



Inspection Report on

luk-ros bungalow

Blackwood

Date Inspection Completed

01/12/2022

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About luk-ros bungalow

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Homes of Excellence Ltd
Registered places	4
Language of the service	English
Previous Care Inspectorate Wales inspection	28 06 21
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

There has been a significant investment in the service in terms of updating the environment and the policies and procedures which has had a positive impact on the service. People living at Luk Ross Bungalow receive the right support at the right time. Support is provided by care staff who understand people's needs and who are trained and competent to meet these needs. Care staff provide care with kindness and compassion, and they ensure people's dignity and independence are promoted. Personal plans are reviewed and kept up to date and are reflective of the person being cared for. The service benefits from a stable and skilled staff team, including an experienced Manager who oversees the daily running of the home as well as providing care to the people who live at Luk Ros. There is a Responsible Individual (RI) who has excellent oversight of the service and is a visible presence in the home. Staff are happy in their roles and feel supported and valued by both the manager and the RI. Staff refer to themselves as a team and feel they all work well together.

Well-being

People and care staff have positive relationships which includes people's preference to enjoy their own company being respected. Care staff understand the needs of the people

living at Luk Ros and they anticipate and respond to people's needs quickly and people get the care they need without delay. The layout of the home and staffing levels ensures that care staff are close to the people that they support and do not need to rely on the use of call bells. New care documentation has been implemented and personal plans are clear, well laid out and contain accurate information. This includes details of what support people require and how care and support should be provided. Care staff are able to identify when there is a change in a person's needs and referrals are made to health and social care professionals, without delay.

People at Luk Ross are kept safe as care staff receive training in the protection of adults at risk of abuse and there is a comprehensive safeguarding policy in place. Both the RI and manager understand the legal requirements in regard to caring for vulnerable people. Care staff are confident that any concerns brought to the attention of the manager or RI will be dealt with appropriately. Safeguarding concerns and complaints are considered and analysed within the quality-of-care report completed by the RI. There is a complaints log held at the home and this has been amended to ensure it is in line with the complaints policy and regulatory requirements.

The administration of medication was observed at inspection and was completed safely, with dignity and the staff were confident and skilled in this area. Medication is stored securely with documentation being completed clearly.

Care and Support

People are provided with care and support by care staff who know them well, including their preferences and their specialist needs. Personal plans have recently been updated in a new format and this is having a positive impact on consistent care being provided.

Personal Plans are reviewed a minimum of three monthly, and a record is made regarding any changes in need that have occurred since the last review. However, the records of the reviews are limited in detail and analysis and do not evidence that the person, their family / advocate or representative were involved. The review records don't mention of the progress a person has made towards personal achieving their personal outcomes, but there is evidence of this in other documentation including the RI reports. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Staff are proactive in seeking advice and involvement from professionals including the General Practitioner, District Nurses, Social Workers and specialist services. Staff clearly record involvement from outside professionals and any action that is needed to be taken. There are safe systems in place for care staff to support people with their medication. Medication Administration Records (MAR's) are in place and completed appropriately. Regular medication audits are conducted, and care staff are up to date with their medication training and competencies. We saw medication being administered in a good safe way and people are approached with dignity and respect. Each person has their own seven-day activity plan which includes pastimes that they enjoy either alone or with the support of staff. These plans are flexible so that people can enjoy other activities if they wish. Staff discuss in team meetings their ideas for introducing new experiences to people and the recommendations from outside professionals. Care staff interact with people at the service in a respectful manner and according to their individual needs which includes recognising behavioural cues as well as using sensory activities.

Meals are prepared within a home style of kitchen and people can be involved in the meal preparation process in a way that is suitable to their needs. This includes observing the process and experiencing the smells and sounds of a meal being cooked as well as being involved in the task.

Environment

Luk Ros is a detached property set over a single floor and people live in a welcoming and homely environment that meets their needs. The shared space in the home includes a lounge and a kitchen diner as well as a small garden area. There is a shared bathroom which has a toilet, accessible shower and a specialist sensory bath. The bath was unable to be used at the time of inspection due to fault and was repaired the day following the inspection visit. The layout of the home promotes independence and enables people to move around freely and safely, but visible to staff should they require support.

