



Inspection Report on

Wentworth Lodge

**Wentworth Lodge Residential Home
9 Ty Draw Road
Penylan
Cardiff
CF23 5HA**

Date Inspection Completed

03/03/2024

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About Wentworth Lodge

| | |
|---|---|
| Type of care provided | Care Home Service Adults Without Nursing |
| Registered Provider | Ty Draw & Wentworth Lodge Limited |
| Registered places | 14 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 11 January 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

People are treated with kindness, dignity and respect by a dedicated care team who know them very well. We observed care staff and people at Wentworth Lodge interacting positively and respectfully with each other. The service encourages people and their representatives to provide their views and preferences about how they would like to be supported and what's important to them. Activities and events are regularly planned which people look forward to.

People live in a comfortable homely environment that is clean and suitable to meet their needs. There are safe systems in place to ensure the facilities and equipment is well maintained.

People can be assured that care staff are safely recruited for their role. Care staff receive regular supervision and training for their role which helps them to understand the needs and conditions of the people they support.

The Responsible Individual (RI) has good oversight of the service and regularly visits to seek people's views. The quality and safety of the service is evaluated to ensure the standard is maintained. The management team is visible and offers good support and direction to the service.

Well-being

People have choice and control regarding the care and support they receive at Wentworth Lodge. They choose how to spend their day and conduct their daily routines. We saw some people preferred to stay in their own rooms and others socialised in the communal lounge. Families and friends felt welcomed and were very complementary about the service. People are listened to and involved in making choices and decisions. Care staff know people well to raise any concerns and feel confident that this would be acted upon.

People and their representatives spoke positively about the person-centred care provided by the staff at the service. The service takes the time to speak with people to ensure their choices and preferences are known and recorded in their personal plan. This helps care staff to understand what matters which promotes people's well-being. The personal plans are reviewed regularly and updated with relevant information. The manager intends to seek people's views in their reviews at least three monthly. People are supported to participate in a variety of activities which are meaningful. Care staff interact with people, and their visitors, in a warm and friendly way.

People's physical, mental health and emotional wellbeing is promoted. There are improved systems in place to appropriately store and manage medication in the service. People receive the right medication when needed but there needs to be improved oversight in the completeness of records. We noted that the medication audits require improvement but the manager immediately addressed this. Management and care staff work collaboratively with health and social care professionals and relatives to ensure people remain as healthy as possible. There is good access to health care services.

People live in accommodation that is homely and comfortable. The environment is clean and clear of clutter, bedrooms are personalised and reflect people's personalities and preferences, whilst maintaining personal safety. There are servicing and maintenance arrangements to ensure the environment is as safe as it can be. Routine maintenance checks and repairs are in place on a day-to-day basis but these need to be consistently recorded to ensure they are promptly identified and addressed. Standards of cleanliness and hygiene are good and help prevent the spread of infection. The home is clean throughout and there are effective disposal arrangements in place which care staff follow.

There are robust quality assurance processes in place. The RI visits the service regularly to maintain a good knowledge and consistent oversight of the service. The management team is visible at the service and actively addresses issues as they arise. The care staff are well trained and supported in their role and understand the needs of people they support.

Care and Support

People can do the things that matter to them when they want to do them. People told us they enjoy taking part in a range of activities, which are meaningful to them. There is photographic evidence of people enjoying activities which is displayed in the home and shared with relatives. Activities include, crafts, singalong, exercise, pampering, organised events, external agency social visits and attending a regular Church service. This meets people's religious and spiritual needs, which they told us was important.

The service values the importance of consulting with people and their representatives to help develop their personal plan, for their preferences to be known. There are detailed personal plans in place which inform care staff how best to support people to achieve their personal outcomes. Risk assessments are in place to mitigate risk but these are currently being updated to include specific conditions of people and strategies for care staff to follow. There are regular reviews to ensure care information is kept up to date and consider any relevant events, but these should also include the views of people. We viewed the staff handover documentation which was detailed and personalised.

People are supported to access healthcare. Personal plans document people's medical requirements and details of relevant healthcare professionals. People are supported by care staff who know them well and who recognise any signs of deteriorating health. Records showed relevant health referrals had been made when advice is needed. A person told us *"They contact the GP and other professionals when I need anything which is reassuring"*. People are supported to regular health appointments. The medication policy in place is detailed for care staff to follow but requires further updating. The service has improved safe systems for medicines management. Medication is stored appropriately in secure locked cabinets. People receive the right medication when needed but the completeness of the medication administration record requires improvement. Although there are medication audits in place, these were ineffective to adequately address repeated issues. The manager took immediate action to address this.

