



Inspection Report on

Crown Lodge

Newport

Date Inspection Completed

22/02/2023

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About Crown Lodge

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Cartrefi Cwtch Ltd
Registered places	3
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection following registration of the service.
Does this service provide the Welsh Language active offer?	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

Care staff treat people with respect and dignity. Care staff have a very good knowledge of people they support. Personal plans detailing the care and support required and how this will be provided are available for staff to follow. Risk assessments which guide staff how to mitigate identified risks to people's wellbeing are not available to staff. The Responsible Individual (RI) visits the service on a regular basis. Arrangements are in place to monitor and assess the quality of services. People have access to recreational activities which helps to promote their feelings of well-being. People remain as healthy as they can be due to timely referrals to healthcare professionals. Recording administration of medication requires improvement. Care staff are provided with the necessary support and development to perform their role. The provider continues to invest in the development of the physical environment. People have their own rooms, which are personal to them and contain their own belongings.

Well-being

People are treated with dignity and respect. Care staff are available to provide support when needed and their approach is kind and caring. Staff are sensitive to the needs of people and provide support and encouragement in an unhurried manner. We saw staff support people when required, engage them in conversation using banter and humour. Staff know the people they are supporting well and recognise and respond to people's emotional needs, so people experience enhanced well-being.

People are encouraged and assisted by care staff to be as healthy as they can be. We observed people being supported and encouraged throughout our inspection visit. Records show referrals are made to health professionals when necessary. An activity co-ordinator plans and facilitates events and activities in and out of the home to enhance well-being. People's individual dietary needs are considered. There is safe storage of medication, improvement in recording the administration of medication is required.

People receiving a service are safeguarded from harm. Staff files and training records show care staff, receive training to ensure people's safety; this includes training in safeguarding, medication, moving and handling. A safeguarding policy is in place to guide staff. Staff are confident in their understanding of how to safeguard people and what actions they would take. There are systems in place to record accidents and incidents. Guidance for staff how to mitigate identified risks are not included within personal plans or accessible to staff. The service has a robust recruitment system to ensure staff are suitable to work with vulnerable people.

Care and Support

There is an established team of care staff providing consistency and reassurance. The staff team are supportive of each other and know people living at the service well. Care staff are attentive and respond to people's diverse needs with appropriate levels of prompting and support, with genuine warmth and compassion. People look relaxed and comfortable in the presence of staff. We saw staff sitting with people, and heard them engaging individuals in conversation, using appropriate humour and banter.

Personal plans are available for each person receiving care and support. Personal plans cover key areas of people's care and support needs and set out how care staff can meet these. Plans are person centred and contain people's likes, dislikes and preferences. When individual risks to people are identified they are not always assessed promptly. Completed risk assessments with guidance for staff to follow to mitigate future risks are not included in people's plan of care. Risk assessments are kept separate and at the time of inspection these were not available and not readily accessible to care staff. This is an area for improvement, and we expect the provider to take action. We will follow this up at our next inspection.

Management undertakes monthly quality assurance monitoring. This includes reviewing daily records for each person receiving a service and their personal plan. Better evidence of analysis and review to identify any resulting remedial action is required. Alongside better evidence to demonstrate that plans have been formally reviewed and remain up to date and relevant.

People can access the necessary health services to maintain their health and wellbeing. Appointments with health and social care professionals are arranged for regular checks or if people's needs change. A range of activities and positive relationships with care staff helps to support people's emotional health; the rapport between care staff and people is fun filled and respectfully familiar.

Medication is stored securely to ensure people's safety is maximised. Care staff receive appropriate training in medication management. Medication Administration Record (MAR) sheets were reviewed for each person. We noted a gap in recording with no explanation. A MAR sheet had run out and handwritten notes had been made for several days to try and evidence medication had been given, this was difficult to read and not rectified in a timely manner. This is an area for improvement, and we expect the provider to take action. We will follow this up at our next inspection.

Environment

The design and size of the premises are as described in the statement of purpose. During our visit, we found the environment to be clean and homely. People appear comfortable and content in their environment. The provider continues to invest in the service and its development. Individual rooms are decorated to people's preferences. People are surrounded by their personal items and belongings which reflect their likes, different interests, and lifestyles.

The service has systems in place to identify and reduce risks to people's health and safety. We reviewed a range of health and safety documentation and evidenced routine completion of utilities testing. Appropriate weekly and annual fire safety checks have been completed and recorded. Regular evacuations of the home are completed. Personal emergency evacuation plans are in place for each person guiding staff on how to evacuate people in the event of an emergency.

Leadership and Management

The RI conducts regular visits to the service and completes required reports, showing oversight and areas for improvement. Governance arrangements are in place that support the operation of the service on a day-to-day basis but require a more robust application. Monthly monitoring and auditing of key areas of care delivery are in place. These need to be further developed to show how monitoring is analysed and used to set quality standards and improve service delivery. Recently reviewed policies and procedures are available to guide staff and support service delivery.

People can be assured they are supported by staff who are safely recruited. We examined a selection of staff personnel files and were able to see that pre-employment checks including references and DBS certificates are applied for prior to employment commencing. These checks are important as they determine a person's suitability to work with vulnerable people.

A staff supervision matrix shows staff are receiving regular formal supervision with their line manager. This formal supervision provides an opportunity for staff members to discuss any concerns or training needs they may have and for their line manager to provide feedback on their work performance. A staff training plan shows training completed during 2022 and planned training for 2023, including core training, refresher and specialist training. Care staff can attend team meetings to discuss the operation of the service and progress of the people they support. Staff told us they feel valued and supported in their roles.

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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58	Medication administration records are not sufficiently robust.	New
15	Personal plans did not contain identified risks and how to manage these.	New

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