Throughout the home all areas were consistently clean, free from clutter and overall, well maintained. The home is free from any malodour. Areas for further improvements to the home have already been identified by the RI and the team and there are plans in place for further improvements including the garden, kitchen and a bedroom. How these are completed and the impact that work may have on the people living there are being carefully considered by the RI and the team prior to implementation.

The living room had recently benefitted from a full renewal which is almost complete. Where there is a need, people have their own specialist seating in the living room and there is enough space within the communal areas to accommodate wheelchairs if this is needed.

There are ceiling track hoists in place for people who need this.

People have their own single bedrooms which are warm, comfortable, clean and personalised to their own needs and tastes. People's bedrooms are respected as their personal space and people spend their day between their rooms and the communal areas as they choose. People can be confident they live in a safe environment. On arrival the main entrance was secure, and identification was checked prior to being able to enter the home. Visitors are required to sign into and out of the home. All people visiting are considered as guests into the home of people who live there and need to knock and be allowed in rather than freely accessing the home. Cleaning products are locked away securely and there were no obvious hazards within the home.

Fire doors have recently been replaced and all people living in the home have a Personal Emergency Evacuation Plan (PEEP) in place. We saw evidence of regular fire drills taking place including a review of the process and the time that the evacuation was completed in. Weekly and monthly manager checks of the environment and safety requirements are now in place and recorded. These are overseen by the RI and any issues are included within the quality-of-care report. There is a small office within the home and an area for personnel files which is kept secure.

Leadership and Management

There are sufficient levels of care staff available to meet peoples' individuals needs and we saw rotas that evidence staff are consistent. The staff team are mainly longstanding staff members and there is minimal turnover of staff. Care staff are very happy in their role and they feel listened to by both the manager and the RI. The ideas and suggestions made by care staff how to improve the service and outcomes for people are valued by both the manager and RI and considered in the planning of the service.

People benefit from the leadership and management in place. The manager has a very strong focus on the provision of consistent high standards of care and the value base of care delivery. Luk Ros has an RI who is very involved in the service and has made significant improvements to procedures and processes to bring these in line with regulatory requirements. These changes have had a positive impact on the quality and safety of the service. The RI has excellent oversight of the service and is aware of areas that have improved and those which can benefit from further development. Care staff speak very positively about both the Manager and the RI, and the improvements made to the service. The Manager is described as "*very supportive*", "*interested in us and our welfare*" and a "*very good manager*". The active involvement of the RI in the home is valued and they are seen to be approachable, genuine and has a positive impact on the service.

The RI undertakes regulatory visits and completes the necessary reports which are detailed and contain a good level of analysis. The RI engages with people at each visit, and this is evident within their report as well as being observed during the inspection. In addition to this the RI attends the service to support the manager and staff and is a visible presence in the Service. The RI participates in supervisions to model best practice and is focused on building the skills of staff within the service. People can be assured they are supported by staff who are well trained and supported. Staff receive regular training and the manager monitors compliance with mandatory training and ensures this is completed. Both supervision and the annual appraisals are a positive experience for the care staff and the recent changes in how these take place is valued.

There is a stable staff team at Luk Ros and people can be assured that when recruitment is needed this is a safe process as pre-employments checks including references and

Disclosure and Barring Service (DBS) certificates are applied for prior to staff employment commencing. There is a list of the Social Care Wales (SCW) registration numbers of all care staff and the renewal dates held by the service. The same process is in place for the DBS Checks.

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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16	The review records for the personal plans for individuals, who are not able to fully engage in a review of their needs and personal outcomes, do not demonstrate that the service includes the views of the persons representative.	New
36	Regulation 36 - Supporting and Developing Staff-The service provider must ensure that any person working at the service: receives specialist training as appropriate;	Achieved
57	Regulation 57 Health and safety - The service provider must ensure that any risks to the health and safety of individuals are identified and reduced so far as reasonably practicable.	Achieved
	Regulation 34 (3)- Staffing - overarching requirements - The service provider must be able to demonstrate the way in which the determination has been made as to— (a) the types of staff deployed, and (b) the numbers of staff of each type deployed.	Achieved

Date Published 08/02/2023