



Inspection Report on

Lower Lodge

Swansea

Date Inspection Completed

31/10/2023

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About Lower Lodge

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Community Lives Consortium
Registered places	3
Language of the service	English
Previous Care Inspectorate Wales inspection	
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 and their relatives are happy with the care and support provided at Lower Lodge. They live in a homely environment that is warm, clean and suitable to meet their needs. There is information available for staff to understand how to best meet people's care and support needs. People have detailed personal plans in place, and these are written with outcomes and timescales. There is a Responsible Individual (RI) in place and a registered manager.

Staff are available in sufficient numbers and mix of skills to adequately provide support to people. Care workers receive appropriate training, supervision, and appraisal at the required frequency. Care workers are knowledgeable, respectful, and caring. Safety equipment is in place and a well-organised health and safety audit system is in place to minimise any risks. Health referrals are made when necessary to promote peoples' health and well-being. There are opportunities for people to take part in activities at the service and in the community.

The service provider has developed highly creative systems to enable them to capture people's views and has systems to develop good person centred information. The established management team have put strong checks and processes in place to keep service delivery under constant review. Innovative developments such as organisational decarbonisation and community resilience strategy and has committed itself to becoming a Disabled Person's User led organisation (DPULO).

Well-being

People and their relatives are happy with the care and support provided. There is good information available for staff to understand how to best meet people's care and support needs. People told us they get on well with staff and commented, *"They are good."* A relative commented *"The staff are very good, we're happy with the service."* And *"It's been a positive experience for us, we have no concerns."* Records show people are offered choices to make everyday decisions. Records showed that the responsible individual (RI) regularly speaks with people who live at the home and their families about what is important and how to best support them.

People are protected from abuse and harm. Lower Lodge has a robust safeguarding policy in place and staff receive training in the safeguarding of adults at risk of abuse. The Service Manager has a good understanding of the legal requirements and understands when a safeguarding referral needs to be made to the Local Authority.

People get the right care and support. Records show referrals are made to a variety of healthcare professionals such as psychiatrists and physiotherapists. This is confirmed by comments from visiting professionals who told us they are satisfied with the care at Lower Lodge.

People can do the things that matter to them when they want to do them. We saw there are a range of activities available which are meaningful to people. Throughout our visit we observed people undertaking activities facilitated by care workers. People told us they enjoy taking part in a variety of activities such as visiting local attractions, arts and crafts and community activities such as attending clubs. Relatives told us their family member is encouraged to stay active and to do as much as they can for themselves. This is reflected in people's records.

People live in suitable accommodation, which overall, supports and encourages their well-being. People's bedrooms contain personalised items of their choice and are suitably furnished. They have facilities which encourage their independence and enable them to have private time. The building is well-maintained and safety checks are completed when required.

Staff recruitment is safe as pre-employment checks are completed prior to employment commencing. These checks are important as they determine a person's suitability to work with vulnerable people. Supporting and developing staff with supervision and appraisal is completed as required.

Care and Support

People are provided with the quality of care and support they need to achieve their personal outcomes. Policies and procedures in place include assessment, care planning, positive behaviour management and safeguarding that are in line with current legislation and national guidance. There is a care planning system in place providing personal plans for all aspects of the individuals' physical, mental, and emotional wellbeing. The manager considers a range of information about prospective residents prior to coming to stay at Lower Lodge. The personal plans we saw were appropriate, creative and reviewed regularly. These contain information about people who stayed in the service, their relatives and healthcare professionals. Person centred information such as One Page Profiles is in place and referrals for advice and professional help regarding health services are sought as needed.

Monitoring of care activities is in place with information available to staff. Information demonstrates people are enabled to undertake activities of their choice and risk management plans are in place. Healthcare professionals told us care and support provided at this service is “*excellent*” and it “*Engages with individuals, managing complex needs and develops positive relationships with families.*”

People can do the things that matter to them when they want to do them. We saw there is a day service in the grounds of the service with a range of activities on offer which are meaningful to people. There was photographic evidence and written documentation as well as observations of people undertaking activities that matter to them. Activities include attending craft sessions at day service, attending local community groups and activities. People indicated to us they enjoy taking part in a variety of activities. Records show people have access to local community facilities and clubs. A relative commented, “*Staff make sure they have plenty to do.*” Another commented “*My relative is kept active and can carry on with their hobbies and interests.*”

The service has safe systems for medicines management. There is an appropriate medication policy and procedure in place with regular audits completed by senior staff. Medication administration records are accurate, and the audit process identifies mistakes with appropriate action taken. Staff check all medication when people arrive for respite and from then on, on a daily basis. Medication is secured in locked cabinets when not in use. As and when required medication (PRN) was appropriately administered in line with instructions.

