



Inspection Report on

LLanhennock Lodge

**Leonard Cheshire Disability
Llanhennock
Newport
NP18 1LT**

Date Inspection Completed

09/01/2024

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About LLanhennock Lodge

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Leonard Cheshire Disability
Registered places	34
Language of the service	English
Previous Care Inspectorate Wales inspection	02 October 2023
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

Improvements to the health and well-being outcomes for people living at the service are still required. The provider is unable to demonstrate the service is provided consistently with sufficient care, competence and skill.

Further changes within the management team have occurred since our last inspection. There remain inconsistencies in the content and updating of each person's plan. Documentation does not record people are involved in their reviews or document the goals people wish to achieve. Personal plans continue to contain conflicting information and guidance for staff to follow and recording of daily support to inform clinical decision making remains inconsistent.

The service has an ongoing recruitment drive but continues to rely on agency staff to ensure safe minimum staffing levels are maintained. Levels and deployment of staff continue to affect people's care and support and staff morale. The oversight and monitoring of the service are not sufficient to ensure the service operates safely and effectively for the individuals receiving care and support.

We are not satisfied that there has been sufficient progress made at the service, as the provider has failed to address all non-compliance within deadlines. CIW will continue to review the service in line with its Securing Improvement and Enforcement process.

Well-being

People have a varied experience of support received to maintain their health and wellbeing. We saw continued inconsistencies in the reviewing and updating of each person's personal plan and associated risk assessments. Inconsistencies and conflicting information within plans remain and can cause confusion. This meant care staff were not always following the correct guidance when carrying out people's care. As a result, people were not always receiving safe care or having their needs met in line with professional advice, such as physiotherapy plan.

The continued reliance on agency staff to ensure minimal safe staffing levels are achieved does not guarantee that skilled and competent staff are always available. Poor oversight of staff's performance does not ensure care staff have the right knowledge, competence and skills to meet individual needs. Monitoring systems to ensure care is delivered consistently and reliably are not sufficiently robust. We talked with one person who spoke negatively about their experience and the support they received. For example, they spoke about having to wait for female staff to be available to provide personal care and the impact this had on them. Without suitable systems in place or a stable, permanent workforce, people will continue to receive inconsistent and, at times, unsafe care and support which will not help them to achieve their wellbeing or personal outcomes.

People experience an inconsistent approach regarding support provided to assist with their emotional well-being. There have been ongoing issues regarding activities provided at the service and there remain vacancies within the activities team which has resulted in people having limited access to meaningful activities to prevent people feeling bored. People who require activities on an individual basis continue to spend long periods of time alone in their rooms. This can result in increased feelings of isolation and loneliness and result in a reduction in people's emotional well-being. One person told us there was nothing to do at the service, a second person said they did not like the activities offered and several stated they wanted to go out more.

People have limited opportunities to have control over their daily lives. Personal plans document elements of people's preferred routines, however, records do not indicate how people are consulted in order to identify the goals and outcomes they wish to achieve. Reviews of personal plans do not demonstrate people and/or their representatives are consulted and involved in decisions relating to their care. This can result in people not being provided with the most appropriate support to help them to achieve their outcomes and impact negatively on their well-being.

People cannot be guaranteed they receive safe care at all times despite some improvements in the processes implemented to protect people from abuse and neglect. Care staff are trained in safeguarding vulnerable adults and have policies and procedures to guide them. Oversight of accidents, incidents and safeguarding referrals have recently improved and require embedding and sustaining to reduce any further risks to people. Audits of people's care delivery and health and safety monitoring are not adequate, as they

identify failings but do not translate into remedial actions to improve the service. There remains a reliance on scrutiny from visiting professionals to ensure people are safe.

Care and Support

At our last inspection, we found the service provider failed to ensure care and support was provided in a way that protects, promotes and maintains the safety and wellbeing of individuals. We issued Priority Action Notices to address these failings.

At this inspection, we found insufficient improvement in this area. People's experience of care and support continues to be varied. There continue to be vacancies within the activities team which has resulted in people having limited access to appropriate activities and people feeling bored and isolated. Documentation indicates some people had been supported to attend events outside of the service, such as going to see the Christmas lights. In contrast, where individuals are reluctant to join in group activities, or require one-to-one support, evidence of activities are limited. We saw some people spending long periods of time alone in their rooms with minimal engagement from staff. Daily records are task orientated in nature and do not evidence engagement with people or stimulation provided. On the day of inspection ad hoc activities were suggested by management, this did not materialise due to insufficient staff numbers to meet peoples' care needs as well as providing activities.

