



Inspection Report on

Cefn Lodge Care Home

**Cefn Lodge Nursing Home
16 Cefn Parc
Neath
SA10 6YR**

Date Inspection Completed

28 March 2022 & 29 March 2022

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About Cefn Lodge Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Cefn Lodge Limited
Registered places	35
Language of the service	English
Previous Care Inspectorate Wales inspection	13 August 2021
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

Cefn Lodge has a warm, welcoming atmosphere where people are encouraged to socialise with others and take part in various activities. People have regular interactions with staff, who are visible and attentive to their needs. The service promotes people's health and well-being. Care workers have a good understanding of people's needs and preferences. They support people in line with their personal plans and make sure people have access to the medical and specialist services they need.

Staff are appropriately trained and feel supported in their roles. Managers are approachable and committed to making positive changes. The service is taking action to improve the staff recruitment process. Quality of care reviews must be carried out and reported on every six months.

The service has implemented appropriate measures in response to COVID-19. People live in a clean environment and are comfortable in their surroundings. The home and its facilities are generally well maintained.

Well-being

The service promotes people's rights. Staff treat people with dignity and respect and are committed to providing a service that enriches people's lives. People's care preferences and routines are identified within their personal plans. There is limited evidence of people's involvement in the development and review of their personal plans, which needs to be addressed. Care workers have a good knowledge and understanding of people's backgrounds, which are outlined within their individual activity plans. People are able to have their say about life at the home during resident meetings. The views of residents and staff need to be formally sought and clearly reflected within reports produced following quality of care reviews and formal visits made by the responsible individual (RI).

People's individual care and support needs are recognised and understood. A range of assessments and personal plans guide care workers in promoting people's physical and mental well-being. These are updated following changes in people's needs and any new advice given by health and social care professionals. Daily recordings show that people receive the care and support they need, in line with their personal plans. Work is underway to improve the quality of daily monitoring charts, so they are easier to complete and understand. People have positive interactions with staff and are able to take part in activities they enjoy. Records show that people receive their prescribed medication. The service holds daily briefings that allow staff to share important information and prioritise their activity. The service promotes a good standard of hygiene and infection control to reduce risks of cross infection.

There are systems in place to help protect people from harm. Staff are visible and attentive to people's needs. Equipment is in place, as needed, to promote people's safety and comfort. Staff complete training in relation to safeguarding vulnerable adults. They are familiar with and know how to access the service's policies and procedures. Care workers respond promptly to people's calls for assistance. They receive mandatory and specialist training that supports them in their roles. Improvement is required with regards to the staff recruitment process.

People live in clean, comfortable accommodation. They have access to a garden and spacious lounge and dining area on each floor. Communal and private rooms are homely and generally well furnished. Equipment is regularly serviced to ensure it is safe for use. Environmental safety measures are in place and routine health and safety checks are carried out.

Care and Support

People receive a good standard of care and support from an attentive team of staff. Social interaction is encouraged, which helps create a lively, homely atmosphere. We saw care workers tending to people's needs and requests in a dignified, respectful way. People appeared to enjoy playing board games and singing and dancing along to music with care workers. People told us they feel happy and well cared for. Assessments are carried out to ensure the service can cater for people's particular needs before they move in. Risk assessments and personal plans outline how people's care and support needs should be met, taking into account their care preferences and routines. Personal plans are reviewed and updated regularly, although people's involvement in this process is not always clear. The manager agreed to address this. Records show that people receive input from medical and specialist services, as needed, to promote their health and well-being. Work is underway to improve the quality of information recorded within daily monitoring charts, so they capture the important details about people's care simply. The manager has arranged a meeting with health and social care professionals to assist with this.

People receive appropriate support with their medication. Medication records show that people receive their prescribed medication at the correct time. The service has the facilities to store and transport medicines securely. However, staff need to make sure they consistently record the temperature of the medication room and fridge every day, so any storage temperature issues can be addressed quickly. We also found that staff are not always dating refrigerated medicines once opened, which could lead to them being used beyond their shelf life. These issues have been discussed with staff during a recent meeting and the manager gave assurances that they would be monitored closely. Records confirm that staff complete medication training and have their competency assessed to help ensure they handle and administer medicines safely.

The service promotes a good standard of hygiene and infection control. We found the home and its facilities to be clean throughout. Staff make sure people's private rooms and equipment are kept clean and hygienic. We saw that domestic staff are available to deal with spills promptly. Appropriate measures have been implemented to reduce COVID-19 and other infection risks. Visitors must evidence a negative lateral flow test result and have their temperature checked before entering the building. Personal protective equipment (PPE) and waste bins are available and accessible. Staff are clear about their responsibility to comply with current infection control guidance. Records show that the majority of staff have completed infection control training in the last year. The service has taken action to improve its standard of food hygiene following a rating of 2 (improvement necessary), which was awarded by the Food Standards Agency in March 2021.

