



Inspection Report on

Tregwilym Lodge Nursing and Residential Home

**Tregwilym Lodge Residential Home
146-150
Tregwilym Road
Newport
NP10 9YJ**

Date Inspection Completed

05/07/2023

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About Tregwilym Lodge Nursing and Residential Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Tregwilym Lodge Limited
Registered places	71
Language of the service	English
Previous Care Inspectorate Wales inspection	22/02/2023
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

The service provides care and support to people with dementia. The home's statement of purpose says nurses and care staff are experienced in all types of dementia and they can support any additional health needs of residents including palliative care. There is an established leadership and management team in the service, alongside a full staff team, and established systems and processes in place to provide that care and support.

People are settled and appear comfortable. Interactions between care staff and people are positive and some staff appear caring and attentive. There are times when support is provided by some staff in a task-focused manner. Care plans are not detailed enough for staff to always meet the needs of people effectively and some staff are not always able to follow the care plans. The existing systems and processes enable staff to monitor the care and support delivered on a day-to-day basis and ensure staff receive all the mandatory support and training. However, these systems and arrangements are not always reviewed to ensure the best possible outcomes for people who use the service.

The refurbishment of parts of the home continues and this means ongoing disruptions for some people. People's well-being is impacted by the ongoing refurbishment.

The service provider has systems to maintain overall oversight and governance, however these systems and arrangements must be reviewed to ensure the best possible outcomes for people who use the service. We have issued a Priority Action Notice (PAN) to the provider and expect to see improvements in the oversight and management of the service.

Well-being

The care and support people receive is inconsistent at times. We observed people are settled and saw warm interactions between them and care staff. We saw care workers giving additional support and reassurance to a person who was not settled. During the inspection visit we also observed some instances when care workers did not always communicate with people when supporting them. The feedback from relatives was mixed. Relatives spoke positively about the care their family member received. One person told us about a care worker who used reassuring words and gestures to reassure a person. Two relatives told us staff don't always know how to support people and don't always talk to them when delivering care. We saw the manager acts promptly when relatives bring concerns to their attention and the manager ensures the immediate issues are addressed. We also saw the service provider asks people to give feedback and they record that feedback. However, improvements are required to the way all concerns and feedback is analysed so lessons can be learned from each piece of feedback and long-term sustainable improvements are made.

Systems are in place to ensure people's physical and mental health needs are met. Care workers support people to eat and drink well. Nurses support people with their medication and other health care needs. The manager and the senior leadership team work collaboratively with external health and social care professionals to ensure people remain as healthy as possible. Regular activities to engage and stimulate people take place. Activities took place throughout our inspection visit and we observed people joining in and showing real enjoyment. Improvements are required to ensure people are always treated with respect and sensitivity.

Policies, processes and practices are in place to protect people from abuse and neglect. The management team and the service provider act upon allegations and incidents. They work with external agencies in order to ensure allegations and incidents are investigated. A better medication administration system has been introduced. Some quality assurance processes are not always thorough enough to ensure lessons are learned and to prevent some incidents from occurring again.

Care and Support

People do not always receive the care and support they need and want. We observed some people are settled and saw warm interactions between them and care staff. We saw care workers giving additional support and reassurance to a person who was not settled. We also observed instances when care workers appeared unsure about how to support people and when they provided care without speaking to the person. The records we examined showed one person's preference in relation to the gender of the care workers who support them was not always respected. Relatives gave mixed feedback. Two relatives said the care and support is good, two spoke of difficulties faced to get issues resolved and one spoke of concerns with care workers who did not know how to support a person. One person spoke of care workers not communicating sufficiently with people. The deployment of staff does not always ensure that efficient care is always provided.

There is electronic documentation in place for each person. There are personal plans in place for all the areas in which people need care and support. It reflects information gathered from people, their relatives and external professionals before they move into the home and information collected once they live in the home. Where there are risks, these are assessed and steps to mitigate them are listed. We noted people's documentation is not always detailed enough and not always accurate. Also, some staff do not always follow a care plan, and this sometimes results in people's privacy and dignity not being respected. One person's plans did not detail how to support a person when they are reluctant or refuse a care intervention. In another person's care documentation, there was different information in different places in relation to how often a person needed to be repositioned. The relative of a third person told us staff had no information in relation to all their medical history and equipment needed when they first moved into the home. In addition, we noted plans are not sufficiently person-centred and lack information about the personal outcomes people want to achieve whilst using the service. This means staff do not always have detailed and accurate instructions to follow and there are risks people are not supported as they need and want to be. This process is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

There are systems in place to ensure people's physical and mental health needs are met. We saw care workers encourage and support people to eat and drink well, and this is recorded and monitored throughout the day. When there are concerns, people are given additional support to drink more. When people need to be re-positioned, this is done by care workers, recorded and then reviewed by a senior member of staff to ensure there are no gaps. Nurses carry out handovers when going off shift with the incoming team and the nursing team meet every day for a "flash" meeting during which people's presentation and needs are discussed and necessary actions are agreed. A new medication administration system was introduced last month. The clinical manager told us the system is much better than the previous one to ensure medication is managed safely. When there are instances of pressure damage, the relevant external agencies and professionals are notified, a root

cause analysis is carried out and recommendations are implemented. When people require medical attention GPs and/or emergency services are called without delay. However, we noted incidents, accidents and safeguarding referral are not collectively analysed, which means trends and re-occurring issues are not identified and the best possible outcomes are not always achieved for some individuals using the service.

