

Tregwilym Lodge Statement of purpose

About the provider		
Service provider	Tregwilym Lodge Limited	
Address of service provider	Tregwilym Lodge Nursing & Residential Home, 146 – 152 Tregwilym Road, Rogerstone, Newport, NP10 9YJ	
Legal entity	Individual	
	Limited company	Х
	Public limited company	
	Limited liability partnership	
	Charitable company	
	Charitable incorporated organisation	
	Other corporate body	
	Committee	
	Charitable trust	
	Other unincorporated body	
	Local Authority	
	Local Health Board	
	Partnership	
Responsible individual	Brian Rosenberg	
Manager of service	Toni Reid-Chesworth	
Name of service	Tregwilym Lodge	
Address of service	146-152, Tregwilym Road, Rogerstone, Newport NP10 9YJ	

Description of the location of the service

The home is located in a quiet residential area with good links to the local community. There are shops, a church and Rogerstone Welfare ground, all within walking distance. There are also good transport links to the local area, including close access to the M4.

We have our own wheelchair accessible transport which we can use for day trips. We can also use this to accompany residents to external appointments if needed.

Range of needs of the individuals for whom the regulated service is to be provided

Range of needs we can support

The home provides care and accommodation for up to 71 residents. We provide care and support to people living with dementia.

All staff are experienced in all types of dementia and are able to support residents with all aspects of their care. This includes those residents who require assistance with personal care and activities of daily living, as well as those with more complex needs, including physical and cognitive disabilities.

The staff can support any additional health needs of residents, such as diabetes and Parkinson's disease. We work closely with the community mental health team, community nurse teams and occupational therapists in order to ensure we are able to fully meet people's needs.

As our residents needs change, we review and assess the level of support they require and adapt accordingly. Our nursing staff have received training specific to palliative care and we are able to fully support people at the end of their lives. This means our residents and their families can be supported at Tregwilym Lodge rather than having to be moved to an unfamiliar place.

a)	Age range of people using the service	18 years and over
b)	Gender of people using the service	All genders
c)	Accommodation based services only	Maximum Capacity 71

How the service is provided

Tregwilym Lodge offers the following accommodation: 69 bedrooms, 2 of which are double occupancy across 4 separate units, Laugharne Castle, Powys Castle, Raglan Castle and Caernarfon Castle. Caernarfon Castle and Laugharne Castle are based on the ground floor and Powys and Raglan are based on the first floor. Although residents will often spend time in other units participating in activities. People are encouraged to bring items from home to personalise their room. Furniture brought into the home must comply with fire regulations and all electrical equipment (unless new) must be PAT tested prior to use and subsequently on an annual basis.

We have 4 lounge areas and 3 dining areas that residents can access, or people can choose to stay in their bedrooms if they prefer. We also have a Coffee shop that residents, family member and staff can use at their leisure. There is also a pleasant outside seating area that people can access during warm weather.

We aim to give our residents opportunities to participate in all aspects of life in the home. We have regular meetings for residents and their relatives to ensure people are kept informed and feel involved. Where people can express an opinion, we engage residents in proposed changes, such as redecoration.

We also provide residents and their families with information about any planned activities so that people can decide whether they want to take part or not.

We recognise that our residents may have given up a large part of their independence by coming to live at Tregwilym Lodge, and so we believe it is particularly important to encourage and maintain their independence wherever possible. We do this by:

- Providing as tactfully as possible, any human or mechanical assistance when it is needed
- Maximising the abilities our residents retain for self-care, for independent interaction with others and for carrying out tasks unaided
- Helping residents to take reasonable and fully considered risks
- Promoting opportunities for residents to retain contact with family and friends
- Encouraging residents to contribute to their own care.

Staff are trained and understand their responsibilities to keep residents safe and protected from harm and abuse. There is CCTV in all communal areas. This enables us to review incidents and accidents in detail and to ensure people are always kept safe. Incidents and accidents are reported and reviewed. There is also CCTV fitted in every bedroom, however this is switched off and will only be used if deemed in the best interest for a resident and there has been an MDT and all are in agreement, that the CCTV should be activated. All 4 units have a secure keypad fitted, units can only be entered and exited with a passcode. This is to ensure the safety of all residents.