Environment

The service has the facilities to support people to achieve their personal outcomes. Communal areas are spacious and homely, allowing people to move around freely and to enjoy social activity. We noted that the carpets in the corridors and lounge areas are heavily worn and patterned, which may not support people's dementia care needs. The RI told us these would be replaced within the next few months. We saw that people's private rooms are suitably furnished and decorated. People told us they are pleased with their rooms, which include personal touches and items that are important to them. Staff support people to move to a different room if its design and layout better suits their needs. The service has a call bell system that people can use if they need staff assistance. We saw care workers responding promptly to calls throughout the inspection. Staff told us people enjoy potting plants in the garden, which we saw people accessing from the ground floor lounge. In addition to facilitating indoor visits, the service has a visiting pod that has allowed people to receive visits from family and friends during the COVID-19 pandemic.

People live in a safe, secure environment. A keypad system prevents people accessing hazardous areas without the necessary support. Restrictors are fitted to windows to reduce the risk of people falling from a significant height. We saw that equipment is in place, where needed, to promote people's safety. Records show that moving and handling equipment is serviced within recommended timeframes. A maintenance officer carries out general repairs and routine health and safety checks, including water temperature checks and weekly fire alarm tests. Staff need to make sure they adjust water temperatures when readings fall outside the recommended range, as records show this is not always done promptly. The manager told us the service has taken action to improve its management of Legionella, as directed by the Health and Safety Executive (HSE). People have a personal emergency evacuation plan (PEEP) in place to assist in their prompt, safe evacuation during an emergency. We saw records of fire drills being carried out during daytime hours. The manager advised that a night-time fire drill was planned for April 2022. Records show that fire safety equipment has been serviced within the last year. Staff receive training in relation to fire awareness and health and safety. The manager has also organised specific Legionella training for relevant staff.

Leadership and Management

The service is well run. Managers and staff are visible and have regular, meaningful interaction with residents. Care workers told us that, although challenging at times, there are enough staff to provide person-centred care. Rotas show that staffing levels are consistent during day and night shifts. The manager agreed to record maintenance hours on staffing rotas as we saw that these had not been included. We found staff to be friendly and professional, focusing on people's physical, emotional and social well-being. In addition to staff handovers, the manager has introduced short daily briefings; these allow the staff team to review their shift activity and prioritise their work, taking into account any new issues or concerns about people's well-being. People are consulted about the home's laundry service, menu and activity preferences during resident meetings. These have resulted in changes being made to the home's menu, and summer outings being explored.

The RI is open to feedback and available to staff via phone or during his regular visits to the service. Records confirm that the RI visits the home every three months to formally assess standards. However, reports from recent visits do not include details about the experiences of residents and staff, which must be addressed. We also found that reports are not being produced following six-monthly quality of care reviews, as is required. While no immediate action is needed, this is an area for improvement and we expect the provider to take action. The RI told us COVID-19 restrictions have impacted on the arrangements for gathering feedback during formal visits. Other methods for obtaining feedback should therefore be explored.

The service needs to improve its staff recruitment process. We found staff personnel records to be disorganised. They did not always contain the required recruitment documents, such as two employment references and evidence of renewed Disclosure and Barring Service (DBS) checks. While no immediate action is required, this is an area for improvement and we expect the provider to take action. The manager assured us that administrative staff will carry out a full audit of staff records to ensure all the required documents are in place.

Care workers receive the training and support they need to carry out their roles. Records show that care workers complete a range of mandatory and specialist training, which includes moving and handling, nutrition, dementia care and safeguarding vulnerable adults. Care workers told us they feel comfortable approaching managers and are confident they would address any issues. One staff member described managers as "*really helpful*". The manager is working towards completing staff's overdue annual appraisals. Records show that care workers receive formal supervision every three months, which allows them to reflect on their performance and discuss any training needs. We noted that the service has not planned three monthly supervision and annual appraisals for ancillary staff, in line with legal requirements. The manager is addressing this, which will be followed up at the next

inspection. The service's statement of purpose will also need amending to accurately reflect the supervision requirements for all staff.

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
35	Full and satisfactory information and documentation has not consistently been obtained for all staff, or made available at the service for inspection.	New

80	The service has failed to complete reports following formal quality of care reviews, which include an assessment as to the standard of care and support being provided and any recommendations needed to improve the service.	New
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