



Inspection Report on

The Lodge

**Alexander House
Highfield Park
Denbigh
LL16 4LU**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

11/09/2019

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Description of the service

The Lodge is a care home, which is located in a rural area of Denbigh and provides care and support for up to three people with learning disabilities. The service is owned by Mental Health Care (Highfield Park) Ltd. Steve Owen is the responsible individual overseeing the service. The manager is registered with Social Care Wales.

Summary of our findings

1. Overall assessment

Overall, we found that people living at The Lodge receive a good quality of care. People's needs and their compatibility are taken into account to ensure the service is right for them. Each person's health and well-being is promoted and people told us they were happy. The accommodation is suitable and reflects the personal tastes and preferences of people living there. Staff encourage people to develop their skills, independence and confidence and support them to make plans for their future. A small staff team offer continuity of care, support and build positive relationships.

2. Improvements

The home was recently re-registered under the new Regulation and Inspection of Social Care Wales Act 2016 (RISCA) and this was their first inspection under the new legislation. Any improvements will be considered as part of the next inspection.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service. These include the following:

Documentation: allergy information should be included in personal plans.

Policy: although procedures were in place the admission policy did not include all the necessary information in line with the Regulations. This needs to be reviewed and updated.

1. Well-being

Our findings

People have control over their day-to-day lives. We observed people being involved in the recruitment process as they met prospective employees and spent time with them. One person spoke with us about their plans to move out. They had already been to see their new home, met the staff and people living there and were keen to move to be closer to their family members. We heard staff speaking with a person about their choice of holiday destination and discussed with them other alternatives more suitable for them so that they made an informed choice. People told us they could tell anyone if they were not happy and house and key worker meetings were held to further improve the service they received. People speak for themselves, their individual circumstances are considered and they are able to contribute to decisions affecting their lives.

People are supported with their physical, mental health, emotional and social wellbeing. Personal plans included detailed information about health. The manager told us the staff team were still getting to know one person and we saw information being recorded to monitor, support and further understand them and their needs. On the day of our visit, the manager and staff provided emotional support to a person following a bereavement. This was done with sensitivity, kindness and reassurance throughout the day. One person had been out for a walk with a member of staff and told us they usually went to the gym in the local town. People are healthy and active.

People are protected from abuse and neglect. People told us they felt they could talk to anyone if they had any concerns or were unhappy. Relationships and interactions between people and staff during our visit were seen to be positive. According to the training record, all staff had received safeguarding training. Policies and procedures for safeguarding, whistleblowing and complaints were also in place. People are supported to protect themselves and each other from abuse and neglect.

People live in accommodation, which is suitable. People were proud of the home they lived in. One person told us they had chosen different decorations in the home including pictures on the walls in the lounge and dining room. The garden was decorated with planter's full of flowers and mosaic decorations which enhanced the outdoor space. People live in a home which best supports them to achieve their well-being.

2. Care and Support

Our findings

People living in The Lodge are assessed to ensure their individual needs can be met appropriately. We spoke with the Responsible Individual and manager who explained the referral, assessment and admission process evidencing there were clear procedures in place. The manager told us they carried out the assessments and took into account whether the service would be the best place to meet the individual's needs as well as any compatibility issues. We looked at the admissions policy and procedure, which was dated October 2015. We found that this did not always reflect up to date information contained in the Statement of Purpose or that it was fully in line with the Regulations. We found that some information was contained in either the policy, Statement of Purpose or Service User Guide but this needed to be consistent throughout all documentation. The Responsible Individual told us that policies and procedures were in the process of being reviewed and assured us this would be addressed. This is a recommendation of this report.

People have opportunities to visit the service prior to moving in. The manager told us about a person, who prior to moving in had been to The Lodge for visits and to have tea with the people living there. Neither the Statement of Purpose or the admission policy detailed what arrangements were in place for when a person was admitted into the home to ensure they settled in well. This was discussed with the Responsible Individual who will review this.

People, their family and professionals were consulted and involved in their care and support. Health and social care professionals involved with people were clearly recorded in care files. We saw that advice and appointments attended were recorded as well as any actions to be taken. We evidenced a person had their annual health screening and referrals/ reviews to other specialists made where necessary. We found that information about a person's allergic reaction was referred to in their hospital passport and general health records. We did not see that this was included in their personal plan and we discussed this with the manager. Documentation we looked at recorded who had attended or been involved in meetings or reviews. We looked at a personal plan which had been signed by the person and the manager. During our visit, people were discussing their emotions with staff who provided them with reassurance and talked through different ways of coping with events and situations. People access healthcare and other services independently.

Overall, the service considers a range of views and information to confirm it is able to meet each individual's needs and supports them to achieve their own personal outcomes.

