



Inspection Report on

Alma Lodge Care Home

**Alma Lodge Care Home
Alma Terrace
Port Talbot
SA13 1TN**

Date Inspection Completed

02/08/2023

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About Alma Lodge Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Bevan & Clarke LLP
Registered places	21
Language of the service	English
Previous Care Inspectorate Wales inspection	15 th June 2021
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People living in Alma Lodge Care Home are well supported and cared for, happy and settled. A relative we spoke with also spoke highly of the care and support provided. A visiting professional told us they have no concerns or issues regarding the care and support provided in the service. Care staff told us they receive a good level of consistent formal and informal support from managers and the senior management team. Care and support planning processes are adequate but personal plans would benefit from more specific information regarding actual care provided and needed. Since the last inspection the provider has invested in some updates to the internal environment. The service would benefit further from updates of the decoration and floor covering in some communal areas. The manager and a Director told us this is planned shortly. There are robust and thorough staff recruitment and employment checks. There is good oversight from the Responsible Individual (RI) and management team of the service provided. Policies and procedures including the Statement of Purpose (SoP) are detailed, thorough, and regularly reviewed.

Well-being

People are treated with dignity, respect and receive a good standard of care and support at Alma Lodge Care Home. We observed care workers supporting people in a friendly manner with positive, caring, and supportive interactions. Care workers told us they receive a good level of formal and informal support from managers. Support files seen, indicate people's needs are considered including their wishes, choices, and preferences. We found personal support plans are adequate but would benefit from more detailed information regarding specific care and support requirements. There are personal plan review processes in place. Risk assessments are in place to ensure people are supported safely. People and relatives spoken with confirm the care and support provided is of a good standard. Managers in the service are committed and motivated to ensure positive outcomes and a good standard of care and support is provided. The catering staff have good knowledge of the dietary needs of people with swallowing difficulties and alternative diets. People spoke highly of the standard of meals and choice provided. We viewed menu planners and meals provided which were well presented and nutritious. People, care staff and managers told us staffing levels are good with no recruitment or retention issues at the current time.

The accommodation is safe, secure, comfortable, clean and bedrooms are personalised. Since the last inspection the provider has invested in updates to some internal areas of the home. There are plans for future updates and some communal areas would benefit from re-decoration. All entrances and exits to the service are safe and secure. We saw people relaxing and enjoying communal areas in the service.

There are effective oversight and governance arrangements within the service. The management team and RI are present, supportive and take an active role in the running of the service. Care workers told us they feel well supported by managers and receive a good range of mainly online training. There are robust quality assurance processes including scrutiny by the RI who visits the service regularly. There are planned staff and resident meetings taking place along with planned handover of care arrangements. There are robust and thorough policies and procedures to guide staff in the service. The SoP is reflective of the service provided.

Care and Support

People receive a good standard of care and support at Alma Lodge Care Home. We spoke to two people using the service and a relative in detail during the inspection. A person told us; *“they are marvellous and all are very polite and nice. Nothing is too much trouble for them. Nice food and choice. No complaints or worries at all”*. A relative stated; *“excellent here and five stars for everything...nothing is too much trouble. No worries or complaints whatsoever. Very happy with everything”*. We also spoke with a visiting professional who told us; *“always friendly and welcoming staff. No concerns or worries regarding people’s care here. Good communication with service and issues referred appropriately”*. Positive and respectful interactions were observed between care workers and people throughout the inspection. We received many positive comments about the standard of food provided and choice. The kitchen staff are trained and knowledgeable about food preparation in relation to people with swallowing difficulties.

People’s care and support needs are documented in a personal plan and regularly reviewed. The provider has been requested by Neath Port Talbot Local Authority contract monitoring team to improve the standard of the current personal plans. The manager told us they are working on this and adding information to strengthen the documents. A sample of personal support files viewed contain personalised information regarding likes, dislikes, care and support needs and risks. There is information regarding health care needs such as pressure area care and specific risk assessments for staff to follow. However, we have requested the manager adds more specific information regarding manual handling equipment used and skin care regimes in place to strengthen the plans. There are pre-admission procedures in place to ensure the service can meet the care and support needs of people. The manager told us there are regular planned activities arranged for people. During the inspection there was a planned exercise session, we saw people participating in and enjoying. Some people told us they would like more external activities arranged such as a trip to the local seaside. This was discussed with the manager who told us they would seek to arrange.

