



# Inspection Report on

**Park Avenue**

**Neath**

## **Date Inspection Completed**

14/09/2023

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## About Park Avenue

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Accomplish group Ltd
Registered places	5
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">11<sup>th</sup> January 2022</a>
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 happy and settled. There is a dedicated manager in post and a supportive and actively involved Responsible Individual (RI) who visits regularly. There are good governance and quality assurance measures in place. All care workers told us they receive regular formal and informal support. People are well supported and cared for by dedicated, committed and well trained care workers. All feedback gathered as part of the inspection was positive about the culture in the service and people informed us they are happy and feel safe. There are good processes in place to help maximise people's engagement in support planning. We saw people have made clear progress in relation to outcomes detailed in support planning documentation. Staffing levels are appropriate and align with people's needs and outcomes. Support planning information is generally well documented and regularly reviewed. People live in an environment that meets their needs and is homely, clean, safe and well maintained.

## Well-being

People are treated with dignity and respect. We saw positive interaction between care workers and people throughout the inspection. People informed us they feel safe living in the home and are consulted and involved in their support needs. People are supported to maintain and develop skills. People told us they complete a wide range of independent living skills such as cooking, cleaning and laundry with support as needed. People access their local community with support in line with risk and support plans. We spoke to care workers and all confirmed there are appropriate staffing levels currently ensuring people's needs are fully met. The manager told us the service is very settled currently.

The environment is well maintained, safe and provided in accordance with the objectives defined in the statement of purpose (SoP). People benefit from a service that promotes and supports independent living. People are safe and routines such as fire checks, gas and electric safety certificates were viewed on inspection. Administration and storage procedures for medication are safe, appropriate and in line with guidance. People are protected from neglect and abuse as care workers know what to look out for and how to raise concerns. Care workers are trained in safeguarding and there are clear and regularly reviewed procedures and risk plans to guide them. Care is provided in accordance with protocols covering capacity and restriction of freedom.

There is good oversight of the quality of care provision from the manager and the RI. The RI completes regular visits to the service and all recommendations from the last inspection have been achieved. Personal plans are clear, informative and detailed, they are outcome focused and relate well to care staff recordings. Risk plans are sufficiently detailed and have been updated. We have requested that one risk plan is updated to include more recent information. The service uses specific assessment tools to measure progress in relation to mental health and recovery. We saw people are making good progress and are benefitting from living in the service. Care workers and managers receive a wide range of appropriate training to ensure they are fully able to meet people's needs and outcomes. Care workers also receive regular planned supervisions and appraisals.

## Care and Support

People receive a good standard of care and support at Park Avenue. The provider has current and up to date personal plans for how care is provided in order to meet support needs. Personal support plans demonstrate what matters to the person and how best to support them to achieve their identified goals. The service also uses specialist support planning documentation in relation to mental health and goal planning/monitoring. Since the last inspection all risk plans have been updated. We have requested that additional information is included in one risk plan to strengthen the document. People's ability to be involved in care planning is considered and the appropriate legal measures taken as necessary. Recording of support given is detailed and evidences that identified needs are monitored and regularly reviewed. Records also link to specific outcomes documented in support plans. People have a nominated care worker who is responsible for updating support information and ensuring the individual is involved and consulted in care planning.

There are detailed health records and associated actions in place. We saw external community services have been consulted and involved when necessary in relation to changing needs. We also saw regular planned reviews which include feedback from people on progress being made. We saw progress is being made by people against outcomes detailed in support plans such as independent living skills and participation. We saw activity plans and people accessing the local community with support as appropriate. We spoke to people living in the service who told us; *'Staff are very good and they help us'* and; *'nice staff, no complaints or concerns, they help me a lot'*.

People live in a home that provides appropriate numbers of knowledgeable, competent and skilled care workers. Care workers confirmed that 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 that know them well and can respond quickly to any changes.

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 securely in a locked cupboard. 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 that people's care and support is provided in a location and environment with facilities that promote people's well-being and safety. We looked around the service and found the communal areas homely, comfortable and well maintained. There is a lounge area where we saw people relaxing and separate dining room. The manager told us since the last inspection new lounge and dining room furniture has been purchased. Also, many areas of the service have been re-decorated. There is a secure patio area at the rear of the building with seating areas and a covered smoking shelter. Parking is available at the front of the building. We saw people had their own personalised items in their bedrooms where appropriate. There is a small secure office area where files are stored appropriately. There is a clean, well presented kitchen area and people have separate storage areas for their food items. The manager informed us there is a current food hygiene rating (Food Standards Agency) of four in place which is good.

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 contractor water temperature checks are taken and documented. Personal emergency evacuation plans (PEEP's) are in place for people. 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. There is a locked separate laundry area and Control of Substances Hazardous to Health (COSHH) substances are stored safely and securely in a locked cupboard. We saw detailed cleaning schedules and the service was very clean and uncluttered throughout.

## Leadership and Management

People are supported by a dedicated team who have been recruited safely and are well supported in their roles. 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, fire awareness. Also, specialist training including; mental health, personality disorder and positive behavioural support. Care workers spoken to confirm they attend safeguarding training and understand their responsibility in relation to this. There are detailed and thorough safeguarding policies and procedures in place to guide care workers. We saw staff receive routine formal supervision and an annual appraisal. Care workers spoken with are complimentary of the training and support they receive. Comments include; *“manager is very approachable. Supervision every two months had one yesterday. We have monthly staff meetings, open and we all contribute”*. Also; *“manager is fantastic at what he does. Have regular supervision”*.

The provider has arrangements in place for the effective governance and oversight of the service through ongoing quality assurance processes. We saw the recent bi-annual quality of care report. The report includes feedback from people and staff in the service. The report indicates what the service is doing well and includes further improvements for the future. We saw the RI is in regular contact with the service. We saw policies and procedures have been reviewed and where necessary updated. The service’s SoP has been reviewed and accurately reflects the service. There is a detailed and clear guide to the service for people and relatives. All policies and procedures are available in the Welsh language as requested. There are no Welsh language speakers currently residing in the service. Care workers told us staffing levels are good and the manager stated there is currently a full permanent care team in place. The appropriate agencies including Care Inspectorate Wales (CIW) are notified where necessary of any significant issues affecting people or the service. The manager told us the service is really settled and there are no current concerns or complaints.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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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