Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

Apley Lodge Residential Home

Apley Lodge Residential Home
1-3
Apley Terrace
Pembroke Dock
SA72 6HJ

Date Inspection Completed

03/12/2024

About Apley Lodge Residential Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Safe Haven Care Ltd
Registered places	24
Language of the service	English
Previous Care Inspectorate Wales inspection	21/4/23
Does this service promote Welsh language and culture?	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 are supported by a caring, kind, and dedicated staff team. They work hard to make sure people have care and support in line with their wishes and can do things they are interested in and enjoy.

Information in personal plans allows care staff to know how to support people. These are reviewed with the individual or their family/representative to make sure they reflect their wishes. Care staff work well as a team, they have regular support from their manager, and training relevant to their role. There is an ongoing programme of redecoration and refurbishment within the service to continue to improve the environment.

There are arrangements in place for the oversight of the service. Regular audits of all areas allow for issues to be quickly identified and addressed. The quality of care and support provided is regularly assessed, and people are able to give their views so the service can continue to improve and develop.

Well-being

People have choices about their day-to-day life. Care staff are supportive, helping people who need it to make decisions and choices and respecting these. People and /or their family are involved in reviewing personal plans to make sure they meet their personal outcomes and reflect things important to them. Information is available so people know what to expect from the service and they have opportunities to give their views to help drive improvement.

Care staff work hard to promote people's well-being and physical health. Family and friends are encouraged to visit the home and to take part in events. Notable events are celebrated, including festive days and people's birthdays. We were told that links with local schools have been established and that school children have made visits to the home, which were very much enjoyed. There is an activities programme in place and we saw a quiz taking place in the lounge during the inspection in which people contributed enthusiastically with the assistance of care staff. We saw that people looked well presented, their hair brushed or styled and their nails painted. People we spoke with said they enjoyed this and told us maintaining their appearance is important to them. Records show people and their family are invited to make suggestions for improvement and give feedback on what works well and what they would like to see improve. Care staff work hard to provide the right care and support to people when they need it. Referrals are made to health professionals in a timely way and medication is managed well to help keep people as healthy as possible.

People are kept as safe as possible. Visitors must ring a bell to gain entry to the service. They sign in and out, so management know who is in the building at all times. Recruitment practices are in place and personal plans contain relevant information about individual care and support needs. Care staff have training relevant to the needs of people they support including safeguarding. Regular checks of equipment and facilities are in place to make sure people are kept as safe as possible.

Care and Support

People receive support from a staff team who are committed to providing support in a way people want it. We saw some lovely, kind interactions, with care staff clearly knowing and understanding what is important to people. Mealtimes are social occasions. We saw care staff visible to offer support to people who need it. People told us they enjoyed their lunch. We saw some meals served which were not on the menu but had been requested by individuals.

Personal plans are detailed and identify how people want to be supported. Activity staff told us they continue to build the personal plans as they get to know people and what their interests are. This means people are supported to do things they are interested in. Care staff told us they have access to information about people's specific care needs. Risk assessments are in place to reduce the risk to people whilst promoting their independence as far as possible. Records show plans are regularly audited by management to make sure they are accurate and up to date. People and /or their families have opportunities to review their personal plans to make sure they continue to meet their care and support needs.

People are kept as safe as possible from harm and abuse. Care staff spoken with know who to report to if they feel people's well-being is compromised. They have training, and policies relating to safeguarding are in place to guide their practice. Deprivation of Liberty Safeguard authorisations (DoLS) are requested when there is a risk care arrangements may deprive individuals of their liberty.

People receive support to manage their health needs. Care staff recognise when people's needs change and ensure relevant health professionals are informed. Records show regular contact with professionals including the GP. People in their bedrooms had drinks close to them and a call bell to ring for help. Family members said they appreciate being kept up to date about any changes to their family members care needs. Care staff have training and policies relating to medication management are in place to guide staff. People have their medication as prescribed.

Environment

At the time of inspection renovation work was in progress in order to update the décor and make some physical changes to the environment. This is to enable people to live in an environment which supports their well-being and helps them achieve their personal outcomes. Communal areas such as the lounge and dining room provide space for people to socialise and/or meet with friends and family. These rooms are sufficiently large to allow for safe use of equipment such as specialist chairs and moving and handling equipment. The bedrooms we saw were personalised with items of importance to people including photographs. Equipment and adaptations are in place for people who need it to promote independence and to keep people safe. We saw family and friends visiting the home and they told us they always feel welcome and comfortable.

The environment was as clean and tidy as possible whilst significant renovation works were taking place. Staff told us they have training relevant to their role and have sufficient equipment and supplies. They said they feel very supported by the management who they can approach any time if they have any concerns. We saw personal protective equipment (PPE) was readily available throughout the service. We found no malodours as we moved around the home. Environmental audits have identified issues which the manager confirmed are in the process of being addressed including replacing some flooring in bedrooms, corridors and communal areas.

Measures are in place to identify and mitigate risks to health and safety. Audits of the environment take place to make sure facilities and equipment are in safe working order. Maintenance and servicing records are in place to ensure that all services and equipment are safe.

Leadership and Management

Ownership of the home has recently changed and whilst a new RI is in place the staff team has remained. The RI is ensuring there are effective systems in place for the oversight and governance of the service. All aspects of the service are audited and the RI visits the service and is in regular contact with the manager. Action plans are developed and reviewed to ensure improvements continually benefit people. Opportunities are given for people to share their views on the quality of care they receive. We saw care staff talking with people throughout the day, giving them choices, making sure they had what they needed. Family members told us care staff and the manager are approachable and they can discuss any issues they may have with them at any time. The service has systems and procedures in place to monitor, review and report on the quality of the service people receive.

Information is available to enable people to have a clear understanding of what they can expect from the service. The statement of purpose and guide to the service are reviewed regularly to make sure the information is accurate. This includes how to raise any concerns. Policies and procedures are in place setting out clear guidelines about how the service operates.

People are supported by a care staff team who have regular one to one meetings with their line manager and an annual appraisal of their work. This means they have the opportunity to reflect on their practice and identify further training needs to support their continued professional development. Records show team meetings take place regularly to share information and give staff the opportunity to discuss issues as a group including the well-being of people and the day to day running of the service. Care staff told us training opportunities are good. Records seen confirm this. We saw the management team are visible within the service. Care staff told us they feel supported, and their work life balance is promoted by the manager.

People are supported by a staff team who are appropriately recruited. Records show the required checks are in place before people start work. New staff told us they follow an induction which includes shadow shifts and felt well supported by their colleagues and by the manager.

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.

Area(s) for Improvement		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A

	inspection	

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