



Inspection Report on

Tan Yr Allt Lodge Ltd

**Tan Yr Allt Lodge
14 Alltwen Hill
Pontardawe
Swansea
SA8 3AB**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

25th February 2022

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About Tan Yr Allt Lodge Ltd

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Tan Yr Allt Lodge Ltd
Registered places	26
Language of the service	Both
Previous Care Inspectorate Wales inspection	10th December 2019
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

Tan yr Allt Lodge is a purpose built service situated in a residential area of Pontardawe. It is set back from the main road and adjacent to other services operated by the provider. The service is made up of three separate self-contained areas. The environment is well suited to people with complex needs being accessible, well maintained, clean and secure. People and relatives gave us positive feedback about the care and support provided. There are robust and thorough Covid 19 infection control measures in place.

People are well cared for and their care and support needs fully met by committed and motivated staff. The service has been impacted by Covid 19. Care staff and managers have worked hard to ensure people's needs are fully met and recruitment is on-going with new care staff recently appointed. There is a dedicated activities coordinator and a schedule of planned activities people can choose to take part in. Community activities are increasing as Covid 19 restrictions are easing. The service is very well managed and supported by good governance arrangements. Improvements are needed in the way some support risks are monitored and documented. This is being addressed by the management team.

Well-being

People are well supported and cared for at Tan yr Allt Lodge where their health and wellbeing is promoted and maintained. Care staff treat people with dignity and respect and are committed to their roles. Both managers and care staff have worked hard through a difficult and challenging period and are very supportive of each other. Due to the pandemic staffing levels have been impacted. Despite this the service has worked hard to ensure the needs of people are fully met. There are on-going recruitment campaigns and new care staff are starting work shortly. Communication is good with the service and externally. Relatives spoken with confirm this. Infection control is well managed and there are clear health and safety procedures in place to guide staff. We spoke with people during the inspection and all confirm they are happy with the service and get on well with staff. Medication is well managed and safely stored in the service.

Care documentation is person-centred, of a good standard and provides clear guidance to staff on the goals and aspirations of people. Personal plans and risk assessments inform staff well and are reviewed when circumstances change. Care plans promote independence but also inform staff on how any risks can be minimised and safely managed. However, care and support documentation and recordings are not always consistent and need improvement in relation to risk management and outcomes. The Responsible Individual (RI) and managers are aware and putting actions in place to improve this.

The environment in which people live is safe, clean and homely. There are consistently good maintenance arrangements in place. Health and safety is given priority with regular audits carried out on areas such as fire safety and water temperatures. The service is uncluttered and free from hazards. There are plans to update the garden and make it more accessible. Mobility equipment is in good working order. People like living at the service and refer positively to the environment.

The management team maintain good oversight and are highly visible in the service. The senior team are well-managed, motivated and communicate well both internally and externally. The RI is accessible, approachable and maintains good operational oversight. Quality assurance monitoring, health and safety checks are robust and include detailed quarterly and six-monthly reports. Staff supervision and appraisal arrangements are in place and meet regulatory standards. Care staff receive core and specialist training to ensure they have a good knowledge of people's support needs.

Care and Support

Dedicated and committed staff work hard to ensure people's health and wellbeing needs are met and enhanced. We saw positive and respectful interaction between care staff and people throughout the inspection. Many staff have worked in the service for a long time and understand the needs of people very well. The manager informed us that staffing levels have been lower than normal recently due to the pandemic. Staffing rotas viewed confirm this. Despite this the service has provided continuity of care and support to people through a challenging period of time. The manager told us recruitment is on-going and two new care staff are starting work shortly. The service has a dedicated activities coordinator and we saw photographs of people engaging in planned themed events. We were informed that community activities are increasing now Covid 19 risks are reducing. The service has accessible transport and dedicated drivers to support this. A relative told us *"the communication is fantastic, staff and managers are amazing"* and another *"always very clean and tidy. The staff are very good"*.

Overall, the service has accurate and up to date plans for how people's care is to be provided to meet their needs. Personal care records contain a range of risk assessments and personal plans. We viewed the care files of three people. We found personal plans to be person centred and to a good standard. This includes information such as preferred care routines, social interests, and meal preferences, likes/ dislikes. Risk assessments are detailed, covering key areas such as falls, diet/ nutrition, behaviour and skin integrity. We did note however that some records are inconsistent and the standard of documentation requires improvement. This relates to how some risks are monitored and documented. The RI told us they are currently looking at how to improve this and recognise this is an issue with the current online support planning system. The registered manager also informed us that a plan of action will be developed to improve these matters. While no immediate action is required, this is an area for improvement and we expect the provider to take action. The service is further supported by employing professionals such as occupational therapists and physiotherapists. We saw detailed and thorough multi-disciplinary health records documented in the online support planning system. Deprivation of Liberty Safeguards (DoLS) authorisations are in place for people where appropriate. Medication is stored safely and securely in dedicated locked areas within the service. We viewed medication administration charts (MAR) that were nearly all completed appropriately. There was a minor issue the manager informed us will be addressed.

