



Inspection Report on

Ty Draw Lodge

**Ty Draw Lodge Residential Home
36-37 Tydraw Road
Cardiff
CF23 5HB**

Date Inspection Completed

19/06/2023

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About Ty Draw Lodge

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Ty Draw & Wentworth Lodge Limited
Registered places	32
Language of the service	English
Previous Care Inspectorate Wales inspection	22 June 2022
Does this service provide the Welsh Language active offer?	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

Ty Draw Lodge can accommodate up to 32 residents with personal care and support needs. This inspection was unannounced. Mary Cottrell is the responsible individual (RI) for the service who has overall accountability for the home. There is a manager in post who is registered with Social Care Wales, the workforce regulator as required.

People receive care and support from a friendly staff team; and we were told there are enough staff to help with arrangements in place to cover any shortfalls. Systems are not always in place to ensure the quality of care and support is provided consistently. Personal plans are much improved. Daily recording, however, does not consistently reflect the changing care and support needs of people. People receive a range of social and recreational support in accordance with their interests, however this area requires consistency and improvement.

The home environment is clean and secure and there are ongoing building works being undertaken externally to enhance the environment for people living at Ty Draw Lodge. Urgent attention and oversight is required throughout parts of the home to maintain people's safety, ensure hazards are identified and the premises are safe.

We have issued a priority action report to the service provider, and we expect immediate action to be taken.

Well-being

Personal plans have improved ensuring information is up to date. However, care and support needs are not always met by care staff and plans are sometimes not reflective of individuals' changing needs. We saw evidence in care files of support from other professionals such as GP and dietician. People are encouraged to have visitors to the home and supported to stay in touch with important contacts. During our visit we spoke with one visitor who told us "We are happy with the care provided".

People have a good choice of meals and drinks to suit their nutritional needs and preferences. We saw people enjoying the meals provided and observed people experiencing a pleasant mealtime in communal areas. People who chose to eat in their own rooms, did not benefit from the same level of support. Consideration needs to be given about how to support people who unsafely decline meals and fluids to prevent deterioration and dehydration. We saw that staff are not always proactive in offering drinks and encouraging people to drink, without prompting from a manager. Consideration needs to be given to ensure checks are provided for people who remain in their own rooms during mealtimes. The manager assured us this matter would be dealt with immediately. The home has achieved a 4-star (good) food hygiene rating.

The entrance to the home is secure. Arrangements for fire safety and general maintenance are mostly in place but improvements are required. The home is clean and well-furnished throughout, but oversight is required to identify possible hazards in the environment. The service provider must put arrangements in place to ensure the service operates safely and effectively for the individuals that receive care and support. The manager acknowledged the improvements required to adjust door closures to comply with fire safety requirements.

Staff told us they feel supported and are offered any additional training if/when required. Care staff have current mandatory training and there are policies and procedures in place to guide them. We saw applications were made, and records in place in relation to Deprivation of Liberty Safeguards (DoLS) for people who do not have the ability to make decisions about aspects of their care and support. The service notifies CIW of notifiable events.

Care and Support

Most people receive a range of social and recreational support, however this area could be improved to ensure that all people living at the home are consistently offered the opportunity to take part in activities of their choice, particularly those more at risk of social isolation." A safeguarding policy is available which informs staff of their roles and responsibilities in relation to protecting adults at risk from harm, abuse, and neglect. The staff team told us they understood the importance of reporting concerns and that they feel able to approach the manager with any issues or concerns and feel well supported. However, we identified one instance where a concern was not reported to managers by care workers.

Many people living at the home were happy and we saw instances of positive experience of living at the home. We saw there needs to be further improvement to the documentation used at the home to describe people's care and support needs with staff consistently following these plans to ensure that all people living at the home are supported to achieve positive outcomes. We found although regular auditing was carried out it was not robust to ensure residents' health, so any deterioration had been recognised and acted upon.

Care staff were not always visible, in areas of higher risk when people are mostly likely to need supervision (e.g., the stairways) and at the time of our visit we found there was inadequate oversight of the deployment of staff. Most care staff know the people they support well, and some staff told us they had worked at the home for several years. People's choices are promoted, for example regarding meal options. During our visit, we saw care staff interact with residents in a friendly and respectful manner and show good knowledge of people's wishes, needs and how to respond to them. However, we saw instances where reassurances were not provided by staff when people became anxious or distressed. We saw some people supported to spend time doing activities which included, a quiz, people sitting outside in the front garden area, and we were told about the singer at the home the previous day.