Environment

The respite accommodation is based in a detached house which is homely, comfortable and benefits from sufficient quality decor and furnishings. The service is situated in a semi-rural location in close proximity to Penllergaer valley woods. On the same site is Woodlands Day service. We observed the environment to be free of clutter throughout the service. We saw people sitting in the lounge in the day service prior to their stay at the respite service.

There is a system of monitoring and auditing, which supports a planned maintenance schedule and renewal programme for the fabric and decoration of the premises. This is managed by the staff at the home under the guidance of the RI. The sample of two bedrooms viewed both had facilities and equipment that is suitable for the individual. Staff ensure that individuals are treated with respect and sensitivity.

Measures are in place to ensure risks to people's health and safety are identified and dealt with. The oversight of health and safety is in place with regular audits of the environment taking place completed by the service staff and by the locality manager. Maintenance records show equipment is regularly serviced to make sure people remain safe. People's personal records are held securely and access to the home is monitored by staff to help keep people as safe as possible.

Laundry is managed as for a person living independently and is well organised. Appropriate systems are in place and all laundry equipment is in working order. There is an organised storage area for household waste. The storage of substances which have the potential to cause harm was sufficient because we found that materials used for cleaning were stored in an appropriate locked cupboard.

Policy, procedure and application of hygienic practices and risk of infection are in place. Staff demonstrate an understanding of infection control and the use of personal protective equipment (PPE). Staff wear appropriate PPE and follow correct procedures. The service is clean and tidy. Staff maintain appropriate standards of hygiene and cleaning schedules are in place with oversight from the manager. Oversight and auditing of infection control measures are in place. The service has sufficient stock of PPE and there are PPE stations in various areas throughout the service.

Leadership and Management

The service provider has innovative governance arrangements in place to support the smooth operation of the service. Arrangements for the oversight of the service are in place, such as systems for assessment, care planning, monitoring, and review to enable people to achieve their personal outcomes. The service is provided in line with the objectives of the Statement of Purpose and Service User Guide, which are regularly reviewed. We saw policies and procedures are in place and reviewed regularly.

People can be assured that the service provider has strong systems to monitor the quality of the service they receive. Records show that the RI visits the home regularly and meets with people and staff. We viewed the latest quality monitoring reports which were consistently good and completed at the required frequency and amount. Recommendations for improvements were included and implemented. We saw evidence the RI has oversight of the service and the service management team conduct a quality assurance system to ensure quality care is delivered. We looked at documentation that confirmed the RI conducts quarterly visits to the home for quality assurance monitoring.

The service provider has oversight of the financial arrangements and investment in the service. The RI assured us the service is financially sustainable to support people to be safe and achieve their personal outcomes. The RI told us of investment such as *“We are redeveloping our engagement processes for individuals and family members”* and *“We have redeveloped our Personal Plans & Personal Plan reviews to generate better quality outcome setting and review. This will be supported by training and coaching sessions to enable the registered manager to improve the quality of outcomes agreed with individuals using the service.”* *The service provider is innovative with developments such as organisational decarbonisation and community resilience strategy and has committed itself to becoming a Disabled Person's User led organisation (DPULO) - this means that at least 75% of it's legal company members and 75% of it's legal board will be legally part of it's Board of Management.*

Staff recruitment pre-employment checks are completed prior to employment commencing. Supporting and developing staff with supervision, appraisal and training is sufficient. The manager informed us that training is being updated to ensure all staff have completed the appropriate training required. There are enough staff on duty to safely support and care for people. Records show there is a stable and consistent team in place with a mixture of experienced and new staff available, and this was seen during our inspection. People living at the home told us *“I like it here; the staff are good”* and a relative commented *“The staff are very good.”*

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

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
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N/A	No non-compliance of this type was identified at this inspection	N/A
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Date Published 22/11/2023