



Inspection Report on

Howells Road

Swansea

Date Inspection Completed

11/03/2024

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About Howells Road

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Accomplish group ltd
Registered places	2
Language of the service	English
Previous Care Inspectorate Wales inspection	16 January 2023
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

We have current concerns regarding the adequacy of safeguarding reporting and risk management measures in this service. An alleged serious safeguarding incident was not reported to the relevant authority in a timely manner. Adequate and timely risk prevention measures were not taken to protect people and staff from potential further harm. As a result we have requested the provider to take urgent measures to ensure that processes and practice regarding safeguarding is strengthened in the service.

There are adequate personal support planning processes in place. People's ability to be fully involved in support planning is considered and the necessary measures are in place to support this. Personal support and risk plans are regularly reviewed and updated. People are supported to participate in household activities and to access the community on a regular planned basis. People are supported to maintain routines important to them.

People are supported by a team of well trained, experienced care workers and management team. The Responsible Individual (RI) is in regular contact with the service and there is good oversight and governance arrangements in place. All care workers are knowledgeable about the needs of the people they support. People live in an environment that meets their needs well and is homely and clean. All areas from the last inspection requiring improvement have been actioned.

Well-being

Care planning documentation indicates that people are involved as far as possible in relation to care planning and inclusion. We saw relatives are regularly consulted and involved and commissioners' complete reviews. We completed an audit of care files and personal plans. We saw people have current or requested Deprivation of Liberty Safeguards (DoLS) in place. These are legal measures to help ensure people who are not fully able to contribute to their care and support needs have their rights upheld. We found personal plans are reviewed regularly, up to date and give a good reflection of the current needs of people. Risk assessments are detailed and thorough to ensure people are supported safely. We saw good examples of picture symbol documentation to support and enhance communication and understanding with people.

People's physical, mental health and emotional well-being is promoted and maintained. People are supported to maintain routines that are important to them. People access the community and have a varied activities programme available to them in the service. People are supported by care workers who know them well and who seek medical assistance quickly when required. Care workers and the manager access appropriate core and specialist training to ensure they understand and meet people's care and support needs appropriately. Care workers and the manager are registered with Social Care Wales (SCW – the social care workforce regulator in Wales).

We have urgent concerns regarding a lack of adequate reporting in relation to a recent safeguarding allegation in the service. Also, that adequate risk measures were not taken to further safeguard people and staff in a timely manner following an allegation of harm to a person supported. There are thorough and regularly reviewed safeguarding and whistleblowing policies and procedures to guide staff but these have not been followed in respect of reporting. The RI told us care workers and managers working in the service have received recent safeguarding refresher training. However this does not appear to have been acted upon appropriately and in accordance with national guidance.

People live in a service that is well maintained and homely; bedrooms are personalised where appropriate to give people a sense of belonging. The service is maintained well and there have been improvements made since the last inspection. These include re-decoration in communal areas and new furniture in the living room. The provider has actioned all areas of improvement since the last inspection.

Care and Support

The provider has an accurate and up to date personal plan for how care is provided in order to meet needs. Personal plans demonstrate what matters to the person and how best to support them to achieve their identified goals. The provider needs to ensure the dates on the plans accurately reflect previous and planned reviews to ensure validity of the information documented. Appropriate risk assessments are in place to correspond with personal plans. People's ability to be involved in care planning is considered and the appropriate legal measures are in place to safeguard them. We saw current paperwork in relation to the Mental Capacity Act (2005) and DoLS. We saw a positive example of how picture communication is utilised with one individual to help enhance understanding. Recording of support given is detailed and evidence that peoples identified needs are monitored. We saw people are supported to maintain activities that are important to them, access the community routinely and engage in activities within the service daily. Activities are structured and planned carefully around the individual needs of people.

The provider has thorough, detailed and regularly reviewed safeguarding and staff whistleblowing policies and procedures in place to guide staff. Despite this we saw a potentially serious safeguarding allegation had not been reported in a timely manner to the Local Authority. The provider has also failed to take appropriate measures to ensure people and staff were adequately safeguarded at the time. This is having an impact on people's health and well-being and placing them at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

People live in a home that provides appropriate numbers of knowledgeable, competent and skilled care workers. Care workers confirmed they feel the staffing levels are appropriate and targeted to the needs of individuals living in the service. Many of the existing care staff team have worked in the service for many years. This means people benefit from care staff who know them well and are familiar with their needs.

