



Inspection Report on

Tregwilym Lodge Nursing and Residential Home

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

Date Inspection Completed

31/01/2024

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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	[4 July 2023]
Does this service promote Welsh language and culture?	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

People experience positive wellbeing outcomes as a result of their care and support at Tregwilym Lodge. People receive dignified and respectful care and support from their care staff. Care staff speak warmly about their roles, and the support they receive from the management to carry out their duties.

There are enough care staff on duty to meet people's care and support needs in a timely manner, and care staff are growing in experience at the service. Care staff benefit from in house mentoring from more experienced staff and care team leaders and told us they are confident to seek advice or raise concerns if needed.

There is a clear structure to support the oversight and governance of the service. Outstanding building work in the environment has now been completed. People are supported in a safe environment. The responsible individual (RI) and the management team have worked to address and achieve all previously issued Priority Action Notices.

Well-being

People experience positive rapport and relationships with their care staff. We saw positive interactions between care staff and people throughout our inspection visit. Care staff provide reassurance and comfort to people in a dignified and timely manner. People are well presented and appear to be enjoy activities together within the home. At the time of inspection, we observed people happily engaging in arts and crafts in readiness for Valentine's Day. We saw a full schedule of planned activities for the coming month including visits from animals, coffee groups, and reminiscing sessions. The activity co-ordinators support people to participate in local community activities as well as in house.

People are supported to understand what care, support and opportunities are available to them. The home has a Service User Guide (SUG) which is available in both English and Welsh. The SUG contains all required information to support people to achieve good wellbeing at the service. People's individual needs and preferences are considered at the service. We saw clear evidence of this being considered through people's personal plans, as well as in the décor of their personal spaces and appearance. Care staff are provided with clear social histories to support them to get to know people's interests and wishes. This information is readily available for care staff to access through the home's electronic care system and handheld devices.

People's physical, mental health, and emotional well-being are supported by the service. There is clear oversight of these by the care staff and nursing team, who complete regular reviews to ensure people receive the right support. People are protected from harm and abuse. The home has clear policies and procedures in place for safeguarding people. The management ensures that all relevant agencies are informed of any incidents which may impact on people's health, safety, and wellbeing.

People are benefitting from updated facilities within the home. We saw recently decorated bedrooms are of a good standard in readiness for people to move in. The renovation work within the home has been completed since the last inspection. Recently renovated areas are clean and tidy. We saw that all previously identified health and safety risks arising from the renovation work have been safely managed and addressed.

Care and Support

People are supported by care staff in line with the personal plans. Since the last inspection, the management have worked to improve the quality of people's personal plans. We saw that people's personal plans contain clear guidance to support care staff to meet people's needs on a day to day basis. People's social histories are captured, and personal plans provide a clear sense of who people are, enabling care staff to build positive relationships with people. Nursing staff have received additional training to support them to develop personal plans with people. We saw that personal plans are consistent and contain clear and prescriptive guidance to support care staff to manage risks positively. The management have ensured that the language used in personal plans is strengths based, and builds a positive picture of who people are, as well as their wellbeing outcomes.

People are involved in the review of their personal plans, and information captured through feedback is considered and acted upon. However, at times where people find it difficult to express their wants and needs, the service ensures that people's families and representatives are involved in the review of personal plans. The service is considering looking at alternative electronic systems which may make evidencing this process simpler in the future. Care staff keep up to date with records using the handheld devices. We found that some notes are focussed on the task at hand, but most contain commentary on people's mood and wellbeing also. The management are aware of this and supporting staff in this area.

The management ensure that risks and specialist needs are considered in the care planning process. People's needs are assessed prior to moving to the home, and consideration is given to their compatibility with others. People are supported to be as independent as possible. Where people are unable to keep themselves safe, the necessary procedures are followed. Appropriate arrangements are in place with the Local Authority to ensure decisions are made in people's best interests, when required. We saw good evidence of applications of the service working with external agencies to ensure that people's needs are met safely and in the least restrictive way.