Environment

The environment is a long-standing issue and matters raised in previous inspections continue. Building and refurbishment work has been ongoing at the home for several years. We are assured the ongoing work is nearing completion. Gradually parts of the home have been refurbished and the standard of the accommodation in these parts has improved. During our inspection, we saw work being done, being finished in areas used by people, and noted disruptions to everyday routines and health and safety hazards. Some disruptions to normal routines remain for some people due to the ongoing work and presence of external contractors in the home. The ongoing building work means some people live in an environment, which is not conducive to people feeling valued or respected. At our last inspection we issued a Priority Action Notice (PAN) to the provider and expected them to take immediate action to ensure people who live at the home are not exposed to unnecessary risks. At this inspection we saw the work continues and noted not all areas of the home are as safe as they could be. This is placing people's health and well-being at risk and we have therefore re-issued a priority action notice. The provider must take immediate action to address this issue.

Besides the building work and risk associated with it, 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 such as fire alarm checks. External contractors carry out specialist checks on systems such as gas, electrics, manual handling equipment. The home has a food hygiene rating of five which means standards are very good.

Leadership and Management

The service provider has systems in place to oversee the running of the service. We found the governance and quality monitoring arrangements described in the Statement of Purpose are in place. However, these systems and arrangements are not always reviewed to ensure the best possible outcomes for people who use the service. These include regular audits, quarterly visits to the home by the responsible individual, where they speak to staff, residents and their visitors, and the completion of reports. The responsible individual is clear about the ethos and the culture they stand for, but the staff handbook does not clearly outline this. This may contribute to some staff not always being clear about the ethos and culture the provider strives for.

We noted at previous inspections, the responsible individual acted when issues were raised by staff and by the regulator. At this inspection, we found this remained the case overall and we discussed some challenging issues with the responsible individual. There is mixed feedback from relatives about the quality of care delivered at the service. There is also mixed feedback from staff on record. This feedback and the audits completed have not been considered thoroughly enough as part of the quality monitoring processes. This means root causes of problems are not identified; actions are taken to resolve the immediate concerns but do not address wider issues.

On a day-to-day basis the service is run by a leadership and management team comprising of a general manager, a clinical manager, a clinical lead, a training and development manager and a senior care team leader and two team leaders. The care and support is delivered by a team of nurses, nurse assistants and care workers. We were told the home is fully staffed. We noted the number of staff on duty is consistent with what is outlined in the statement of Purpose. We noted however, two instances where the deployment of staff did not always enable people to get the care in a timely manner. This places people's well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

There are systems in place to place for safe recruitment of staff; the personnel files we reviewed show nearly all necessary checks are carried out. Care workers and nursing staff receive a comprehensive induction and training. They receive supervision and get support from senior staff. During our inspection visits, staff told us they can approach a senior member of staff whenever they need to, and they feel supported. We noted all the required mandatory training is completed by nearly all staff. However, some managers and staff with supervisory responsibilities do not receive advanced or specialised training to enhance their understanding of good leadership, management practices or people's needs. When there are concerns with performance, this is addressed, however this isn't always done according to best management practices.

Overall, we found the systems in place have not enabled the service provider to deliver a service which is consistently well regarded, and which is considered to enable people to achieve their best possible outcomes. In addition, these have not enabled the service provider to have a staff team in which all members feel supported, empowered and valued.

We concluded the service provider must revisit how it ensures the service is provided with sufficient care, competence and skill to ensure to the best possible outcomes for individuals who use the service are achieved. The current arrangements put people's health and well-being at risk. We have issued a Priority Action Notice (PAN) to the provider and expect to see improvements in the oversight and management of the service.

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
6	The arrangements for the oversight and governance of the service have not enabled the service provider to establish, develop, and embed a culture which ensures that the best possible outcomes are achieved for individuals using the service and to meet the requirements of the Regulations. These must be revisited and altered when necessary.	New
57	Health and safety risks were not all managed whilst the refurbishment work is being completed.	Not Achieved
34	The service provider must ensure there are always sufficient numbers of suitably qualified, trained, skilled, competent and experienced staff deployed to work at the service.	Not Achieved
25	People are not always treated with respect and their privacy and dignity is not always maintained.	Not Achieved

15	Care plans are not always accurate, sufficiently detailed or complete.	Not Achieved
38	Feedback received indicates all staff may not adhere to the Social Care Wales's Code of Professional Practice and to the Nursing and Midwifery Council's professional standards of practice and behaviour.	Achieved

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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