



Inspection Report on

Leadon Court Nursing Home

**Leadon Court
Thornhill
Cwmbran
NP44 5TZ**

Date Inspection Completed

24 March 2022

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About Leadon Court Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Clearwater Care (Leadon Court) Limited
Registered places	34
Language of the service	English
Previous Care Inspectorate Wales inspection	The service was last inspected under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA) on 7 June 2019
Does this service provide the Welsh Language active offer?	No. This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people who use, or intend to use their service.

Summary

People receive responsive care and support from care staff who are appropriately recruited. Care staff are kind and caring and provide supportive interactions to people living at the service. Care workers know people well, and understand and respect people's choices, preferences and routines. People live in a warm and bright environment where they are supported and encouraged to personalise their rooms. The service has worked hard to ensure the service is as homely as possible and redecoration of some areas has been completed. There is sufficient space to support people to spend time privately and communally.

Well-being

Individuals are able to take part in activities which they enjoy. Activity plans are available and demonstrate both one-to-one and group activities are available. Since the last inspection, emphasis has been placed on increasing the range and frequency of activities. There is a team of activity co-ordinators who have responsibility for ensuring people live in a stimulating environment. People told us they are supported to choose what activities take place and if they wish to join in. Since the pandemic there have been ongoing challenges throughout social care in the recruitment and retention of care workers. However, in recent months staff morale has increased and people receive support from kind and caring care workers who want to make a positive difference in people's lives. Care staff are aware of the importance of building relationships with people, understand people's preferences and ensure people have appropriate choice. Care staff are attentive and we saw kind and caring interactions taking place. One person told us *"I like it here, the staff are wonderful to me"*. One person's relative told us *"they've blown me away with the support they provide to X."* Another stated *"all the staff work so hard, I thoroughly recommend it."* People can choose where they spend their time and we saw people spending time in their rooms, in communal areas and outside in the enclosed and peaceful garden.

Restrictions to the visiting arrangements due to the pandemic have been in place, but the service has followed guidance and has now relaxed most of the previous restrictions. Both indoors and outside visits are available, and we saw visits taking place. People are complimentary about the visiting arrangements. Visiting appointments are pre-booked but are routinely available. People demonstrate they have taken a lateral flow test with a negative result prior to entering the service in order to protect people living and staff working at the service. Care staff understand the importance of following good infection control procedures and have been sufficiently trained in this area. During our inspection visit all staff were wearing appropriate personal protective equipment (PPE) showing commitment to effective infection control and to keeping people safe. There were sufficient hand sanitising areas.

People are supported to remain as healthy as possible. An extensive menu, with a choice of two meals, is available. People's weight, appetite and hydration are recorded as part of the routine monitoring completed by care workers for those who require it. Appointments with health and social care professionals are arranged for regular checks or if individual needs change.

Overall, people are protected from abuse and neglect as care staff know what to look out for and how to raise concerns if they suspect someone's well-being is compromised. There is an up-to-date safeguarding policy which informs care workers of lines of accountability

regarding safeguarding in the home and who to contact in the local authority if this is required.

Care and Support

People are content, and encouraged and supported to have as much choice as possible. We overheard choice frequently being offered to people. There was a choice of meals, and meals looked appetising and warm. We received positive feedback from people living at the service and some representatives about the quality of the support provided. We observed kind and caring interactions provided by care staff with whom people have developed effective relationships. Care staff provide appropriate supervision to ensure the safety and well-being of people using the communal areas of the home and provide prompt and responsive attention to those who require it. There were sufficient staff on the day of the inspection visit, and this was confirmed by the staff rotas. This indicates that the service is committed to ensuring people receive support in a prompt and pro-active manner. Residents' well-being is enhanced by being supported to undertake activities and two activities staff were available on the day of the visit.

The service takes a personalised approach to the provision of care and support. Personal plans contain comprehensive information which helps staff to understand people's health conditions, preferences and routines. This supports care workers to get to know people well and provide support in keeping with their preferences. Risks are appropriately recorded and frequent reviews take place. Where needs change, personal plans and any associated risks are updated promptly. Care workers have access to the most up-to-date information available and referrals to other health and social care professionals are promptly made when required. Residents are protected by safe medication procedures and signatures on medication administration records indicated that medication is given as prescribed.

People are protected by infection control procedures and staff were observed wearing appropriate personal protective clothing. Call-bells were responded to promptly.

Environment

Residents benefit from living in a safe environment. The front door is locked and ID checks are in place and a signing-in book in operation. Their health is also protected by LFT tests for Covid-19 being in place and checked before entry. There is a large, light communal area and additional conservatory on the ground floor, providing sufficient space for people living at the service. The ground floor has been re-decorated and further attempts to make it more homely had been made.

There is an enclosed garden with sufficient seating and tables. We observed people spending time in communal areas, in the garden and in their rooms, which are personalised, warm and clean. Each resident's room has a locked wall cabinet for storing their medication.

Residents live in a safe, clean, warm environment. There are cleaning rotas for domestic staff, and the home smells clean and fresh. There is appropriate hard flooring throughout. COSHH products are locked away, and safety equipment checks are in place.

Leadership and Management

People who live at the service benefit from its effective oversight, management and inclusive atmosphere. The manager and deputy appear to work well together and neither of them raised any concerns. Both said that they feel supported by the responsible individual and talked about improvement in staff morale over recent months. There were no issues identified regarding financial viability. People living at the service and their representatives gave positive feedback, as did the staff, one of whom said *“I love it there, the teamwork is really good.”* No non-compliance was identified.

Clients benefit from the service undertaking checks when staff are recruited. It also undertakes monthly checks to ensure DBS certificates are kept up to date. The manager said that some staff training had been cancelled due to Covid. The service had already identified refresher training that was needed, and plans were in place to address this. Residents also benefit from receiving their care from staff who are supported by regular supervision. The service had already identified that there were some overdue supervision sessions due to Covid and had put plans in place to ensure supervision takes place at the required frequencies.

Regular audits compliment and support the development and continued improvement of the service. Their quality of care review report evidenced regular quality visits and oversight of the quality of the support provided. Safeguarding, medication, and complaints policies were up to date.

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

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