



Inspection Report on

Awelon Healthcare Parkview House

**Awelon Healthcare
73 Pontardawe Road
Clydach
Swansea
SA6 5NS**

Date Inspection Completed

18/07/2023

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About Awelon Healthcare Parkview House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Kay Campbell
Registered places	9
Language of the service	English
Previous Care Inspectorate Wales inspection	[Manual Insert] 14 July 2022
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

Awelon Healthcare Park View is a traditional property situated in a residential area of Clydach, Swansea. People and their relatives are satisfied with the care and support provided at the home. They live in a comfortable environment that is warm, clean and suitable to meet their needs. There is information available for staff to understand how to best meet people's care and support needs. People have personal plans in place. There is a Responsible Individual (RI) in place and a Manager registered with Social Care Wales.

Staff are available in sufficient numbers and mix of skills to adequately provide support to people. Care workers are knowledgeable, respectful and caring. Safety equipment is in place and health referrals are made when necessary to promote peoples' health and well-being. There are opportunities for people to take part in activities at home and in the community.

The service provider has developed systems to enable them to capture people's views and put checks and processes in place to keep service delivery under constant review. Improvements are needed with reviews of personal plans, ensuring health and safety records are completed and with staff training, supervision and appraisal.

Well-being

People and their relatives are satisfied with the care and support provided. There is information available for staff to understand how to best meet people's care and support needs. People told us they get on well with staff and commented, *"I like it here, they're nice (staff)"* and *"I like them."* A relative commented *"I'm happy with what they've done."* Records show people are offered choices to make everyday decisions. The RI told us they regularly speak with people who live at the home and their families about what is important and how to best support them and this is supported in records seen by us.

People are protected from abuse and harm. Awelon Health Care Park View has a safeguarding policy in place and staff receive training in the safeguarding of adults at risk of abuse. The Manager has a good understanding of the legal requirements and understands when a safeguarding referral needs to be made to the Local Authority.

Improvement is needed with reviews of personal plans. Records show referrals are made to a variety of healthcare professionals such as psychiatrists and community nurses. This is confirmed by comments from visiting professionals who told us they are satisfied with the care at Awelon Healthcare Park View. However, people did not always have their personal plan reviewed within required time limits.

Improvement is needed with supporting and developing staff with supervision, appraisal and training and is discussed later in this report.

People do the things that matter to them when they want. We saw there are a range of activities available which are meaningful to people. During our visit we observed some activities taking place facilitated by care workers. People told us they enjoy taking part in a variety of activities such as shopping, using community facilities and visiting clubs. Relatives told us their family member is encouraged to stay active and to do as much as they can for themselves. This is reflected in people's records.

People live in suitable accommodation, which overall, supports and encourages their well-being. People's bedrooms contain personalised items of their choice and are suitably furnished. They have facilities which encourage their independence and enable them to have private time. The building is well-maintained, but safety checks are not always completed when required. The environment is mostly clutter free and hazards are reduced as far as possible.

Care and Support

Policy, procedure and application of hygienic practices are in place to reduce risks of infection. Staff demonstrate an understanding of infection control and the use of personal protective equipment (PPE). Staff wear appropriate PPE and follow correct procedures. Staff maintain appropriate standards of hygiene. Oversight and auditing of infection control measures are in place. The home has sufficient stocks of PPE.

Improvement is needed with reviews of personal plans and clear goals(outcomes) for people. Records showed that personal plans were not consistently reviewed within required time limits. Outcomes were not clearly identified and there was not a system to measure achievement of these. We discussed this with the Manager who agreed to address this as a matter of priority. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

People can do the things that matter to them when they want to do them. We saw there is a range of bespoke activities available which are meaningful to people. There was photographic evidence and written documentation as well as observations of people undertaking activities that matter to them. Activities include participating in local community activities, board games and gardening. People told us they enjoy taking part in activities.

The service has mostly safe systems in place for medicines management. There is an appropriate medication policy and procedure in place with regular audits completed by senior staff. Medication administration records (MAR) are mostly accurate with some missing signatures. We saw medication was kept in a secure locked cabinet in a medication room. A record is kept of the temperature and is monitored to ensure safe storage of medication, but these were not available at the time of inspection. The Manager assured us these would be put in place immediately. Records of appointments with medical professionals were seen in hard copies in care files.

Environment

The accommodation is clean, comfortable and benefits from recently decorated quality decor and furnishings. We saw people sitting in the lounge, dining room, conservatory, and sitting in the comfort of their bedrooms which were personalised to their tastes, hobbies, and interests. There is a large spacious garden which is accessed independently and/or with support if required. The garden would benefit from a general upkeep of the grounds and rejuvenating the existing raised beds. Attempts have been made to make this area safe with fencing which has been extended. However, the front gates remain unlocked and are not sufficiently high enough to ensure the safety and security of individuals while outside. This was discussed with the RI who assured us this would be addressed immediately.

Improvement is needed to ensure risks to people's health and safety are identified and dealt with. Records showed that health and safety checks have not been consistently completed and fire checks had also not been consistently completed. We discussed this with the Compliance Manager who assured us a new system was in the process of being implemented and will be addressed immediately. We then discussed this with the Manager who agreed to address this as a matter of priority. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Window restrictors are in place to ensure risks to people's health and safety is maintained. However, during our tour of the property we found these had been removed in one of the bedrooms. The Deputy Manager assured us these had been temporarily removed due to the hot conditions but would now be replaced immediately.

Appropriate laundry systems are in place based on an independent supported living model, with all laundry equipment in working order. There is an area with shelving for linen storage and ironing facilities. There is an organised storage area for household waste and clinical waste bins. The storage of substances which have the potential to cause harm was sufficient because we found that materials used for cleaning were stored in an appropriate locked cupboard.

Leadership and Management

The service provider has governance arrangements in place to support the smooth operation of the service. Arrangements for the oversight of the service are in place, such as systems for assessment, care planning and monitoring. The service is provided in line with the objectives of the Statement of Purpose, which is regularly reviewed. We saw policies and procedures are in place and updated. The service provider has recently strengthened the management team by employing a Compliance Manager to support the service and review systems.

People can be assured the service provider and the management team monitor the quality of the service they receive. The RI visits the home regularly and meets with people and staff. We viewed the latest quality monitoring report, which included people's feedback from consultation, and recommendations for improvements were included and implemented. We saw evidence the RI has oversight of the service. The service Manager conducts a quality assurance system to ensure quality care is delivered. We looked at documentation that confirmed the RI conducts quarterly visits to the home for quality assurance monitoring. There is a complaints policy and procedure in place with a recently developed complaints log and complaints file.

The service provider has oversight of the financial arrangements and investment in the service. The RI assured us the service is financially sustainable to support people to be safe and achieve their personal outcomes. The RI told us of investment such as the four-year project plan for the development of the service led by recently recruited management staff.

Improvement is needed with supporting and developing staff with supervision, appraisal, and training. We examined a sample of staff files and found supervision and appraisal was not provided at the frequency and amount required. Training records were also found to need updating. We discussed this with the Manager who agreed to address this immediately. While no immediate action is required, this is an area for improvement and we expect the provider to take action. Staff recruitment pre-employment checks are completed prior to employment commencing.

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
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16	People did not have their personal plan reviewed as and when required but at least every three months.	New
57	Health and safety records were not always up to date and completed consistently. Ensure all health and safety records are consistently completed and up to date.	New
36	Not all staff members receive an supervision, appraisal and training at the required frequency and amount. Ensure all staff receive regular supervision, annual appraisals and appropriate levels of training.	New

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