There is documentation in place for each person. Personal plans cover core areas of an individual's care and support to be provided and mitigation of any identified risks. The providers monthly review of personal plans are not consistently completed however, all plans had been reviewed during December 2023. The personal plans we reviewed did not evidence they were written with people living at the service and/or with their representatives. Personal goals and aspirations and how these can be achieved were also missing. Some plans continue to contain inconsistent information, for example one plan contained conflicting information about the number of staff required to support an individual with certain tasks. Without clear guidance for staff to follow there is a risk of inconsistent and potentially harmful care and support being provided for people.

Feedback from staff confirmed they do not routinely read care plans and rely on the daily operational files for guidance alongside handover meetings to identify any changes. Review of handover records identified they are minimal in content and often illegible. Operational daily files we reviewed contained out of date guidance for staff to follow. For example, an assessment of one person by the services' physiotherapist identified a change in safe positioning in their wheelchair three months earlier, yet the operational folder had not been updated with the new guidance. The discrepancy was noted and discussed with the interim management team and assurances were provided that action would be taken, and guidance was changed. Yet on the second day of inspection the person was still being supported in the wrong and unsafe position in their wheelchair despite the pain and discomfort sitting in this position caused to the individual. People's health and wellbeing are affected when staff do not have clear guidance to follow when providing care and support.

Daily recording of care provided to individuals continues to be limited and often illegible. For example, incomplete daily recording of the application of topical medication, gaps in the recording of people's food and fluid intake with no daily totals and the frequency of pressure relief provided. We also saw incomplete recordings in a splinting chart for one person, making it difficult to ascertain if the care plan and guidance from the physiotherapy team was being followed in relation to how long splints should be applied. Without up to date and accurate daily recording of care provided there is a risk of clinical decisions being made on inaccurate or incomplete information resulting in potentially harmful care and support being delivered.

The interim management team was actively encouraging the completion of behaviour monitoring charts, following any incident at the service. The charts we reviewed were not always dated or signed and contained personal comments rather than observations. No evidence could be found to demonstrate any oversight or monitoring of these to inform people's behaviour support plans or identify any additional triggers or patterns. The lack of oversight and cohesive working across departments is placing people's health and wellbeing at risk.

The above issues continue to pose a risk to people's health and well-being and the priority action notice remains unmet. CIW will continue to review the service in line with its Securing Improvement and Enforcement process.

Environment

People's well-being has improved by living in an environment that is now clean, safe and free from hazards. The front door was locked and our identity was checked prior to being authorised to enter the service. There are appropriate signing in records which reflect who is in the building and we were reminded to sign in appropriately.

The ground floor contains people's individual bedrooms and communal rooms, with staff utilising the upper floor. Communal spaces are available for people to choose to be in the company of others or spend time on their own. People who are able can move around independently and can choose where they would like to spend their time. People have their own rooms, which are large, clean and personalised to their own taste. People have family photos, cards and trinkets in their rooms, which gives a homely feel to their surroundings and promotes a feeling of ownership. Daily cleaning and laundry duties are being maintained. The service has undergone some redecoration and refurbishment since our last inspection and the physiotherapy room remains operational.

Improvements have been made to ensure health and safety risks are minimised. Fire safety checks have improved. Up to date personal emergency evacuation plans are in place and easily accessible in the event of an emergency. All fire exits are clear of obstructions and staff receive training in fire safety. Access to bathrooms has improved, they are no longer used as storage rooms for equipment and corridors no longer contain potential trip hazards. Confidential documentation is no longer left in communal areas or outside of people's bedrooms, they are stored appropriately. There are maintenance and repair arrangements in place. The service uses an electronic system called MyTAG to record and evidence servicing and testing of equipment which has been completed to meet compliance.

Leadership and Management

At our last inspection, we found inadequate oversight of peoples' care and support. The service provider failed to ensure the service is provided with sufficient care, competence and skill. We issued a Priority Action Notice to address this.

Since our last inspection three months ago the service has had further changes in management, care staff and clinical leads. The service provider had also introduced an interim management team including a turnaround manager and clinical lead to provide additional oversight and drive improvements. The current interim manager had been in post for six days at our current inspection having responsibility for the daily oversight and management of the service.

