



Inspection Report on

Bakelyn Lodge

Swansea

Date Inspection Completed

18/08/2023

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About Bakelyn Lodge

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Accomplish group ltd
Registered places	4
Language of the service	English
Previous Care Inspectorate Wales inspection	
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

Bakelyn Lodge is a small care home that supports adult males with a functional mental illness, learning disability or acquired brain injury. People are supported by a dedicated care team and newly appointed manager who is committed to improving their experiences in the service and enhance their well-being.

The service encourages people to be involved in the development of their personal plans where possible, these are written in a mental health recovery approach. Care workers are recruited appropriately and know the people they support well. They feel supported in their roles and receive regular supervision and up to date relevant training.

The service is well maintained, homely and there are numerous plans in place to refurbish the property in the forthcoming months.

There is a newly appointed manager in post who is held in high regard by the staff team. There is good oversight of the service with many auditing tools in place. The Responsible individual (RI) visits the service regularly to note the experiences of people and staff in the service, this feedback notifies improvements needed in the service. Reports required by the regulations are completed at the appropriate timescales and contain sufficient detail about the service and its achievements.

Well-being

People have a voice and are treated with dignity and respect. The care team try to ensure people are involved in the development of their personal plans; this is done by the keyworker through one-to-one meetings with them. Personal plans detail the support needs of people well and corresponding risk assessments contain information for staff on how best to support people at different times of need. These are reviewed frequently to monitor any changes and progression. The RI speaks with people and staff when they visit to obtain their feedback about the service and drive improvements.

People's emotional well-being, physical and mental health is promoted. Medication is managed well in the service. People are supported by a small care team who know them well and can recognise any signs of ill health and take immediate action. People participate in communal activities such as days out to Tenby, football, out for meals and there are some activities that take place inside the service should people chose to join in.

People are protected from harm and neglect. All care staff have completed safeguarding training and are aware of their responsibilities to safeguard the people they support. Detailed risk assessments assist care workers to understand successful ways of supporting people at different times. Policies and procedures and security arrangements are in place to maintain the safety of people in the service. There are robust recruitment arrangements in place for care workers. They are supported in their roles and undertake specific training to have a better understanding of the people in the service and how best to support them.

There are good procedures in place to maintain good oversight of the service. Bakelyn Lodge is one of many services with the provider and as a result there is a very large team of staff in place to assist with the oversight of the service. This includes a dedicated human resources department for recruitment and a health and safety department for environmental oversight. The new manager in post is respected by people and the care team. They are supported by the RI, area, and regional management team. Regular visits from the RI take place and detailed regulatory reports are completed as required.

The provider does not provide an 'active offer' of the Welsh language (This means being able to provide a service and documentation in Welsh without people having to ask for it). No one living in the service is a Welsh speaker at present, therefore there is no demand to deliver a service in Welsh to people. The provider has access to translate key documents when needed and recruitment of Welsh speaking staff would be prioritised, should the demand change in the future.

Care and Support

The service encourages people to actively participate in the development and review of their care plans to ensure they meet their needs. Two care files were viewed, we saw that personal plans are designed on a recovery-star based model which enables staff to measure, summarise and evidence progress made in each area. Areas on the star include self-care, living skills, identity, self-esteem and others. Where possible this is discussed with people on a one-to-one basis so that progress on each area can be logged and targets planned together for further progression and development. Detailed risk management plans are in place which enable staff to understand how best to support people at different times of need. We saw that these are reviewed and updated routinely to ensure they are up to date with people's current needs.

There is good oversight and management of medication in the service to maintain people's health. Medication is stored appropriately in a designated cupboard in the service. There are monitoring processes in place to ensure medication is stored appropriately, including temperature checks. We looked at Medication Administration Records (MAR) and found these to be completed correctly and any handwritten additions were counter signed to minimise risk of error. There are good procedures to order medication in place and stock levels in the service are kept to a minimum to prevent waste. Medication audits take place monthly by senior care staff and these are double checked in the managers quarterly audits. Care workers have access to information about the medication in the service so can recognise any adverse side effects. There are good records in place for people who require medication that is prescribed 'as required' (PRN). People are supported by a very small care team who know them well and notice any signs of ill health and to seek prompt support.

