked are secured. Provider should ensure all areas of the home are clean	New
16	Personal plans and risk assessments aren't always updated following significant events. All reviews of documents should include the full date not just the month for clarity.	New
58	Medication administration records are not sufficiently robust.	Achieved
15	Personal plans did not contain identified risks and how to manage these.	Achieved

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Date Published 03/06/2024