3. Environment

Our findings

People live in a home, which meets their needs and is personalised. People told us they were happy living at The Lodge. One person show us around their home and their bedroom was seen to be personalised and reflected their preferences. We saw photographs displayed in different rooms and a person chatted about where they had been taken and who was in the pictures. There was a private outdoor space for people to use with tables and chairs and a barbeque to enjoy in the nice weather. On approach to The Lodge, there were planters full of flowers and mosaic decorations hung on the trees, which a person told us they had made. We were told by a person, staff and the manager that they had recently entered a flower competition and received second place. People live in an environment, which promotes independence and helps them achieve their outcomes.

People live in a home, which is safe and well maintained. On the day of the inspection, the maintenance person visited The Lodge to discuss with the manager which areas needed to be painted. Arrangements were also made to carry out the work in the best way possible without having a negative impact the three people living there. We saw the monthly health and safety audit, which looked at all areas within the service to identify any problems, level of risk and what needed to be done to fix it. We saw evidence of when checks and certificates had been issued including a fire alarm inspection, emergency lighting inspection and fire extinguishers. One person informed us where the Control of Substances Hazardous to Health (COSHH) cupboard was and that it was kept locked. The service provider identifies risk to health and safety and takes action to reduce these.

4. Leadership and Management

Our findings

The service provider ensures the Statement of Purpose accurately describes the service people receive, is kept under review and up to date. We looked at the Statement of Purpose which was last reviewed and updated on the 7 August 2019. This was detailed and described the service which we found was being provided to people. This was evidenced during our visit through discussions, observations and the documentation we looked at. We discussed with the Responsible Individual that more information regarding the admission process should be included. People are supported in line with the Statement of Purpose.

People are protected by robust recruitment checks. We found that recruitment checks were being made to ensure individuals were suitable to work in the service. We looked at a staff file which contained all the necessary information, Disclosure and Barring Service (DBS) checks and a contract of employment. Two people told us they liked the staff who supported them. A person and the manager spoke about their involvement in the recruitment of new staff and on the day we visited, interviews were held with three individuals who were then introduced to people. The manager and staff then asked people for their views about each person's suitability. People receive support from staff who are suitably fit to provide care and support for them.

People are supported by sufficient numbers of staff who are well supported and developed in their roles. A small staff team were employed to work at the service and on the day we visited the manager, team leader and two support staff were supporting the three people living there. We were told by the manager that any staff absences were covered by existing staff members and on occasions agency staff would be used who had already worked there before. The Statement of Purpose included information about the staff, their roles, qualifications and training. A staff member told us about their positive experiences of the induction process and the training which they said was "*in depth*". The training record showed all staff had completed mental health/ learning disability awareness, autism and person centred planning. Staff had also received or were due to attend positive behaviour support, active support, schizophrenia awareness training, Deprivation of Liberty Safeguards (DoLS) / Mental Capacity Act (MCA) and equality and diversity training. The manager informed us they identified what specific training staff required to work in the service to ensure this was provided to all existing staff and any new members of staff. A member of staff said they worked well as a team, felt supported by other staff and the manager and received supervisions. Records seen confirmed this. People are supported by appropriate numbers of staff who have the knowledge, skills and qualifications.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

This was the first inspection of the service following re-registration under The Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016

5.2 Areas of non compliance from this inspection

None

5.3 Recommendations for improvement

The following are recommended areas of improvement to promote positive outcomes for people:

- The service should review personal plans to ensure information about allergies is contained in them.
- The service must have an updated policy in place for the admission and commencement of service which contains all the necessary information as set out in the Regulations.

6. How we undertook this inspection

This was the first inspection of the service following re-registration under The Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016. A full inspection was undertaken as part of our inspection programme. We made an unannounced visit to the service on 12 September 2019 between 10:15 a.m. to 17:00 p.m.

The following methods were used:

- We spoke with two people living at The Lodge.
- We held discussions with one support staff, a team leader, the manager and Responsible Individual.
- We looked at a wide range of records. We focused on one personal plan, minutes of house and key worker meetings, one staff file, training and supervisions records, a sample of policies and procedures and environmental audits.
- We examined the Statement of Purpose (SoP) and compared it with the service we inspected. This sets out the vision for the service and demonstrates how, particularly through the levels and training of staff, etc., the service will promote the best possible outcomes for the people they care for.

CIW is committed to promoting and upholding the rights of people who use care and support services. In undertaking this inspection, we actively sought to uphold people's legal human rights

<https://careinspectorate.wales/sites/default/files/2018-04/180409humanrightsen.pdf>

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	Mental Health Care (Highfield Park) Limited
Manager	Anne-Marie Jones
Registered maximum number of places	3
Date of previous Care Inspectorate Wales inspection	13/12/2017
Dates of this Inspection visit(s)	11/09/2019
Operating Language of the service	Both
Does this service provide the Welsh Language active offer?	Working towards
Additional Information: The service is working towards the Welsh Language Standards.	

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