



## Inspection Report on

**Lexham Green Care Home**

**Lexham Green Rest Home  
50 Brunswick Road  
Buckley  
CH7 2EP**

## **Date Inspection Completed**

1 February 2024

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## About Lexham Green Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Lexham Green Limited
Registered places	29
Language of the service	Both
Previous Care Inspectorate Wales inspection	22 March 2022
Does this service promote Welsh language and culture?	The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

People living at Lexham Green Care Home receive good care and support. Care staff understand people's needs and have positive interactions with people. Care staff are enthusiastic about providing the best care to people living at the home. People and their relatives are happy with the care they receive.

Care staff feel supported through regular training, supervisions and appraisals. The manager is also the Responsible Individual (RI), they are present at the home throughout the week and are keen to improve the service.

The building is homely, well-maintained and the service provider continues to invest in the service.

## Well-being

People are supported to maintain their independence. Overall, personal plans are clear on how best to support people to maintain their independence. People have access to equipment to support them to maintain their independence. Goals and outcomes are focused on enabling people to do what they can. The manager actively seeks out advocacy support for people, to ensure they have appropriate representation for their views and wishes to be heard. Resident's meetings take place, these provide people with the opportunity to discuss and make suggestions for activities, day trips, décor and menus. The manager plans to re-start day trips this year.

At the time of the inspection, two care workers could speak fluent Welsh, but documentation is not currently available in Welsh. There were no people living at the home who spoke Welsh as their first language, but this means people can receive the service in their chosen language.

People are supported to maintain their health and well-being. Incidents such as falls are recorded and audited, appropriate actions are taken and these are recorded. People have access to health services as and when required. Records show people have regular visits from health professionals, and correspondence/appointments are recorded. The activities co-ordinator works at the service five days a week. People can choose whether they participate and their wishes are respected. People are supported to maintain relationships with friends and family. Visitors spoke very positively about the service and said they can visit as often as they wish. People told us they enjoy the food. The menu is varied and alternatives are provided if they do not like the choices on offer.

People are protected from abuse and neglect. The service provider takes appropriate action where there are concerns. People told us they feel safe at the service. Deprivation of Liberty Safeguards (DoLS) are requested when required, to ensure people's rights are upheld. The safeguarding policy provides clear guidance to care workers regarding how to raise a safeguarding concern and the care workers we spoke with are familiar with the procedures.

The home is suitable for people living at the service. The environment is homely and people can choose where they spend their time. It is clean, tidy and well maintained throughout. The service provider ensures people have access to equipment where required.

## Care and Support

People receive the right care and support to meet their needs. Before agreeing to provide the service, the manager completes the pre-admission assessment. A letter is then sent to the individual to confirm whether the service can meet their needs. Care staff document the care provided, these show people receive the right support and care staff we spoke with understand people's needs and preferences. Care staff refer to the appropriate health and social care professional when required and any appointments or correspondence with professionals is recorded. Records show people receive regular visits from health and social care professionals. We observed interactions between care staff and people and found care staff treat people with dignity and respect, and have a positive rapport with them.

People and their relatives are happy with the care and support provided. Feedback from relatives included *"The care they give is second to none"*, *"They treat them as individuals"*, *"[care staff are] attentive"*, *"I have got my [relative] back"*, *"the staff are lovely"* and *"I haven't got any complaints whatsoever"*. They said they have never had a reason to complain but would feel able to speak with the manager if there were any issues. Care staff keep families up to date of any changes or concerns. Feedback from people include [it is] *"very nice here"*, *"I'm quite happy"* and *"I'm very comfortable"*. People told us care staff are friendly and approachable and they could not suggest ways in which the service could improve.

The service provider has systems in place to promote hygienic practices and manage the risk of infection. There is a sufficient supply of Personal Protective Equipment (PPE) and cleaning supplies. The building is clean and tidy throughout. The infection control policy is in line with guidance and legislation and is reviewed regularly.

## Environment

The service provider ensures people receive care and support in a location and environment with facilities and equipment to promote achievement of their personal outcomes. The building is accurately described in the services Statement of Purpose (SoP). The home is well maintained, clean, tidy and free from malodours. People have access to specialist equipment, such as mobility aids to help them to maintain their independence. The home is warm and bright. People have storage to store their belongings. Each bedroom is decorated differently, and people have their own photos on display to give it a homely feel. People can choose where they spend their time, either in their own rooms or in communal areas. A choice of baths and showers are provided and people told us they can request these as often as they wish. There are call bells in each room and bathroom/toilet facilities. The grounds are attractive and well maintained with seating available for when the weather permits. There are systems in place for care staff to report any maintenance works required and these are actioned quickly. People are involved in the decisions around the redecorating of the home, they are asked for their views and suggestions during the resident's meetings.

The service provider identifies and mitigates risks to health and safety. There is a visitors logbook in place for all visitors to sign in and out of, for fire safety purposes. Most health and safety checks are up to date, this includes regular fire safety checks and the service provider is taking action to resolve any health and safety issues identified from recent visits from external services.

## Leadership and Management

The service provider has governance arrangements in place to support the running of the service. The SoP accurately reflects the service provided, and policies and procedures are reviewed regularly. A complaints policy is in place which is clear on how any complaints received will be investigated. The manager is also the RI and is present at the service during the week. The RI is required to document their formal visits to the service, as part of their monitoring of the performance of the service. They have assured CIW they will record their formal visits. The quality of care review reports show the provider analyses feedback obtained from people and their relatives as part of their ongoing development of the service.

The service provider has oversight of financial arrangements and continues to invest in the service. We found there are sufficient supplies of food, PPE and cleaning equipment. We reviewed a sample of staff rotas, these show staffing levels are in line with the SoP, there are measures in place to cover staff absences. Care staff confirmed there are enough care staff on duty and they have time to spend with people. The service provider employs an activities co-ordinator to provide activities throughout the week. There is sufficient public liability insurance in place.

People are supported by a service provider which provides appropriate numbers of care staff, who receive regular training and are vetted before starting to work at the service. Care staff receive regular training, including dementia care and safeguarding. Care staff told us they are supported through regular supervisions and appraisals. These provide an opportunity to reflect on their practice, discuss any training and development needs and receive feedback on their performance. All staff are up to date with Disclosure and Barring (DBS) checks. Care staff are registered with Social Care Wales (SCW) the workforce regulator. Regular medication competency assessments are completed to ensure care staff who administer medication are competent to do so. Staff meetings provide care staff with the opportunity to discuss any issues, share information and any actions taken are documented. Care staff we spoke with, spoke very highly about working at the home. Feedback from care staff included *"I love it here. It's the best home I have worked at"* and *"[the] Managers support you in everything you do."*

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



N/A	No non-compliance of this type was identified at this inspection	N/A
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