Environment

People live in an environment which is safe, clean and well maintained. The service has strict visiting and security measures in place to keep people safe. There are robust infection control protocols in relation to Covid-19. Staff are using the correct personal protective equipment (PPE) and there are hand-washing and PPE stations throughout the service. Clinical waste is being correctly disposed of. A domestic member of staff told us there are enhanced cleaning measures in place due to Covid 19. These include regular deep cleaning of communal areas and bedrooms. The service has recently recruited more domestic staff to ensure the building continues to be cleaned to a high standard. The laundry area is very well organised with a defined in and out system for clean and dirty washing. The home has a team of experienced maintenance officers who are permanently based at the service. There is a very well organised system of health and safety audits and an ongoing programme of maintenance. Regular testing and safety checks in areas such as fire safety, water temperatures and mobility equipment are well documented.

The service provides a good environment for people living with complex support needs. The service has three distinct floors creating smaller self-contained areas. There is a range of communal areas for people to use, enabling people to socialise or respect their wishes for quiet if they so wish. People who like to socialise were seen enjoying the company of others throughout the inspection. Care workers know people well and able to assist people to areas and activities of which they enjoy. There is a dedicated sensory room which has recently been created and we were informed people enjoy spending time in. There are electronic key-coded areas for people under Deprivation of Liberty Safeguards (DoLS) keeping them safe from leaving the building. Bedrooms are personalised with familiar items and family photographs to put people at ease in their surroundings. There is a large very clean kitchen and food storage area. The food hygiene rating is currently five which is the highest possible. We spoke to the head chef who has a good knowledge of food preparation in respect of people with swallowing difficulties. We also viewed a selection of menus that include choice and individual diets are catered for. There is a large secure outside garden area and we were informed there are plans to update this shortly.

Leadership and Management

The management team are committed and passionate about the service and the people they support. There is an established management team that feel well-supported by the RI. There have been recent changes to management structures and the registered manager will now be mainly based in this service. The registered manager informed us this is a positive change and will give her more dedicated time at the service. The management team maintain good communication through regular meetings. The manager is highly visible in the service, supportive of staff and knows the people living at the service very well. Their office is situated near to the main reception, being easily accessible to people, their relatives and any visiting professionals. The manager is supported by a deputy manager and staff comments include *“feel very well supported managers are really good”* and *“managers are really approachable and have given me a lot of support”*. Care workers told us it has been a difficult and challenging period because of Covid 19. The RI has worked with the service to introduce incentives such as meal provision for staff working longer hours. Also vouchers for all staff to thank them for their continued commitment.

Quality and governance arrangements are robust and place people at the heart of the service. The statement of purpose (SOP) accurately reflects the service. Staff benefit from clear and easily accessible policies and procedures to assist them in their roles. Care workers are well informed and know what actions to take in relation to safeguarding and whistleblowing. This was confirmed in direct discussions with care staff. There is good oversight by the RI evidenced through both quarterly and six monthly audits. These include consulting with people, relatives, staff and any visiting professionals on the quality of the care being provided. Managers told us the RI is in contact on a frequent basis and regularly visits the service. There is a well-managed complaints process in place. The service appears financially sound as investment into the service continues.

Staff recruitment and vetting processes are robust and safe. We viewed a selection of staff files containing current Disclosure and Barring Service (DBS) certificates, identity checks and references. Nearly all staff supervisions and appraisals are completed regularly and within regulatory timeframes. The training matrix seen shows almost all mandatory training requirements of the provider are up to date. This includes infection control, safeguarding, health and safety, fire awareness etc. Also specialist training including; acquired brain injury, diabetes, personality disorder, dementia and behavioural support. Much of this training is provided by internal trainers. New staff receive a thorough induction aligned with the Social Care Wales Induction Framework (SCWIF).

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
21	An inspection carried out on 24th & 25th Feb 2022 found following a provider support file audit that records of actions taken in line with risks detailed in a support plan are inconsistent and incomplete.	New

15	The electronic recording system currently in use did not evidence up-to-date support requirements in all cases.	Achieved
16	The electronic recording system did not evidence peoples' involvement in their care reviews.	Achieved

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