



Inspection Report on

The Newton Grange

**Langland Care Ltd
26 Southward Lane Newton
Swansea
SA3 4QD**

Date Inspection Completed

15/01/2024

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About The Newton Grange

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Langland care LTD
Registered places	22
Language of the service	English
Previous Care Inspectorate Wales inspection	19 & 20 May 2022
Does this service promote Welsh language and culture?	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

Newton Grange is a good welcoming service supporting people, some with a diagnosis of dementia. The well-being of people is at the centre of what they do. We saw people happy, engaged in activities and conversation in a warm, homely atmosphere. People are safe, care staff understand their responsibilities to safeguard people and using the reporting process. Visiting professionals are complimentary of the standard of care and support provided. Care staff feel valued and supported by the management team through formal and informal discussion.

The home is well presented, a program of refurbishment is in place to refresh some areas including bedrooms. The main garden is not in use due to refurbishment. There is a small well-equipped garden, put to good use by people and their families. Bedrooms are personalised with items of importance to people.

There is good governance by the Responsible Individual (RI) ensuring a good quality service that respects the wishes and aspirations of people they support. There are good systems in place to oversee the quality of the service. We saw robust procedures in place for the safe recruitment of care staff, ongoing training, and care staff development within their role. This includes mini training sessions by the manager to support care staff's understanding of people's day to day living.

Well-being

People have a voice which is heard and listened to. Relatives told us *“The carers are good; I’m impressed with the care”* and *“They’ve had her up dancing on her feet and I haven’t seen her do that in a long time”*. People said they feel listened to by the management and the care staff team. We saw people happy and openly discussing the day’s events, and actively engaged in activities of their choosing, including flower arranging and cooking. These were reflected in their personal plans and risk assessments.

People are supported by knowledgeable and competent care staff who have the appropriate skills and knowledge to provide the levels of care and support required. Care staff told us they are well supported through supervisions, appraisals, and impromptu discussion on a daily basis. This was supported by the documents seen. We saw a training plan which showed care staff have the relevant training to support people to achieve their outcomes and what matters to them. All care staff have received specialist dementia training sourced by the RI.

People feel safe, secure, and protected from abuse and neglect. The provider has systems and processes in place to safeguard people. People told us; *“Staff are very good; they look after me well”*. Staff receive safeguarding training and there are policies in place which are updated regularly. Staff told us, *“Manual handling is good, induction training was thorough, and I had enough time to complete the courses allocated to me”*.

People’s physical and emotional well-being is supported very well. We saw good written support plans and risk assessments, supporting people to be as independent as possible in their lives and in the local community. People told us, *“It’s excellent, I feel lucky to be here”*. And *“We are very well looked after, there’s different activities everyday”*. Daily recordings do not reflect all the good work and support of people. They do show people being supported to access healthcare professionals. Documents are updated and reviewed where necessary.

The statement of purpose reflects the service. Policies and procedures are in place which achieve the aims of the statement of purpose. Personal plans are reviewed monthly with involvement from the person or their family wherever possible. Review documentation does not fully reflect the involvement of people. The RI visits weekly. The RI and manager complete regular audits to review progress and inform the development of the service. These audits include medication, personal plans, and risk assessments. The service has a prospective RI working within the service, who is learning about the RI role and regulatory responsibilities.

Care and Support

The service provider has personal plans in place reflecting the support needs of people which are reviewed regularly. People and relatives told us they were involved in the review process. This is not fully captured in the documentation seen. This was discussed with the manager and additional notes will be added to personal files to fully reflect the involvement of people. We looked at people's files, files were organised and easy to navigate. Staff told us; *"Plans and risk assessments are very explanatory, very helpful. I feel comfortable working nights and days and being able to follow the care plan"*.

People are supported well with personal plans and risk assessments that reflect people's needs. The standard of care and support is very good and is reflected in the responses from staff and external bodies. A professional told us; *"Excellent care home, they go above and beyond, one of our better homes, I'm confident that they always do their best. If I ask them to do something, it's done"*. We saw staff contributing to the well-being of people through sensitive and warm interactions. Staff are creative in the ways they support people to meet their aspirations. Those no longer able to paint are supported to express their creative skills through collage, flower arranging and garland making. Relatives told us, *"The carers are exceptional. Mum is very fond of them"*. And *"I think they do a fantastic job; they always attend to what mum needs or wants"*.