We saw improvements in personal care plan documentation since the previous visit and which now mostly reflect people's current needs. However, we identified that although documentation has improved, daily and nightly recording is not robust. The governance of documenting care was discussed with the manager. We saw documentation does not always capture the changes of people's needs or abilities which could increase the risk of people receiving improper care and support. The manager agreed and told us this matter would be addressed immediately. We have issued a priority action notice and expect the provider to take immediate action to address this.

People have access to health and other services to maintain their ongoing health and well-being. Information within people's care files showed referrals and contact is made with various health professionals. We saw these referrals were made in a timely manner. The service has a safe system for medication management which has improved since the previous inspection. People receive their medication as prescribed, and we saw medication

is securely stored and audits carried out to make sure medication is stored and administered safely and to identify any areas for improvement.

Environment

People are cared for in a homely environment. People's bedrooms are individualised and contain items of their choice and there are sufficient bathing and toilet facilities for people to enjoy. However, we identified areas where immediate improvements are required. From our walk around the home, we saw no arrangements in place to prevent people placing themselves at risk by accessing the stairs without the knowledge and supervision of staff. Whilst the staircase may not have posed a risk previously, the dependencies of the current resident group mean a higher degree of supervision and support is required.

Improvements to the environment to enhance people's wellbeing are ongoing, however this should not negatively impact on the essential maintenance required in other areas of the home, as we noted that some regular checks had not been undertaken recently. All confidential files including care and staff files were found to be stored securely in lockable areas. Various fire-related safety checks are carried out and residents have personal emergency evacuation plans in place. We saw several fire doors were inappropriately closing /opening which we brought to the manager's attention and who told us the matter would be dealt with immediately.

The service provider does not always identify and mitigate risks to health and safety. This is because we identified several rooms to be hot with the windows closed and fans were not switched on. We advised room temperatures are regularly taken in this warmer weather to prevent people becoming uncomfortable. We saw several bathrooms contained potential hazards which we requested be removed. We saw issues within the home environment which were not identified by environmental audits, therefore any potential hazards are not identified and addressed immediately. The home has a visitor book in accordance with fire safety arrangements. We highlighted this area to the management team during our visit who told us they would carry out spot checks at various times of the day. We have identified this as an area for improvement and expect immediate action to be taken.

There are clear indications that the provider is investing in developing parts of the building for residents to enjoy. There are ongoing building works being undertaken externally to enhance the environment for people living at Ty Draw Lodge.

The outside areas at the front of the home are pleasant with garden furniture for people to enjoy in the warmer weather. Staff told us that work is currently underway to build a socialising/bar area for people to enjoy and spend time at the rear of the home.

Leadership and Management

People have opportunities to express their views, give compliments and make complaints. We looked at the most recent report carried out by the provider and identified positive feedback from residents, relatives and staff.

Staff recruitment is good in the service. We saw staff files have the necessary safety recruitment checks in place, ensuring staff are suitability to work with vulnerable adults. A statement of purpose (SOP) is available which reflects the service's vision. Policies and procedures are accessible to staff and provide guidance and information to support them in their roles.

Management staff have a strong visible presence in the home, The manager is described by staff as "*supportive*", "*approachable*" and "*helpful*". Staff told us they felt able to discuss any concerns they may have with the service manager. Staff told us they felt supported and receive regular supervisions and appraisals. This ensures staff receive feedback on their performance and support to identify and areas for training and development to support them in their role. Care staff have access to on-going training. Despite the support and governance from managers at the service, the service does not appear to consistently perform to deliver to the same standard in the absence of leaders. The provider must consider the balance of care workers' experience, in the workforce when deploying staff to work each day. We highlighted additional matters to the manager which they should consider ensuring proper oversight of the management, quality, safety, and effectiveness of the service to be confident. We have identified this as an area for improvement and expect immediate action to be taken.

The provider oversees incidents, accidents, and complaints. Whilst the RI carries out internal audits to monitor standards, consideration needs to be given to ensure this process is robust enough to identify where improvements are required and acted upon.

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
21	The provider has failed to ensure care and support is provided in a way which protects, promotes and maintains the safety and well-being of individuals.	New

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	The provider has failed to ensure the premises are free from hazards and properly maintained to the health and safety of individuals	New
6	The provider must ensure sufficient governance and oversight of the service to be assured people are protected from harm.	New
58	Medication - lack of covert meds procedures, not storing medication in locked cupboards in locked rooms, room temperatures not available, creams not dated.	Achieved
15	Care plans insufficiently detailed and not person centred. Missing risk assessments.	Achieved
59	Medication and care records not securely stored.	Achieved
60	Not reporting DOLS applications	Achieved

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Date Published 25/07/2023