People are supported to maintain their ongoing health, development and overall well-being. Residents can keep their own GP or register with a local surgery. The GP carry's out a telephone review once a week and are available for call outs if needed. We have a visiting dentist and chiropodist, and we can accompany residents to hospital appointments.

People interested in moving to the home are encouraged to visit and meet the staff, other residents and to have a look around. In order to be sure, the home is able to meet a person's needs, a pre-assessment is carried out. This can be done in the person's own home or in hospital. During the pre-admission assessment, we will look at the person's needs and wishes in relation to:

Personal care

Hydration, nutrition and weight Sensory needs Oral health Communication Mobility and falls history Continence Pressure areas Mental health Physical health Religious and cultural needs Family involvement Hobbies, interests, life history

We are also able to offer urgent placements once a pre-assessment has been carried out. We aim to accommodate residents in the unit that best suits their needs. For example, in some areas of the building the corridors are narrow and so are unsuitable for those people who use a large specialist chair. However, other areas of the building have wide corridors and there is more space for people to move around.

During the first few weeks of living at the home, we will continue to assess people's needs and learn more about how they want to be supported. We always aim to maintain people's independence and will encourage people to do as much as possible for themselves. We will engage residents and their families in order to learn as much about the person as possible. This helps us to develop a person-centred plan of care that is based around people's personal choices and preferences for how they want to live their lives. Care plans are regularly reviewed, and we invite people and their families to take part in this process.

We have a team of activities co-ordinators who provide a range of activities for people to take part in, if they want to. For example, this includes entertainers, animal therapy, singing, church services, games and day trips. For those people who prefer not to take part, there are opportunities for one-to-one activities such as reading, painting or simply talking.

We have open visiting hours; however, we request that families avoid certain times of the day. We have wi-fi throughout the home, so if people want to keep in touch via the internet, this capability is available.

We work closely with other health and social care teams. For example, we liaise with the occupational therapy team, the speech and language team, the dietician and the local mental health team.

We will assess people's communication needs prior to moving to the home which means that we can be sure we are able to meet them. For example, if English was not a person's first language, we would seek to ensure we could still understand a person's needs. This might be through the use of translation services or picture cards for example. All our written information for residents can be made available in large print and in welsh.

Section 5: Staffing arrangements

This section needs to describe how the staffing arrangements are appropriate for the range of needs and specialist services to be provided as described in section 3.

It should demonstrate how staff will be deployed to provide reliable and safe care to individuals.

This should include the following:

a) Numbers and qualifications of staff

The manager has the following qualifications:

Bachelors Nursing Degree

The Clinical Manager and Clinical Lead has the following qualifications:

Nursing Degree

The Training and Development manager has the following qualifications:

- Institute of Leadership and Management Level 5
- PGCE in Teaching

Our nursing team consists of 12 Registered Nurses, and 2 Nurse Assistants and 1 Clinical Lead.

Our care staff have the following qualifications:

A mixture of QCF Level 2, QCF Level 3 and QCF Level 5

Currently registering all Care staff with SCW

We currently have 1 Senior Care Team Leader, 4 Care Team Leaders, and approx. 126 Care staff who work at the home

Some staff have been additionally trained in the following:

- Dementia
- Challenging behaviour
- Wound care/skin integrity
- Manual Handling (Train the Trainer)
- BLS (Train the Trainer)
- b) Staff levels (for accommodation based and domiciliary support services only)

Accommodation based services.

Our staffing levels are based on the support needs of the residents. We currently have bedroom capacity of 69 bedrooms, 2 of which are double bedrooms.

Days

Monday to Friday between 09:00 – 17:00, Registered Manager (Registered Nurse), Clinical Manager (Registered Nurse), Training Manager, Office Manager, Junior Office Manager, Hospitality Co-Ordinator, Activities Team Leader, a full time Maintenance and a part time Maintenance.

The Clinical Lead (Registered Nurse) works part floor as a Registered Nurse included in the numbers and, part supernumerary.

Day shift (07.00 hrs to 19.00 hrs) – we have at least 1 or 2 Nurses and 1 or 2 Nurse Assistant, we have 1 supernumerary Senior Care Team Leader or Care Team Leader, supported by 16 care staff (which does not include 1:1 Staff) and 4 staff working 08:00 – 14:00.