The provider has mechanisms in place to safeguard people they support. We saw policies and procedures in place. We spoke with staff who confirmed they are aware of the safeguarding and reporting process. The training planner shows staff receive safeguarding training. This was supported by staff and the certificates seen.

The health and well-being of people is promoted. Documentation seen and speaking with staff, show staff can recognise any deterioration in people's health and seek medical attention when needed. We saw staff are very familiar with the likes and dislikes of the people they support. Well-being coordinators and staff, use this information to better support people and encourage engagement in person centred activities. People are supported to maintain relationships with relatives. We saw social media platforms showing the variety of activities regularly participated in by people. We were told by relatives that the social media page, allows them to feel involved if they are unable to visit. *Others told us; "They're fabulous, they do so much for the people living there it's unbelievable, I can't fault them"*.

Environment

The property meets the needs of people. Staff have made every effort to make the environment homely, warm, and friendly. For the most part the decoration and furnishings have been tastefully chosen to support the diverse needs of the people supported. There are areas needing a refresh and refurbishment. The manager informed us there is a refurbishment plan in place. The plan includes several bedrooms, hallway, and the main garden to the exterior of the building. Relatives told us; *“The environment could do with an update; mum’s room really needs an update ... But I appreciate it is slowly being done”*. The RI informed us people have been involved in the redecoration, colours schemes have been debated and half of the bedrooms have now been completed.

We saw people comfortable and engaged with their surroundings. The lounge has a kitchenette, people are encouraged to make drinks, wash up and use the fridge. This creates a homely environment supporting the independence of people. We saw one person confident in making choices about their day-to-day life and supported to use the telephone when asked. The home is a large enough property to give people choice either to socialise or spend time alone. People appear very happy in the communal areas. Bedrooms are personalised to meet their needs. Some do need refurbishment, but the people spoken with did not feel this impacted their wellbeing. Staff told us, *“The environment is great, space for exercise, we utilise the garden, and we do activities such as monopoly. And They have a lot of fun here, every birthday is celebrated”*.

The provider has systems in place to identify and mitigate risk to the health and safety of people. All safety checks are carried out. We saw servicing records for fire safety equipment and the fire system. We looked at personal emergency evacuation procedures (PEEP’s) for people and they confirmed evacuation procedures are specific to the individual. The service is secure with a key code entry system, and video doorbell. On entry we were asked to sign the visitors book in line with fire regulations.

Leadership and Management

The provider considers a wide range of views and information to confirm their ability to meet the needs of the people they support. A summary of the “preadmissions assessment” is included in the Statement of Purpose (SoP). The SoP is clearly written and reviewed regularly by the manager and RI. The guide to services gives people the information they need to make a complaint, fees and terms and conditions, to support their choice in accepting the service.

The provider has good governance and quality monitoring arrangements in place to support the operation of the service. The quality-of-care review carried out by the RI shows good oversight and governance. The RI gathers views of staff, relatives, and professionals. Staff told us, “The RI is very supportive and will ask me how I am when they see me”.

Quarterly visits are carried out by the RI. These formal visits are shadowed by the prospective RI. There is good clear documentation to support this. The RI is presently mentoring the prospective RI within the service to support a smooth transition, once training and development is complete. The prospective RI is involved in the service, offering creative ideas around the well-being of people. People with mobility issues have been supported to Caswell beach using buggies to experience the sand and sea.

People are supported by a service that meets their needs with suitably qualified staff who have the knowledge and understanding to support people to meet their individual needs and outcomes. The training plan and discussions with staff supports this. Staff feel supported by the management and staff team. Comments include, “*Teamwork, I love working here, I don’t feel a burden, I feel part of the team, we all enjoy each shift*”. Support is given through good supervision and appraisal, as well as impromptu discussions daily. This was supported by documents seen. Staff told us; “*Senior carers are very knowledgeable, helpful, and supportive*” and “*I am impressed with the way the manager has dealt with some situations*”. All staff are registered with or working towards registration with Social Care Wales (SCW) the workforce regulator. We looked at four staff personnel files and saw good recruitment and pre-employment checks are carried out. Disclosure Barring Service (DBS) checks are undertaken and updated in line with regulations.

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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