The frequencies of changes in management of the service and the changes in process each team implemented were commented on by both residents and staff, and the impact this has on care delivery. For example, we were told of new monitoring forms being introduced with no guidance how to complete causing confusion for staff. Additionally, we were told of people's uncertainty on who they should approach management wise if they had concerns. Ongoing changes in management impacts on effective oversight and consistency at the service and impedes any improvements being fully embedded and sustained.

The responsible individual (RI) visits the service regularly and completes a record of their visits appropriately. RI reports identify ongoing deficits and actions required to meet compliance. The service is reliant on the regular involvement of other agencies to identify where improvements are required, provide solutions and to ensure these take place. This is not sustainable long term and further demonstrates the internal quality assurance processes in place to drive improvements are ineffective.

The interim management team have introduced new monitoring tools which have identified a range of issues, yet actions required to address them were not recorded. For example, incomplete daily recording of the application of topical medication, gaps in the recording of people's food and fluid intake with no daily totals and the frequency of pressure relief provided. The provider has identified these ongoing deficits, in addition to visiting professionals and regulators yet remedial action has not been implemented or embedded.

Poor oversight of accidents and incidents resulted in a delay of 27 days for two people to be referred to the local safeguarding team. The lack of oversight of Deprivation of Liberty Safeguards (DoLS) resulted in authorisations expiring and urgent applications being submitted to the relevant agency. It is positive the new interim manager has now improved some of this oversight to ensure timely referrals to the necessary agencies, However, such improvements are in their infancy safeguards for people will need to be embedded and sustained to ensure their safety and protection.

Without sufficient competent, skilled and qualified staff, people remain at risk of receiving poor quality and unsafe care and support. The continual reliance on agency staff to ensure minimal safe staffing levels are achieved does not guarantee that skilled and competent staff are always available. A two-week review of staffing rotas and observations during our inspection showed a continued reliance on agency staff. For example, one day the care staff team had one permanent member of staff working alongside nine agency staff.

Feedback from staff employed at the service indicates they are concerned about the ongoing use of high numbers of agency staff and their skill levels. The use of the same agency staff for consistency is not evidenced and the agency staff are not provided with the same support and training as permanent staff. Feedback from staff highlighted concerns about some agency staff's knowledge and skills due to lack of training which resulted in poor, potentially unsafe practice and a safeguarding referral. Such a reliance on agency staff impacts on the skill mix and level of experience on each shift to meet the identified needs of residents.

The level and frequency of support and supervision for staff remains insufficient. Agency staff are not routinely receiving supervision and not all permanent staff received formal 1:1 supervision with their line manager. Without comprehensive and regular staff supervision, staff members do not have the opportunity to discuss any concerns or training needs they may have and for their line manager to provide feedback on their work performance.

The service provider continues to operate without safe staffing arrangements, underpinned by professional development and without monitoring of systems to ensure care is delivered consistently and reliably, people are at risk of harm and their physical and emotional needs are not being met. The above issues continue to pose a risk to people's health and well-being and the priority action notice remains unmet. CIW will continue to review the service in line with its Securing Improvement and Enforcement process.

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
21	People's wellbeing is not maintained due to poor social engagement and a lack of activities and stimulation.	Not Achieved
6	People do not receive a service which promotes their outcomes, keeps them safe or is in line with the statement of purpose.	Not Achieved
26	People can not be confident they receive a safe service. The service provider must ensure there are robust systems and processes in place to ensure the safety and wellbeing of people receiving a service.	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
15	Personal plans do not identify personal outcomes or evidence people's involvement in their production and review.	Not Achieved
44	The provider is unable to demonstrate the provision of the service supports people to achieve their personal outcomes. This is because: People have access to an insufficient number of bathrooms and bathrooms do not always contain appropriate facilities to prompt their dignity and privacy. Maintenance required needs to be completed promptly and unnecessary storage of equipment in some bathrooms needs to be removed so people can access them. Where a shower is immediately located off the bathroom door / corridor an appropriate shower curtain/screen needs to be put in place. Risks to people's safety needs to be identified and promptly addressed by the service. This includes the storage of some chairs in corridors on emergency exits needs to be removed and a trip hazard on the threshold to one bathroom needs to be addressed. Risks to people's confidentiality need to be identified and promptly addressed by the service. This includes removal of people's personal care information contained within personal files stored in communal corridors and information regarding bathing support provided located in communal bathrooms.	Achieved

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