



Inspection Report on

Leadon Court Nursing Home

**Leadon Court Nursing Home
Leadon Court
Thornhill
Cwmbran
NP44 5TZ**

Date Inspection Completed

31/01/2024

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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	11 April 2022
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 complimentary of the staff and services provided at Leadon Court Nursing Home. We found people are comfortable and relaxed in their surroundings. The service is clean and welcoming. A dedicated team of staff offer people a timetable of activities and entertainment. Relatives can visit their loved ones as they wish. The service won the South Wales Care Home of the Year award 2023.

There have been changes to the leadership and management of the service. A new manager has been appointed who makes up the management team with the support of a clinical lead. The responsible individual (RI) is a regular presence at the service. Staff receive regular training and development to perform their roles. There is on-going recruitment to fill vacant nurse and care worker positions. The service provider has taken measures to maintain staffing levels.

We identified that people would benefit from their likes and dislikes being included in their personal plans. This would provide people with greater choice with their care delivery. In addition, people are not involved in their care plan review process. We expect the provider to take action to address these shortfalls.

Well-being

People are treated with dignity and respect. Staff are familiar to people and know them well. People are treated with sensitivity and compassion. We saw positive interactions between residents and staff during our inspection. People told us they are “*happy*” and “*settled*” at Leadon Court. Relatives are complimentary describing it as “*Home from Home.*”

People have choices but they would benefit from being involved in discussions about their care delivery and whether their personal outcomes are being met. Resident meetings and satisfaction surveys encourage people to offer their views and opinions of the service. Reviews of people’s plans are routinely taking place without any involvement with the person or their representative. This is essential to ensure individuals have choice and control over their lives.

People are supported with their health needs. People can access healthcare services as required. Individuals’ health is monitored to enable the service act responsively to any change in a person’s needs. The service works collaboratively with health professionals to support people living at the service. Residents told us they enjoy the food and there are always alternative options available to them. Pictorial menus are to be introduced to further support people to make food choices.

People are safeguarded. Accident and incidents are routinely monitored. Staff are trained to safeguard people and report complaints. Risks to people are assessed so they are supported to stay safe, and their freedoms respected.

People have regular opportunities for stimulation and join in with activities. An activity team provides a timetable of events which people can participate in. People enjoy the visiting entertainers and regular trips into the local community often accompanied by their relatives. Staff also provide one to one stimulation for people who spend most of their time in their rooms.

People live in a home that supports their wellbeing. We found the service was clean, homely, and well maintained. There is on-going investment in the property to repair the roof and replace sinks in people’s rooms. Routine health and safety monitoring ensures the safety of the environment.

Care and Support

People's personal plans provide sufficient direction for care staff to meet their needs, but do not specify how to do so in accordance with their preferences. The personal plans viewed made few references to the person's individual likes, dislikes, or what is important to them. Such information can be vital for people with dementia who may be unable to express their wants and needs. This can lead to people receiving inconsistent and task orientated care and support. This as an area for improvement and expect the provider to take action.

Personal plan reviews do not gauge if the service is meeting people's personal outcomes. Reviews of plans are routinely conducted but there is no evidence to show any involvement with the resident and or a family member. People's choices can be limited if they are not part of the review process. This as an area for improvement and expect the provider to take action.

People are stimulated and engaged. The activity team are instrumental in creating a "This is Me" portfolio which gathers people's life histories. It provides a pictorial guide of the activities and events each person has participated in. On the day of our inspection, a pamper morning was arranged for male and female residents. One person was engaged in a reminiscence session with staff which had positive effects on them both with smiles and laughter seen. Some people were engaged in a game of dominoes with their visitors. We saw staff, of all designations spend time sitting and talking with people.

There are safe medicine management systems in place. The service uses an electronic medication and risk reduction system for care homes. Staff receive training to ensure they have necessary skills to use the medication system. Regular medication audits are taking place. We were assured recommendations made at the last external audit have been implemented.

Environment

The premises, facilities, and equipment are suitable for the provision of the service. The service providers ensure the premises are safe and comply with health and safety legislation. We found the environment is clean, homely, and comfortable.

The service has adopted some dementia friendly approaches to support people with their independence. Communal areas are light, bright, and homely. Some people's rooms have the residents photograph outside whilst others are decorated as a front door which both promote orientation. The manager told us they are looking to name corridors to further support the approach. The service has considered the use of colour in relation to wall coverings and furniture to support older people. Seating areas are located around the property for people to utilise.

People's rooms reflect their individuality with photographs and keepsakes on display which promotes a sense of wellbeing. People can spend time alone in their rooms or communally with others. People have access to a garden where they can spend time in the warmer weather. An outdoor bar hut was installed last summer to provide refreshments on a sunny day.

The service promotes hygienic practices and manages risk of infection. Personal Protective Equipment (PPE) and hand sanitising stations are located around the home. The service has a current food standards agency (FSA) rating of four which defines hygiene standards as good. Routine maintenance is taking place with the necessary equipment checks conducted.

Leadership and Management

There are governance arrangements in place to support the operation of the service. A suitably qualified and registered manager with Social Care Wales; the workforce regulator was appointed in November 2023. They manage the day to day running of the service with the support of a clinical lead who is responsible for people's care and support. The RI is a visible presence and in regular contact to offer support to the new management team.

The RI visits the service, seeks feedback from people who use the service, and completes the necessary quality reports. The service won the Top 20 Care Homes Awards 2023, for South Wales which highlights the most recommended Care Homes in each region of the UK. People rate the service as 10/10. The last Quality of Care review dated December 2023, identified the use and promotion of the Welsh language as a focus. The activity team have been tasked to consider this improvement. We viewed some monitoring audits and found information was incomplete and analysis needs to be strengthened. The manager is in the process of combining information into one system for ease of reference.

Key information about the service is out of date. The latest statement of Purpose (SoP) is not reflective of the changes in the services management arrangements. Policies and procedures which provide guidance to staff to ensure that services are provided in line with the SoP require updating. We were assured this will be addressed.

There is ongoing recruitment taking place to appoint nurses and care workers to the service. The service is currently experiencing night cover staffing issues. In the meantime, the service provider has implemented measures to ensure sufficient staffing levels at the service. The manager has introduced regular meetings to keep staff updated about what is happening at the service.

Staff's training and development is monitored. Staff training is on-going with refresher training required for individuals in core areas such as fire, manual handling, and first aid. We saw evidence that care staff are registered with Social Care Wales. Staff receive supervision in their role to help them reflect on their practice and make sure their professional competence is maintained. Staff told us manager is approachable. Quality of care review dated December 2023, reported staff morale is high and the team is enthusiastic and settled.

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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15	Peoples plans do not always consider the persons likes and preferences. Personal plans need to include how the individuals wishes, aspirations and religious beliefs will be supported.	New
16	People are not included in reviews of their personal plans. The person and or a representative must be included in the review of the persons plan to ensure care and support is provided in accordance with their wishes.	New

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