A chef and or Assistant Cook working 07:00-19:00 and 2 Kitchen Assistant working 08:00 – 20:00.

We have 5 Domestics each day working 08:00-17:00

We have at least 2 Activities Co-Ordinator's on each day working between 09:00-17:00.

Nights

Night staff (19.00 hrs to 07.00 hrs) – 1 or 2 Nurses supported by 8 care staff (which does not include 1:1staff) and 3 staff working 19:00-01:00.

c) Specialist staff

We access support and advice from specialist staff when needed. For example, the dietician, community psychiatric nurses (CPN), Dols Team, GP, Tissue Viability Nurse (TVN), Dentist, Chiropodist and others will visit and input into our resident's care plans when as and when required. The District Nurses will come into the home for all our Residential residents, should they require bloods or wound dressings. We also have support from Paramedics in an emergency situation and the Out Of Hours GP.

d) Deployment of staff at service (for accommodation-based services only)

The home is split into four units, Laugharne Castle, Raglan Castle, Powys Castle and Caernarfon Castle each unit is staffed individually. Skill mix and staff experience is considered when allocating staff. All staff spend time working in all areas of the home, to ensure they have thorough understanding of all residents and their need.

Our staffing team consists of Nurse Assistants, a Senior Care Team Leader or Care Team Leader, and Care Staff. We aim to ensure there is at least one Nurse or Nurse Assistant working on each floor of the building at any time during the day. Generally, we work to a ratio of 1 staff member to 5 residents; however, some of our residents who have been assessed as being a very high risk of falls for example, may have staff provided on a one to one basis. This is arranged in co-ordination with the funding authority.

e) Arrangements for delegated tasks (for accommodation based and domiciliary support services only)

There is always at least 1 nurse on duty during the day and at least 1 nurse at night. These are supported by Nurse Assistant, they assist the Nurses in providing specific nursing support under delegated arrangements. This means the nurse remains accountable for any task they delegate. All our Nurse Assistants have been assessed to administer medications and deemed competent to carry out this task.

f) Supervision arrangements

There is a supervision plan in place. The company policy is for staff to have a 1:1 support meeting from a line manager or supervisor at least quarterly. We also run group supervision sessions for staff. Staff also receive an annual appraisal with their line manager year.

g) Staff training

The majority of training provided for staff is classroom based, supported by on-line training which is used as refresher training for permanent staff throughout the year.

The home has a dedicated Training and Development manager and training is delivered on site. Staff are supported and encouraged to access additional training as part of their personal and professional development if this has been identified as part of their training needs analysis. For example, nurses are supported to develop professionally to support them during their nursing revalidation process.

All mandatory training is provided, including moving and handling, health and safety, basic life support, safeguarding, dementia awareness, food safety, challenging behaviour, and fire safety. All mandatory training is completed every three years, except for Manual Handling refreshes these are completed every year.

In Tregwilym Lodge staff receive robust training that ensures knowledge and competence of all employees. Training consists of classroom sessions, online modules, induction and ongoing supervision. All staff learn about models of care, with emphasis on a person-centred approach in dementia care. Nursing staff work with care staff, alongside ancillary staff to ensure high standards of modern dementia care. There is specialist training provided for the qualified nurses - this is in form of in-house training with the clinical Manager and sessions with external providers, such as professionals from the Local Health Board and training companies. Training Manager works closely with the Home's Manager and the Clinical Manager to identify training needs and organise all necessary learning, that ensures care is provided in a holistic way,

acknowledging all aspects of residents' lives. That contributes to their well-being and has a positive impact on the residents and staff welfare.

