



Inspection Report on

Wentworth Lodge

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

Date Inspection Completed

11/01/2023

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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 | 09/07/2019 |
| Does this service provide the Welsh Language active offer? | This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture. |

Summary

Wentworth Lodge can accommodate 14 residents with personal care 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 in accordance with legal requirement.

People living at Wentworth Lodge receive good quality care and support from a friendly staff team. Care staff and the management team are equipped with good levels of training, development opportunities and support. The responsible individual and the registered manager are engaged in the day-to-day running of the service; they are committed in developing the service and working in partnership with others to improve and shape the future of the service.

Systems are in place to ensure the quality of the care and support provided. Care documentation reflects the care and health needs of people living at the home and there are measures to safeguard residents. There are measures for promoting good practices within the home including infection prevention and control measures. The home environment is clean and secure with some areas such as bedrooms planned for refurbishment which residents will be involved with.

There is oversight of staff supervision and training. There is appropriate governance of the home together with a commitment to continuous improvement and development.

Well-being

People feel safe and protected from harm. The entrance to the home is secure. Arrangements for fire safety and general maintenance are in place. The home is extremely clean and well-furnished throughout and suitable for the needs of the residents. Management ensure it is a safe place for people to live, work and visit. People can move freely in accordance with their abilities and assessed risks.

People are safe and receive appropriate care and support. Their wishes and aspirations are considered, and staff demonstrate a friendly approach. During our visit, we saw staff interacting positively and people told us they had good working relationships that are respectful. Care documentation supports the delivery of care and support. People are encouraged to have visitors to the home and supported to stay in touch with important contacts. Measures are in place to promote good standards of practice throughout the home, with infection prevention and control measures in line with Public Health Guidance. Management shows good oversight of incidents, accidents, complaints, and safeguarding matters. A statement of purpose is present which is up to date and reflective of the home.

People have an excellent choice of meals and drinks to suit their nutritional needs and preferences. We saw people enjoying snacks provided throughout the visit and observed a calm social time for people to enjoy. The staff discussed each person's dietary requirements and had an extremely good understanding of people's likes and dislikes. The home has achieved a 5-star (very good) food hygiene rating. Staff ensure drinks are available throughout the day and night as required. We spoke to people who were complimentary about the choice and quality of food.

Management oversee the training and supervision needs of the staff. Regular staff meetings take place and are specific to each worker's role. There is a robust recruitment process in place. The RI demonstrates appropriate oversight of the home to ensure it operates safely and in accordance with its statement of purpose. The home shows a commitment to improving and developing.

Care and Support

Care staff know the people they support well, some staff told us they had worked at the home for several years. People's choices are promoted, for example regarding meal and snack options. 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. People are supported to spend time doing meaningful activities which includes visits to the seaside and shops which has been difficult during the pandemic. The home has recently purchased a vehicle to enable regular trips and for people to enjoy the various outings planned.

Care documentation contains information regarding how people's care and support needs should be met. Personal plans and risk assessments are regularly reviewed and updated when a change in people's needs is identified. The provider must ensure that people's personal outcomes and what is important to them is documented within care records.

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 and whenever people's needs changed. Overall, the service has a safe system for medication management, however we identified where improvements are required. People receive their medication as prescribed, and we saw medication is securely stored.

Systems are in place to protect people who use the service. We saw people's body language and expressions indicated they felt safe and secure around the care staff who support them. People told us they feel safe and secure living at the service. Records we saw evidenced staff had received safeguarding training. 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 extremely well supported. Care staff are visible, and we found there to be appropriate oversight of staffing arrangement.

We spoke with visiting relatives who told us *"We cannot praise the home enough", "we feel very engaged here and can visit anytime"* and *"the staff are wonderful, we always get a warm welcome here, and are contacted if there are any concerns"*. We looked at the compliments received and found extremely positive feedback from families and visiting professionals.

Environment

People have a sense of belonging; the home is clean and welcoming. The home has received a 5-star (very good) food standards agency rating. It offers suitable accommodation for the residents and management are committed to developing it for their benefit. The home is secure, and visitors are required to ring to gain entry. There is good access and egress for people with mobility needs. The gardens of the home are pleasant and attractive, and we saw outside areas for people to enjoy in the warmer weather.

People are cared for in a homely environment. People's bedrooms are individualised and contain items of their choice. There are sufficient bathing and toilet facilities for people, however we noted some areas of one bathroom required attention. We were told by the manager this would be addressed immediately. From our walk about we saw window openings which may potentially pose a risk to residents are secure with restrictors in place. Staff ensure they keep all cleaning chemicals hazardous to health stored safely and securely. Communal lounge areas are spacious and the home benefits from a choice of two pleasant lounge/dining areas to sit and enjoy activities or enjoy quiet time

We considered various records relating to health and safety, which evidenced the provider maintained effective oversight to ensure the environment was safe. We saw all safety checks in relation to gas installation, electricity and safety records were satisfactory and up to date. All confidential files including care and staff files were stored securely electronically or in lockable areas. Various fire-related safety checks are carried out and residents have personal emergency evacuation plans (PEEPs) in place. There is a fire safety risk assessment and care staff receive training in fire safety and first aid.

The service provider identifies and mitigates risks to health and safety. Environmental audits are undertaken, with any hazards identified and addressed immediately. The home has a visitor book in accordance with fire safety arrangements and visitor identity checks are undertaken.

People can be confident that there are effective arrangements at the home that will protect public safety and minimise cross contamination. There is oversight to ensure staff follow the correct infection control guidance.

Leadership and Management

People can be assured that staff are competent to undertake their roles and there is a robust recruitment process. We looked at three staff recruitment files and noted they contained all the pre-employment checks required in respect of any person working in regulated services.

People can be confident management monitors the quality of the service they receive. Systems and processes help promote the smooth running of the home. Management oversee incidents, accidents and complaints. The home carries out internal audits to monitor standards and practice. Daily staff handovers ensure pertinent information is shared between staff at shift handover. We looked at some key policies and saw they are regularly reviewed and up to date. The statement of purpose describes the home and its facilities.

Management oversee staff training and supervision needs and we saw one-to-one supervision in accordance with regulatory requirements. Supervision provides each staff member with opportunities to discuss their performance, development, and any concerns they may have, which is particularly important during this post pandemic period.

Care staff are provided with specialist training in areas including dementia care and end of life care. Staff we spoke with told us they are well supported and can approach the manager with any issues or concerns. Staff meetings take place on a regular basis for all staff and the manager told us the next meeting was being planned as this was overdue.

People have opportunities to express their views and lodge complaints. The home has a complaints policy in place and the written guide to the service informs people how to raise their concerns formally. Residents can be confident that the home is operated with their best interests at the forefront of care provision. We found regular auditing ensured residents health or any deterioration had been recognised and acted upon.

There is evidence of suitable service oversight and governance. The RI is in regular contact and/or visits the home and engages with individuals and residents. They demonstrate quarterly oversight of resources and we saw a quality-of-care review dated December 2022 which has been recently completed.

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

| | | |
|----|--|----------|
| 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. | New |
| 35 | Staff: no DBS and references but working | Achieved |

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