



**Inspection Report on**  
**Centrica Lodge**  
**Newport**

**Date Inspection Completed**

07/05/2024

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## About Centrica Lodge

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Newport City Council Adults and Children's Services
Registered places	6
Language of the service	English
Previous Care Inspectorate Wales inspection	First inspection of the service since Newport City Council Adults and Children's Services became the service provider.
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

According to its Statement of Purpose (SoP) “*Centrica Lodge is residential respite for adults who have learning disabilities and mental health issues, including individuals with high support needs such as multiple disabilities and behaviours that may challenge, from the age of 18 years.*” We found the service is highly valued and well thought of by people who use it and their relatives. Care workers support people to maintain their usual routines whilst they stay at the home.

Newport City Council Adults and Children's Services took over the running of the service in December 2023. A responsible individual (RI) oversees the management of the service. They have identified areas of improvement and strengthened the home's management structure. We saw the service manager and the deputy manager are in the process of making these improvements which include work on people's care documentation and strengthening systems to manage medication.

The home provides suitable accommodation for people with a range of needs. Routine maintenance procedures are in place. There are plans for renovation work and new furnishings.

## Well-being

People receive a service which is agreed with them and their relatives. An experienced team of care staff and managers support people so that their needs and wishes are met. Many of the people come to stay on a regular basis, which means the staff team know them and their routines well. Relatives are complimentary towards the service. They commented "*Staff are welcoming, it is a great place for respite*" and "*They are accommodating with dates*". A person who uses the service wrote down what they like about the service, this includes: "*Manager and staff are polite, friendly, approachable and easy to talk to*". We saw staff support people so that they can carry on with the routines they have at home. In two instances this meant people continue to attend their usual day time activities.

Care staff support people to maintain their health and well-being routines. This includes supporting people with their medication, food, drinks and personal care. They also alert relevant health professionals and/or relatives if they notice any changes in people's presentation. We noted the positive relationships reported help to support people's emotional well-being. The way medication is managed needs strengthening and we noted the service provider took action to do this immediately after our inspection visit.

People are protected from harm and neglect. Care staff complete safeguarding training and there are policies in place to support this knowledge. People's care documentation contains assessments and guidance which details what is needed to minimise risks. We noted managers are in the process of strengthening these. We also saw the manager responds to concerns raised and takes action to resolves all the issues raised. Going forward, these will also be shared with senior managers and others outside of the service even when satisfactorily resolved. The home provides people with suitable accommodation which reflects individuals' needs and there are good standards of hygiene.

## Care and Support

People receive the support they require when they need it. The handover to a new service provider in December 2023 was done in a way which minimises impact on the people who were using the service on a regular basis prior to that date. They have been able to continue using the service as they had done previously. The staff team which was employed by the previous service provider transferred to the new provider. This meant people continued to be supported by staff familiar to them and with whom they had established relationships. The service is valued by people and their relatives. One parent told us "*They are happy to go which is reassuring*". Other feedback from relatives includes: "*Staff are obliging*", "*Excellent, first class*", and "*We are very happy*". Overall the feedback we received indicates people are happy to spend time at the service and people's routines are maintained. In turn this reassures parents and gives them time without direct caring responsibilities.

People are referred to the service by health or social care professionals. Once a person starts using the service, relatives can book 'stays' directly with the service without the need for a new referral and a full pre-assessment. Managers review each request for 'stays' and confirm whether they can meet the request.

There is a set of care documentation in place for each person who uses the service. It includes plans completed by external professionals, for example by social workers, occupational therapists and speech and language therapists. These outline people's needs and how care workers must support them. The documentation also includes the personal plans and risk assessments written up by staff at the service. We noted a number of plans and risk assessments were developed by the previous service provider. The manager and their deputy explained they kept people's care documentation when the service transferred to the new provider. They are now in the process of introducing the new provider's care planning system and documentation. We noted this includes ensuring there is a '*What matters to me*' document in place. We also found records were not all complete. In one instance details about food consistency, and in another information about medication was not recorded in the relevant personal plans. We discussed this with the managers who assured us this will be added. We also discussed the new procedure they are introducing to review people's plans before each new stay to ensure people's plans are up-to-date.

We also noted systems to manage medication were not reviewed by the new service provider and we found instances where medication has not been recorded clearly and/or administered as per people's prescriptions. The RI told us after the inspection and before this report was written that the systems to manage medication have been reviewed, this includes additional training for training and increased audits by managers. We will further review the management of medication during our next inspection.

## Environment

The environment can accommodate the needs of a wide range of people. The accommodation has communal areas including a lounge, a dining room and accessible outdoor areas. It also comprises of bedrooms with en-suite bathrooms. The layout of the home, together with the provision of aids and adaptations helps to promote people's independence. We observed the standards of cleanliness in the home are good. We also noted the environment shows signs of wear and tear and lacks homely features. Feedback received from a member of staff and a relative shows they also noticed this. One person told us the home "*Could do with new paint work*" and another "*More flowers would make it more welcoming*". We read the RI identified these issues when they visited in December 2023. They state in their report "*The home requires re-decoration (...). A list of items has been developed with request for funding*".

There are systems in place to identify and deal with risks to people's health and safety. Staff at the home carry out regular health and safety checks. External contractors carry out specialist checks. The required health and safety checks are carried out and the required certificates are in place. The RI reviews health and safety checks when they visit.

## **Leadership and Management**

The service provider has a robust management structure and established systems in place to support the smooth operation of the service. The RI oversees the service provided. They monitor progress and development. A manager who is registered with Social Care Wales (SCW) is in post. They are supported by the RI and a senior manager. In addition, a deputy manager has been appointed. The RI explained this means there is a manager on shift seven days a week. Our discussions with the senior manager, the manager and deputy manager show they all play a part in identifying areas of improvements and all work on implementing improvements. The RI carries out the required visits and complete the necessary reports. These show they review all aspects of the service delivery by reviewing records and by speaking to staff and to people who use the service.

There are arrangements in place to recruit, train and support staff. We examined recruitment records. These show the service provider carries out the necessary checks before a person can start working at the home. Supervision and training records evidence processes are in place for supporting and developing staff. Staff are registered with the workforce regulator, SCW. Newly recruited staff are supported to complete the relevant training necessary to register with SCW and to achieve a recognised qualification if they have not already got one. The majority of the feedback received from four staff members is positive. Three rated the support from the provider as excellent and feel valued. One person doesn't feel valued and would like the training and paperwork to improve. All staff fed back the team is good.

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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