The service promotes hygienic practices and effectively manages infection and control procedures. Care staff are provided with plenty of personal protective equipment to ensure that they can safely meet people's needs which we saw worn when required. The service has clear policies and procedures in place for the safe handling and administration of medication. The service has recently changed to an electronic system for the management of medication administration, which enables them to monitor, review and audit medication procedures. Nursing staff are supported by the clinical manager to ensure that people receive their medications in line with the prescriber's direction, and there are clear checking processes in place to minimise the likelihood of medication errors.

Environment

Since the last inspection, the renovation work at the service has been completed and people are benefitting from updated areas, fixtures, and fittings. Recently decorated areas are clean and clear with no hazards observed. We saw recently redecorated bedrooms in readiness for people to move into the service which are bright and pleasant. Due to the busy nature of the service, some areas show signs of wear and tear. The manager has a plan in place to manage this over the long term and has recently appointed a new maintenance member of staff to support with the daily upkeep of the home.

The service is large and spacious, and separated into distinct areas for people to live and spend time socially. There is written bilingual signage in each area to support people and visitors to navigate the home. The manager and RI are considering the potential for using colour or decoration to support people to navigate around the home in addition to this. This would support the needs of people living in the home and we look forward to seeing this at our next inspection.

People can personalise their bedrooms in the home, and we saw that people decorate with photographs and trinkets. Some bedrooms have individualised furnishings and this is at the discretion of the person and their families. There are plenty of bathrooms available to accommodate the people living at the home. We saw good evidence of cleaning schedules in communal spaces, and the housekeeping team work to ensure all areas are clean and pleasant for people. Each area of the home has its own dining and lounge area, and people are able to also access other sections of the home for activities. We saw people enjoying meals in their dining spaces, as well as being able to access drinks and snacks from smaller kitchenettes. The service has a hygiene rating of five (very good) with the Food Standard's Agency. There is a garden for use in the warmer months, which provides seating and is accessible for people with reduced mobility or who use specialised equipment.

The management ensures that there is good oversight of the home's maintenance, and accurate records of safety checks are completed. People are supported to live in a safe environment. The service ensures that there is oversight and upkeep of supplies and equipment, such as gas, electricity, and lift services.

Leadership and Management

There are clear governance arrangements in place to support the smooth running of the service. The RI ensures that they visit the service in line with their regulatory requirements, and gather feedback from people using the service, their representatives, and staff. We saw that the RI and management review and analyse the information gathered, and action is taken to address any issues that arise. The management team gather data relating to the delivery of care and support, as well as the day-to-day running of the service. We saw that this information is reviewed and analysed as part of the quality of care report produced every six months. The management team work collaboratively with external agencies and notify the Regulator of any incidents in a timely manner.

Care staff are suitably recruited, trained, and supported to carry out their duties. Since the last inspection, the service has benefitted from a consistent staff team who speak warmly about their roles. The service follows safe recruitment processes and staff are supported to register with professional bodies such as Social Care Wales the workforce regulator, and the Nursing and Midwifery Council. Care staff benefit from learning and development opportunities provided. We saw that care staff receive additional support from experienced members of the team as per the service's Statement of Purpose. There is a high level of compliance with identified mandatory training courses, as well as additional training needs highlighted through audits and observations.

Care staff receive timely support and supervision sessions to increase their competence and confidence. We saw that supervision documents are of a good standard, and focus on competence as well as staff wellbeing, and providing opportunities for reflective practice. Feedback from care staff and nurses is positive. All the staff who provided feedback felt confident that if they required support, they could approach their line managers. Care staff feel supported and happy in their roles, one staff member told us "*So far so good, it's interesting...busy in a good way.*" There are enough staff on duty to support people effectively, the service has successfully recruited since the last inspection. Care staff and nursing staff are allocated to specific areas of the service for set time periods to ensure continuity of care for people.

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
57	Health and safety risks were not all managed whilst the refurbishment work is being completed.	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.	Achieved
25	People are not always treated with respect and their privacy and dignity is not always maintained.	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	Achieved

	professional standards of practice and behaviour.	
15	Care plans are not always accurate, sufficiently detailed or complete.	Achieved
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.	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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