There are safe systems in place for the management of medication and people's health is promoted by good practice. We saw medication is stored appropriately and securely in a locked room. Records of daily temperature checks were seen to ensure safe storage of medication. Medication Administration Records (MAR) are completed appropriately with signatures of care workers present. There are good processes in place for the ordering and auditing of medication in the service which minimises the risk of error. Staff assisting people with medication are trained and deemed competent to do so.

Environment

The provider ensures people's care and support is provided in a location and environment with facilities that promote people's well-being and safety. The environment meets the needs of the people living there well. There is a secure patio area at the rear of the building with seating areas and a barbecue. Parking is available at the front of the building. The service has transport for people to access the community. We looked around the service and found the communal areas homely and comfortable. Decoration is neutral and reflects the needs of the people living there. There is a small secure office area where files are stored appropriately and safely. We requested the provider to ensure there is adequate and secure storage for old paperwork as we saw some storage boxes in the lounge area which is inappropriate. The RI assured us this has now been addressed. Since the last inspection all communal areas have been redecorated and we found them to be clean and well maintained. A bedroom we saw has been re-decorated and further improved and new lounge furniture has recently been provided. We saw people had their own personalised items in their bedrooms where appropriate.

We saw mandatory fire safety checks take place routinely and certificates for gas, fire detectors, fire extinguishers, electricity and electrical equipment are all up to date. Monthly external and weekly internal water temperature checks are documented. Personal emergency evacuation plans (PEEP's) are in place for individuals. There is a locked cupboard and Control of Substances Harmful to Health (COSHH) substances are stored safely and securely. There is a very small separate room containing a clothes washer and dryer. We saw fridge temperatures are taken regularly and documented appropriately. There are facilities such as coloured chopping boards and mops/buckets to promote good food hygiene and cleaning procedures. The service keeps a record of visitors entering and leaving the building.

Leadership and Management

People are supported by a dedicated team who have been recruited safely. The deputy manager told us the service is settled at the current time with a full staff team in place. We looked at two staff personnel files and saw appropriate pre-employment and recruitment checks are in place. References and up to date Disclosure and Barring Service (DBS) checks are on file. The training matrix was seen and we found all mandatory training requirements of the provider are up to date. This includes infection control, safeguarding, health and safety and fire awareness. Also, specialist training including; autism and positive behavioural support. Care workers spoken to confirmed they attend safeguarding training and understand their responsibility in relation to this. Despite this and as detailed earlier there has been failure by staff including managers to appropriately refer a potentially serious safeguarding concern. There was failure to act in accordance with national safeguarding guidance and the providers own safeguarding policies and procedures. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

We saw staff receive routine formal supervision and an annual appraisal. Care workers spoken with are complimentary of the training they receive. A care worker told us; *“It’s a great place to work and I have learnt a lot.”* We also received six staff feedback questionnaires which contained mainly positive comments about the working culture. There were some care worker comments requesting improvement in management communication and presence in the service. This was discussed with the RI who stated this would be addressed.

The provider has arrangements in place for the effective oversight of the service through ongoing quality assurance service checks. The deputy manager and care workers told us the RI is in regular contact with the service and is available when needed. We saw the recent bi-annual quality of care report. The report includes feedback from external professionals, relatives and staff working in the service. The report is very detailed and includes what the service is doing well and further improvements for the future. We saw policies and procedures have been reviewed and are detailed and thorough. The service’s Statement of Purpose (SoP) has been reviewed and accurately reflects the service.

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
26	A safeguarding concern was not reported to external agencies in a timely manner. The provider needs to ensure that all care workers and managers are aware of their duty to report any safeguarding concerns in a timely and appropriate manner.	New

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
12	A full inspection took place on 22 February 2024. As part of this we saw failings in respect of reporting a recent safeguarding allegation in a timely manner to the appropriate agency. The provider must ensure safeguarding procedures adhere to their own and national safeguarding regulations. Also to ensure adequate risk prevention measures are taken to protect people and staff.	New
58	A full inspection took place on 16th January 2023. As part of this a medication audit was completed. Although there is a separate fridge for medication storage kept in the office we also saw food items being stored in the same fridge.	Achieved
44	A full inspection was completed on 16th January 2023. As part of this an inspection of internal and external areas of the service took place. Some internal communal areas need repair and re-decoration.	Achieved

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