



# Inspection Report on

**Apley Lodge Residential Home**

**Apley Lodge Residential Home**

**1-3**

**Apley Terrace**

**Pembroke Dock**

**SA72 6HJ**

## **Date Inspection Completed**

21/04/2023

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## About Apley Lodge Residential Home

|  |   |
|--|---|
| Type of care provided                                      | Care Home Service<br>Adults Without Nursing   |
| Registered Provider  | Safe Haven Care Ltd   |
| Registered places  | 24  |
| Language of the service                                    | English   |
| Previous Care Inspectorate Wales inspection                | 4 April 2019  |
| 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

People and their relatives are happy with the care and support they receive at Apley Lodge. There is information available for staff to understand how best to meet people's care and support needs. Care staff are informed, respectful and caring.

People receive care from a knowledgeable staff team. Communication within the staff team is good and care workers are supported by their manager. The manager is very visible within the service and knows people and staff well. Care staff receive regular supervision. Staff recruitment supports safe practice and staff have good access to training to ensure they are sufficiently skilled to carry out their roles.

Care staff treat people with dignity and kindness and relatives feel assured they know people well. Personal plans have been recently updated and are written in a person-centred way. They provide clear information and direct care staff on how best to support individuals. The management of medication is effective and health needs are addressed promptly. The service maintains good communication with people, relatives and professionals.

The environment in which people live is clean and safe. The decor is in need of updating and the Responsible Individual (RI) gave assurance that this is in the process of being addressed. We saw this to be the case on the day of inspection.

## Well-being

People are happy living in a service that supports their well-being. The service promotes a community feel and encourages people to get to know each other.

Measures are in place to help protect people from harm and abuse. The service is secure and only authorised individuals are allowed into the building. Security and fire safety checks are carried out to make sure people remain as safe as possible. Safe recruitment systems ensure staff working at the service are suitably skilled and of good character. Policies and procedures, supported by training, ensure staff maintain good practice. Care staff are aware of their safeguarding responsibilities and how to report any concerns. Maintenance routines and risk assessments ensure the service is safe and that risks to any care or activities are minimised wherever possible. Any incidents, accidents or concerns are notified to the relevant bodies and the appropriate action taken. Effective infection control measures are in place.

People's physical health is promoted at the service. Care planning documentation is detailed and up to date. Personal plans are written from the perspective of the individual and centre on the needs of the person. They provide clear guidance for care staff to follow. The service maintains effective communication with external health and social care professionals in order to ensure timely interventions. Medication is managed effectively. Regular contact with relatives and key individuals is actively encouraged and visitors told they feel welcome at the home.

Governance arrangements are in place and care staff are supported by the manager and senior members of staff. Care staff have regular supervision and an annual appraisal. Staff feel well trained and supported. There are effective quality assurance processes in place. The Responsible Individual (RI) maintains very regular communication with the service and monitoring arrangements are in place.

## Care and Support

People are treated with dignity and respect by staff who know them well. A number of staff have worked at the service for a significant period of time and are very familiar with people's needs and understand their likes and preferences. There is a good mix of new and more established members of staff and recruitment is ongoing. Care planning information is informative and well documented and includes personal life histories. This information is shared with new staff through induction or handover processes. Care workers naturally engage well with people through conversation and daily activities. People living with dementia benefit from staff knowledge of their interests and hobbies. Care workers are able to distract or reduce anxieties through sensitive techniques gained through knowing people well.

Care planning documentation gives a sense of the person and reflects the needs of the individual. Initial assessments are carried out prior to a person coming to live at Apley Lodge and include input from specialist health and social care professionals, people and their representatives. Identified risks have plans in place to minimise risks to self or others. People under Deprivation of Liberty Safeguards (DoLs) have the appropriate and proportionate safeguards in place as agreed by the relevant professionals. We saw the service addresses any health changes in a prompt manner.

People told us they enjoy the meals offered to them at Apley Lodge. They told us they are offered a choice of cooked breakfast which they can take in their rooms or in the dining room. A choice of hot meals is provided at lunchtime and a lighter meal in the evening. Discussion with care and kitchen staff indicated that choice is offered at all mealtimes and that people's individual preferences are met whenever possible. We were told that drinks and snacks are available throughout the day and at night and records supported this.

## Environment

Apley Lodge offers people an informal and relaxed environment in which to live. We saw people sitting in the lounge area on the ground floor of the home and relaxing in their own bedrooms. The accommodation is clean and comfortable but the décor is in need of updating as it is showing signs of wear and tear. This has also been acknowledged by the responsible individual as part of the regulatory visits. This is currently being addressed and contractors were at the home during the inspection.

People express satisfaction with the home and their interactions with staff. The service has facilities to support people to achieve their personal outcomes. People move freely around the home and are encouraged to socialise. We saw that people's bedrooms have been personalised with their own belongings, such as soft furnishings, ornaments and small items of furniture. Bedrooms are being refurbished on a rotational basis and in consultation with the occupant. People appeared to be comfortable in the communal lounge and we saw people moving about within the home, both independently and with assistance.

People have personal emergency evacuation plans (PEEP's) in the event of the need to evacuate the building in an emergency. Cleaning substances hazardous to health are stored appropriately.

People live in an environment that promotes their safety and is clean and generally well maintained. Access to the home is restricted to authorised people. A keypad system is in place preventing visitors gaining entry into the home without permission. A visitor's book is used to monitor those entering and leaving the premises. Safety checks and maintenance of equipment are carried out. Health and safety checks are carried out, including fridge and freezer temperatures and electrical testing for fixed and portable appliances. People's confidentiality is upheld. We saw that confidential information is stored securely.

## Leadership and Management

The Statement of Purpose reflects the service's ethos and objectives. There is a clear management structure in place which is supported by policies and contingency plans. Internal audits and checks are maintained to ensure standards are met. The service is responsive in addressing any unsatisfactory performance. Communication between the service and people is effective and family members told us they are kept informed of any issues or changes which are to be made.

The provider ensures care staff are suitable to deliver care and support to vulnerable people. Recruitment records are in good order and personnel files contained the required information, including two written references, full employment history and Disclosure and Barring Service (DBS) checks.

The service places emphasis on the well-being, support and development of care staff. Care staff told us they receive sufficient training and supervision to enable them to carry out their roles effectively. Supervision consists of formal individual one to one sessions and informal support in between. Although the manager has very frequent contact with the RI she does not receive formal supervision. This would be beneficial to ensure she is fully supported at all times. All care staff spoken to told us they enjoy their work and feel fully supported. Training is provided in mandatory areas and in specialist themes which are appropriate for meeting the needs of people living in the home. A mix of online and in-person training is provided.

There are arrangements for overseeing the service's performance and quality of care and support. The RI visits the home on a daily basis and therefore has a very good personal knowledge of people living in the home and those who work within it.

Generally there are enough staff on duty to ensure people's needs are met. Some staff told us that they feel pressured at certain times of the day, such as in the mornings when helping people get up, but overall staff told us that they have time to spend with people, to talk to them and to assist them in an unhurried manner.

Checks are made to ensure equipment and services are safe. Fire alarms and emergency lighting are checked regularly and the fire safety system is checked every six months.

### Summary of Non-Compliance

| Status              | What each means   |
|---------------------|---|
| <b>New</b>          | This non-compliance was identified at this inspection.  |
| <b>Reviewed</b>     | 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. |
| <b>Not Achieved</b> | Compliance was tested at this inspection and was not achieved.  |
| <b>Achieved</b>     | 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 |
|-----|--|-----|

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