There are good systems in place to protect people from harm and neglect. We saw that people who do not have the capacity to make their own decisions about aspects of their care and support and accommodation have appropriate up to date Deprivation of Liberty Safeguards (DoLS) in place. Care staff complete mandatory safeguarding training and those spoken with have a good understanding of their responsibilities to report any concerns they have about the people they support. There is a safeguarding policy in place that is reviewed routinely and includes the Wales Safeguarding procedures.

Environment

Bakelyn lodge is a homely service that supports people to meet their personal outcomes. The service sits on a relatively busy road and there is limited parking on a private drive adjacent to the building. There is a small, enclosed garden to the rear of the building where plans are in place to convert the summer house into a meeting room. There are also plans in place to level and lay a new patio in the garden to make it accessible. Within the service, the ground floor consists of a lounge, kitchen, conservatory dining area, laundry area and office as well as one of the four en-suite bedrooms. On the first floor are the remaining bedrooms and communal bathroom. The manager told us that there were plans in place to lay new flooring throughout the service and new bathrooms were being installed. We found all areas of the service comfortable, clean and clutter free. Bedrooms are personalised with people's own belongings and photos.

There are procedures in place to identify and minimise risks to health and safety in the service. The provider has lots of tools in place for oversight of the environment and one of these is a maintenance book. We saw that all daily, weekly, and monthly checks applicable to the service were completed appropriately with no visible gaps, these checks include fire alarms, window restraints and water temperature checks. There is an up-to-date fire risk assessment in place and personal evacuation plans in place for people. We saw training records confirming that all people living in the service are aware of the procedures to follow when discovering or being alerted to a fire in the premises. Utilities supplied in the service such as gas and electricity are serviced as required with certificates in place to evidence this. The provider has a maintenance contract with an external provider, who respond to requests in order of priority which is decided by the service manager. The manager told us that the provider carries out health and safety audits in the service and there has been significant improvements seen in the last few months since the new manager has been in post.

Leadership and Management

The provider has a human resources team to ensure care staff are recruited safely and appropriately. We looked at three personnel files and found the required documentation in place for safe recruitment. This includes up to date Disclosure and Barring Service (DBS) checks, previous employment references and Identification documents. We saw that care staff receive regular supervision. The manager explained that pre-appraisal questionnaires have been sent to all care workers to take place in the next few weeks. Being new in post they wanted to build relationships with the care team before doing their appraisals. Care workers spoken with told us they feel supported in their roles. Comments include *“Really nice atmosphere here and a great place to work”* and *“the new manager is fantastic!”*. We saw the training matrix and 97% of staff are up to date with all mandatory training which includes infection control, first aid and safeguarding. Care workers also complete service specific developmental training including acquired brain injury and mental health disorders. We saw this was 87% completed however the manager explained that a new course had just been added to the system that staff were scheduled to complete shortly.

There are good systems in place for effective oversight of the service through ongoing quality assurance. As well as the manager audits that take place, the RI carries out audits during visits and there is a quality team who oversee all audits. The RI visits the service regularly and engages with people where possible and staff to obtain their feedback about what it is like to live or work in the service. Reports are completed which captures this feedback and improvements and actions needed noted with appropriate timeframes for completion. Bi-annual quality of care reports are also completed appropriately, and these celebrate the achievements of people in the service and highlights any ongoing issues in need of completion. The service’s Statement of Purpose (SOP) gives a good picture of the service and what it provides, this has been reviewed to reflect the change in manager. The provider has Policies and procedures in place which are reviewed routinely and updated as required to reflect any changes in legislation.

The provider has good financial oversight in the service. We were told of many plans to improve the environment of the service, and this was confirmed by the RI. Since the last inspection many areas of the service have been painted and freshened up. Staffing levels appear adequate on the day of the visit and staff rotas for the previous month also indicated that staffing levels were appropriate. When required, additional staff are made available to take people on pre-arranged days out. Care staff confirmed that there was a healthy budget available to purchase food in the service and people were able to eat the food that they want to eat.

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
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