Facilities and services				
a) Number of single and shared rooms	67 single occupancy rooms are available, plus an additional 2 rooms that are shared rooms.			
b) Number of rooms with en suite facilities	69 rooms have en suite facilities, the en-suite includes a WC and washbasin unit.			
c) Number of dining areas	There is one large dining area on Laugharne Castle and two other smaller dining areas on Powys Castle and Caernarfon Castle.			
d) Number of communal areas	Each unit has at least one communal area. Laugharne Castle has two communal areas.			
e) Specialist bathing facilities	Specialist bathing facilities are available on Caernarfon Castle and Powys Castle. These are accessible from Raglan Castle and Laugharne Castle if residents wish to use them.			
f) Specialist equipment	We have mobile and fixed Hoisting facilities these are available for safe moving and handling. There are two lifts to enable people to move around the building if they wish. We also have Stand Aids, Steady's, Zimmer Frames, Wheelchairs, Specialist Wheelchairs, Chair Raisers and we have grab rails throughout the home.			
g) Security arrangements in place and use of CCTV	The front door is always kept locked. The door is accessed via a fob; these are only held by permanent staff. Throughout the home, doors are kept locked in accordance with the advanced specialist dementia needs of our residents, ensuring their safety at all times. This measure is in place to provide a secure environment that reduces the risk of potential harm. Should a resident wish to pass through a locked door, staff will always provide assistance where it is safe to do so, ensuring that individual needs and preferences are considered while maintaining a secure and supportive setting. There is CCTV in all communal areas. This enables us to review incidents and accidents in detail and to ensure people are always kept safe. Incidents and accidents are reported and reviewed. There is also CCTV fitted in every bedroom, however this will only be used if deemed in the best interest for a resident and there has been an MDT,			
	and all are in agreement. All of our incoming and outgoing calls are record for training and monitoring purposes.			

h) Access to outside space and facilities at this service

There is a large, secure courtyard space with seating area which people can access whenever they wish and when the weather allows. A smaller outside area is also available where people can sit and enjoy some fresh air.

Caernarfon Castle has 18 bedrooms, 4 communal WC, 2 communal showers and one communal bath.

Powys Castle has 18 bedrooms, 4 communal WC, 2 communal showers and one communal bath.

Raglan castle has 16 bedrooms and 2 double bedrooms, 1 communal WC and 2 communal showers.

Laugharne Castle has 17 Bedrooms, 3 communal WC and 2 communal showers.

Room 41 which is on Raglan Castle is a double room, measuring approx. 79.6 square foot, this does not include the en suite

Room 43 also on Raglan is a double room, measuring approx. 70.9 square foot, this does not include the en suite

Our bedrooms vary from 30.1 square foot to 79.6 square foot, excluding the en suite.

Section 7: Governance and quality monitoring arrangements

A range of quality assurance audits are carried out 3 monthly, monthly or more frequently if required. This enables us to monitor the quality of the services we provide for people to ensure the best possible outcomes for people and to ensure compliance with regulations. Regular audits enable us to identify areas for improvement as soon as possible. These audits include the following:

- Medicines management
- Wounds
- Catering
- Housekeeping
- Complaints
- Health and Safety
- Fire safety
- · Accidents and Incidents
- Weights

The Registered Manager, Clinical Manager or Clinical Leads holds a monthly Clinical Care Meetings (CCM) with all the Clinical team, where all aspects of resident care are discussed, including care plan and risk assessment updates, current weight, diet an**d** fluid levels, blood pressure, accidents and incidents, dependency, MCA and BIM, Covert policy's, ACP, wounds, new concerns, body maps and pressure relief frequency.

The Responsible Individual visits the home quarterly. They use these visits to take the opportunity to speak to residents and their visitors, and to speak to staff. During the visits they also tour the building to monitor the quality of the environment, review complaints, review the findings of recent audits, and discuss any associated actions.

Regulating and contracting audits are also undertaken by the Care Inspectorate Wales, local authority contracting and commissioning teams.

A complaints procedure is in place and residents and their families are provided with details of how to make a complaint. Complaints are audited 3 monthly to ensure they are logged, investigated, and resolved appropriately and within company specified timelines.

We strive to involve residents and their families in the way Tregwilym Lodge is run. We aim to hold resident and relative meetings at least quarterly. This along with a quarterly newsletter enables us to keep residents and families informed of events that have happened in the home as well as any planned activities or news updates.

Regular staff meetings take place including night staff. This ensures all staff receive consistent communication from the management team and creates an open culture where staff are encouraged to speak up, raise concerns and make suggestions for improvement.

The Registered Manager carry's out a 6-12 monthly night spot check.

Staff and relatives feedback surveys are sent every 3-6 months.