People are protected from abuse and neglect as managers and care workers understand their safeguarding responsibilities and are aware of how to raise concerns should they need to. CIW are notified as required by legislation of any concerns or incidents in the service. All care workers spoken to showed good knowledge and awareness of safeguarding procedures. There are good infection control procedures in place to ensure people are as safe as possible. We saw appropriate medication processes in the service and trained competent staff administer with records kept. We discussed how this can be further strengthened with the manager by ensuring all ‘as needed’ (PRN) medication given, is clearly recorded and documented.

Environment

People are cared for in a clean, safe, homely, and secure environment. People's bedrooms are nicely decorated, clean and personalised to the taste of the individual. People like living in the home and referred positively to their bedrooms. We saw external exit and entry doors to the home are safe and secure. Since the last inspection the provider has replaced hallway carpets on the first floor. There are plans to replace a carpet in the lounge area and stairwell. The service would benefit from re-decoration in some of the communal areas. To the front of the service there is a secure patio area with access from a communal small lounge which has been set up as a cinema with a large screen. There is also an external smoking shelter for staff and people's use.

The environment is safe and there are processes in place to ensure checks are completed and documented. Safety certificates for gas installations, lift operation, stair lift, fire alarms, hoists and slings, portable appliance tests (PAT) are in place. We saw a file containing oversight of all maintenance, accidents, infection control and health & safety in the home. The service has access to a maintenance team. We saw cleaning products are stored safely, appropriately, and according to control of substances harmful to health regulations (CoSHH). Personal Emergency Evacuation Plans (PEEPS) are in place. There is a dedicated laundry room and soiled items are separated from clean observing good infection control with a soiled in, clean out system in place. We have requested a door leading to this area is secured and only accessible by staff. Fire alarm checks are completed regularly and documented accordingly. There are detailed cleaning and infection control procedures in the service. There is a food hygiene rating of five in the service this means the hygiene standards are very good and fully comply with the law.

Leadership and Management

There is good oversight and governance of the service by the management team. The RI works with another Director to ensure there is regular scrutiny and visits completed to the service. We spoke to care workers who were complimentary about the support they receive from managers. A care worker told us; *“we have management that we all feel confident to go to and receive the support we do”*. Another care worker stated; *“management are very approachable and will listen to us. Flexible and supportive”*. Policies and procedures are detailed and cover areas such as safeguarding and complaints. All policies viewed are thorough and reviewed regularly. The manager and senior management team are active and visible in the service. The current SoP accurately describes the service provided. There are regular planned resident and staff meetings taking place in addition to daily handover meetings. We saw many positive interactions between managers and staff and with people living at the home. We read reports such as quality of care reviews that cover areas such as consultation with people, staff, quality improvement, safeguarding and accommodation with clear related actions.

People are cared for and supported by well trained and managed staff. We saw a staff supervision log that showed nearly all care workers are receiving regular structured supervision and an annual appraisal. Care workers have either completed or are working towards a Qualification and Credit Framework (QCF) in care at the appropriate level. We saw a staff training log detailing a wide range of training provided including manual handling, first aid, oral hygiene, safeguarding, dementia etc. The manager told us all care workers are registered with Social Care Wales (SCW – the social care force regulator in Wales). We completed an audit of three care staff files. Records indicate that new care staff receive a thorough induction aligned with the All Wales Induction Framework (AWIF). A new care worker told us they had received a thorough induction and shadowed experienced staff for a period. Staff files contain the appropriate recruitment information and evidence of checks including references, proof of identification and Disclosure and Barring Service (DBS) regular checks.

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
36	The provider must ensure that all staff receive appropriate training	Achieved
58	Medication administration and storage practices need to be robust	Achieved
19	Information leaflet required updating	Achieved

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