



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Care and Social Services Inspectorate Wales

Care Standards Act 2000

Inspection Report

Lower Lodge

Swansea

Type of Inspection – Focused

Date of inspection – Thursday, 14 April 2016

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Summary

About the service

Lower Lodge respite care service is registered with Care and Social Services Inspectorate Wales (CSSIW) to provide personal care and accommodation for up to three younger adults with a learning disability. The registered provider is Community Lives Consortium, which is a large domiciliary care agency that operates in the Swansea, Neath and Port Talbot areas, with two registered care homes in Port Talbot.

There was one person staying overnight in the service on the day of our inspection and there were seven people currently utilising respite care. The responsible individual for the service is Richard Wilson, and the acting manager with day to day management responsibility of the service, together with the day facility which is located on the same site, is Ellen Lewis.

What type of inspection was carried out?

We, Care and Social Services Inspectorate Wales (CSSIW) inspected the service on 14th April 2016 for a scheduled, unannounced, focused inspection. To inform this report, we considered the quality of life of the people who used the service.

The following methodology was used:

- One unannounced inspection
- Good practice recommendations from the previous inspection report
- Discussions with two people who used the service, three members of staff and the acting manager
- Examination of the Statement of Purpose
- Examination of two people's care records
- Observation of care practices.

What does the service do well?

Although people in this service enjoy a good quality of life, we did not identify any specific areas of good practice within the focus of this inspection that exceeded practice outlined in the Care Homes (Wales) Regulations 2002.

What has improved since the last inspection?

There were no improvements noted during the inspection.

What needs to be done to improve the service?

There were no issues of non-compliance noted during the inspection, but we made the following good practice recommendation:

- That the manager arranges for one-page profiles, pen pictures, daily routines and social backgrounds to be in place for each person when they first arrive at the service, in order to inform the staff team about ways the person wishes to spend their day and be supported.

Quality Of Life

Overall, we found that people using this service can be confident that the provider makes every effort to ensure the continued high standard of care offered. This is because the provider is committed to delivering person centred support to people. We also saw people being treated with respect, dignity, and with good humour throughout our inspection.

From the care records, we also saw that any issues that caused anxiety for the person were assessed at an early stage, in order to ensure the service could fully meet the person's needs; assessment forms documented each person's support requirements, together with their personal preferences. This information was then transferred to support plans and positive behaviour plans to ensure each person's welfare. We noted that the service took information from as wide a source as possible in order to support each person as they wished. For example, we saw that families were asked for their opinions where the person was unable to discuss an issue due to their learning disability.

The service also helped to maintain people's independence and monitored their welfare when they were staying with them. For example, we saw that people had risk assessments in place where the person had road safety issues.

In addition, staff members we met explained to us that some people were not always clear in their communication and we saw that care records included information regarding each person's communication, so that staff clearly knew what people wanted at all times. During our inspection, we saw people using photos and pictorial means of communicating their wishes where they did not communicate verbally and we noted that this approach gave rise to a good understanding between each person.

We noted that although people currently receiving support in this service were invited to be involved in all discussions about their support, they generally declined; the manager explained to us that people did not appear to want to attend any meetings generally. However, people's families were involved in all care reviews in order to put their relative's needs in focus for the healthcare professionals and the staff team. We also saw that all care records were formally reviewed every six months, or more frequently where necessary, in order to remain current.

We found that some documentation in the service was person centred, and described each person positively. For example, there were one-page profiles and pen pictures in place for some people; these recorded the person's personal preferences, routines and social backgrounds. We recommended that each person and/or their family was asked for this information when they first came to the service, in order to inform the staff team of the ways the person wished to receive their support.

We found that people experienced appropriate, responsive care from a staff team who had an up to date understanding of their individual needs and preferences. Each staff member we spoke with was able to explain people's specific support to us; one staff

member told us how one person, "doesn't like you to get too close" and we also saw that this fact was recorded in the person's care records.

Each person is active, positively occupied and stimulated where they wished to be. During our inspection, we saw people going out to play golf and for walks in the local area, shopping and being creative with arts and crafts. Each person had a weekly plan that was flexible if their choices altered for any reason.

We also noted that people experienced warmth and belonging and can be confident that they can experience a sense of wellbeing. This is because we noted that individuals were encouraged to view Lower Lodge as their home while they were there and to this end were supported to bring in their own possessions if they so wished.

Quality Of Staffing

This inspection focused on the quality of life of the people using the service. We did not consider it necessary to look at the quality of staffing on this occasion because no concerns have been noted since the last inspection. However, at the last inspection, we recommended that the manager ensured that annual staff appraisals and two-monthly supervision took place. We therefore checked on this inspection and found that both issues had been addressed.

Quality Of Leadership and Management

This inspection focused on the quality of life of the people using the service. We did not consider it necessary to look at the quality of leadership and management on this occasion because no concerns have been noted since the last inspection. However, at the last inspection, we notified the manager that they should update the Statement of Purpose and also, ensure that fire drills were recorded. We therefore checked on this inspection and found that both issues had been addressed.

Quality Of The Environment

This inspection focused on the quality of life of the people using the service. We did not consider it necessary to look at the quality of environment on this occasion because no concerns have been noted since the last inspection. However, this theme will be considered during future inspections.

How we inspect and report on services

We conduct two types of inspection; baseline and focused. Both consider the experience of people using services.

- **Baseline inspections** assess whether the registration of a service is justified and whether the conditions of registration are appropriate. For most services, we carry out these inspections every three years. Exceptions are registered child minders, out of school care, sessional care, crèches and open access provision, which are every four years.

At these inspections we check whether the service has a clear, effective Statement of Purpose and whether the service delivers on the commitments set out in its Statement of Purpose. In assessing whether registration is justified inspectors check that the service can demonstrate a history of compliance with regulations.

- **Focused inspections** consider the experience of people using services and we will look at compliance with regulations when poor outcomes for people using services are identified. We carry out these inspections in between baseline inspections. Focused inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focused inspections may be scheduled or carried out in response to concerns.

Inspectors use a variety of methods to gather information during inspections. These may include;

- Talking with people who use services and their representatives
- Talking to staff and the manager
- Looking at documentation
- Observation of staff interactions with people and of the environment
- Comments made within questionnaires returned from people who use services, staff and health and social care professionals

We inspect and report our findings under 'Quality Themes'. Those relevant to each type of service are referred to within our inspection reports.

Further information about what we do can be found in our leaflet 'Improving Care and Social Services in Wales'. You can download this from our website, [Improving Care and Social Services in Wales](#) or ask us to send you a copy by telephoning your local CSSIW regional office.