People are provided with the quality of care and support they need. We observed positive and respectful interaction between care staff and people living at Wentworth Lodge. People consistently described the care staff as *"caring, thoughtful and respectful"*. A person told us *"I have never stayed in a care home before so I was worried, but the care staff have made me feel so welcome, comfortable and they always respect my privacy"*. Mealtimes are a pleasant experience for people, with good positive interactions happening. We saw care staff supporting people appropriately, at the persons own pace and with dignity and respect. People and their relatives told us the food was good and they have a varied choice available. The catering staff accommodates any dietary requirements.

Environment

The environment supports people to achieve their personal outcomes. The accommodation appears homely, comfortable and benefits from recent changes to the decor and furnishings. Corridors are free from clutter enabling people to move around freely and safely. There is a stair lift available for those with mobility difficulties. People's rooms reflected their individuality and were decorated with belongings that are important to the person. A person told us *"I love my room and it's really comfortable"*. There is accessible outside space that can be used in the good weather. Relatives and friends can visit the service when they want. A relative told us *"The care staff make us feel welcome and always offer us refreshments. We can stay as long as we want and can use the bedroom for privacy."*

There are sufficient infection control measures in place. Processes are followed for safe and effective disposal of clinical waste. Care staff demonstrate an understanding of infection control and the use of personal protective equipment (PPE). Staff wear appropriate PPE and follow correct procedures. There is a robust cleaning regime in place to maintain the cleanliness of the home. A person told us *"The rooms are lovely and clean and housekeeping staff come in daily"*. Infection control training is provided to all care staff which is important to help understand their role and responsibilities.

There is an effective system of monitoring and auditing, which supports a planned maintenance schedule and renewal programme for the fabric and decoration of the premises. A maintenance team is employed to undertake general repairs and routine maintenance checks. The water temperatures in the home are closely monitored to ensure they remain within a safe range. The manager will ensure that care staff formally test the hot water temperature prior to people receiving a bath or shower in accordance with current guidance. The manager assured us that any repairs identified will be formally recorded to ensure they are all responded to in a timely manner. External contractor arrangements are in place to complete servicing and maintenance of facilities and utilities. There has been a recent new fire alarm system installed. The manager arranged for a new fire risk assessment to be completed and renew. All care staff are trained in fire safety and fire evacuation training is scheduled. Most routine fire checks are in place at the home but improved oversight is needed in this area. People have personal evacuation plans in place, which detail the assistance they require in an emergency.

Leadership and Management

The provider has governance arrangements in place to help ensure the service is effectively run. The statement of purpose (SoP) clearly states what people can expect from the service. The Responsible Individual (RI) visits regularly to seek people's views and is kept well informed. The RI produces a six-monthly quality care report that evaluates the quality of the service and celebrates their successes. There are arrangements in place to seek the feedback from people living in the home, visitors, and staff members. These noted positive experiences and gratitude from people using the service and their representatives. There is regular auditing in place such as, safeguarding, accident and incidents and concerns to identify any patterns and trends for lessons to be learnt. Care staff follow policies and procedures for safe practices. The manager has good support from the RI. The care staff told us that the manager and deputy manager are visible in the service and always supportive.

People are supported by staff who are safely recruited and vetted prior to starting in their roles. We sampled a selection of staff personnel files and found they contained all the required recruitment information and vetting checks. Newly appointed care staff receive a comprehensive induction and the opportunity to shadow experienced staff. Regular training is provided to ensure the staff understand their role and the needs of people they support. Records show that care staff are suitably registered with Social Care Wales, the social care workforce regulator. We noted care staff receive regular opportunities for supervision and appraisal, which is important to have the chance to seek support and discuss their personal development. Some care staff are suitably qualified for their professional role and others are working towards the qualification.

People are complimentary about the support they receive and feel that the care staff have a good understanding of their needs and wants, which they value. We observed care staff being attentive and responsive when people need support and reassurance. There is staff presence in communal areas at all times which is reassuring for people. A person told us, *"The staff here are great and so helpful"* and *"I like to spend time in my room but the staff always give me the choice to socialise with others, but they respect my decision, which is important."*

People are protected from harm and abuse. Training records show that care staff have undertaken safeguarding training and have a clear understanding of how to report matters of a safeguarding nature. People told us they can raise any concerns and feel this would be looked into. Accident and incidents are reported and we found appropriate action has been taken to safeguard people. There is good management oversight of events at home. A relative told us the service is *"attentive and supportive."*

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 |
|------------|---------|--------|
|------------|---------|--------|

| | | |
|-----|--|----------|
| N/A | No non-compliance of this type was identified at this inspection | N/A |
| 58 | Regulation 58 (c) The provider must ensure regular auditing of the storage and administration of medicines. This is because; >> We identified several medication administration records did not contain the required information to safely administer medication. >>We identified several gaps in recordings where a signature was required. | Achieved |

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Date Published 07/04/2024