



Inspection Report on

Pale Road

Neath

Date Inspection Completed

27/02/2024

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About Pale Road

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	National Autistic Society
Registered places	4
Language of the service	English
Previous Care Inspectorate Wales inspection	18 th October 2022
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

Pale Road is a good service supporting individuals with autism. It has effective governance and oversight by the National Autistic Society (NAS). This is an upside-down property meaning bedrooms are on the ground floor. The service is spacious and suitably furnished and has the feel of a family home. People appear happy and comfortable within their surroundings, and bedrooms are decorated and furnished to the taste of the individual.

People are listened to, are part of the care planning and review process, and make choices regarding their personal outcomes and day to day lives. The service is supported by a staff team who actively support and respect the choices of people. People are safe and secure, supported by well trained staff who know and understand their role and responsibilities regarding safeguarding.

Since the last inspection there has been a change in the management structure. The manager is now supporting two services permanently and one on a temporary basis. This does place additional pressure on the manager and staff team.

Well-being

People get the right care and support. Care and support plans and associated risk assessments show the needs and outcomes of people. Plans are clearly written enabling staff to give the correct support at the correct time, ensuring the independence of people as much as possible. Detailed risk assessments assist staff to understand successful ways of supporting people at different times.

People are protected from abuse and harm. NAS has a robust safeguarding policy in place and staff receive training in the safeguarding of people. The manager has a good understanding of the legal requirements around safeguarding and understands when a safeguarding referral needs to be made to the Local Authority. This is supported by the NAS internal safeguarding team. All staff have completed safeguarding training and are aware of their responsibilities to safeguard the people they support. Staff told us; *"If I see any abuse or safeguarding, I will report it immediately"*.

People can do the things that matter to them when they want to do them. We saw individual activity plans reflecting the choices, likes and dislikes of people. Photographs are used to show achievement of personal outcomes. Throughout our visit we observed people undertaking day to day activities. For example, we saw one individual making their breakfast and a packed lunch. People are supported to work in a local community gardening group.

People live in suitable accommodation, which supports their well-being. People's bedrooms reflect the individual, with personalised items of their choosing which are important to them. Communal areas are decorated well, with enough space for people to socialise. Bedrooms have recently been painted; other areas will be refreshed soon. All safety checks are completed regularly, to ensure the safety of people and staff.

Staff recruitment is safe as pre-employment checks are completed prior to employment commencing. These checks are important as they determine a person's suitability to work with vulnerable people. Staff are supported in their roles, through supervision and undertaking specific training like autism to better understand the people in the service and how best to support them. Staff feel supported by the manager who encourages an open-door policy. Staff told us; *"With the manager, the minute you say, I have a problem she puts everything down and sorts it out for you there and then"*.

Care and Support

The standard of care and support is good. A relative told us; *“The commitment and care that is provided always humbles me, X is very happy in what is a stable and settled atmosphere”*. We saw people preparing for work and day service with minimal support from staff. Staff actively encourage people to be as independent as possible, they do this in a respectful manner. Staff have the knowledge and skills to support people, completing training relevant to people including autism. This was confirmed when speaking with staff and in the documentation seen. One staff told us; *“I have completed, Positive Behaviour Management (PBM), medication training, safeguarding, and much more”*. And a relative told us; *“The quality of staff is exceptional”*.

Care and support plans and risk assessments are well documented and easy to read, giving clear instructions to staff on the support needed by people to meet their personal outcomes and aspirations. Plans are reviewed regularly with people, and relatives where possible. Files are well organised, and information is easily accessible. Staff told us; *“Everything you need to know is in the files, it helps the new staff understand people’s likes and dislikes”*.

The health and well-being of people is supported well. Documentation and discussions with staff indicate that staff recognise any deterioration in people’s health and seek medical attention when needed. The “going to the hospital” document is excellent, giving a step-by-step account of the stages of having a medical procedure. Photos and drawings of people and staff are used to provide information to people and help relieve their anxiety. We saw staff are very familiar with the likes and dislikes of the people they support. A professional told us; *“The service strength is their understanding of the nature of Autism and their person-centred approach”*. People are supported to maintain relationships with relatives. We saw documentation to support this. A relative told us; *“I believe that residents’ wellbeing is very much promoted by staff”*.

The provider has systems in place for medication management. There is a medication policy in place, this is supported by a local risk assessment which includes the disposal of medication. Regular audits are carried out by the management team. Medication administration records (MAR) are accurately completed, indicating medication is given consistently to safeguard the health of people. Training for staff with responsibility for administration of medication is in place, this was confirmed by the training plan, certificates seen and by staff. Medication competency assessments of staff are carried out annually, documents seen give good feedback to staff to show competence.

Environment

The property meets the needs of people. Staff have made every effort to make the environment homely, warm, and friendly. The decor and furnishings have been tastefully chosen to support the needs of the people supported. There are areas needing a refresh, due to normal wear and tear, including the toilet, shower room and outside balcony. We saw people comfortable and actively engaged within the service for the day ahead, making breakfast, packed lunches and looking through their care file. The property is large enough for people to socialise or spend time alone in their room. Bedrooms are clean, well decorated and personalised to the taste and wishes of people. People enjoy the balcony leading from the lounge which offers beautiful views of Swansea. Staff commented that in the summer people like to sit in the sun with a beer.

The provider has systems in place to identify and mitigate risk to the health and safety of people. Safety checks, such as water temperatures are carried out. Routine servicing of utilities such as gas and electricity take place, certificates seen to support this. We saw servicing records for fire safety equipment and the fire system. We looked at personal emergency evacuation plans (PEEP's) for people. Evacuation procedures are specific to the individual and reviewed regularly. Fire escapes were clear of obstruction to support the safe evacuation of people. The service is secure, we knocked and awaited entry, on entry we were asked to sign the visitors book in line with fire regulations.

Clear infection control procedures are in place. All COSHH (Control of Substances Hazardous to Health) materials are stored correctly, in line with the COSHH Regulations 2002.

Leadership and Management

Since the last inspection there has been a change in the management structure. The manager is now supporting two services permanently and one on a temporary basis. The manager and deputy told us, this change and the recruitment difficulties is placing a strain on the services. This structure is adequate at present given the low numbers of people being supported. The RI will monitor this management structure during their quality monitoring processes to ensure adequate management support to people and staff. The RI has suitable arrangements in place to assess, monitor and improve the quality and safety of the service. The RI visits the service quarterly and speaks with people, staff, and sends out questionnaires and holds inclusion events to collect feedback which feeds into the quality-of-care reports. The quality-of-care review and visit reports completed by the RI are comprehensive and show good oversight and governance. The reports also include actions required of the manager to maintain and improve the quality of care. Audits are carried out by the management team, including medication and care planning. The provider's internal quality team carry out financial and safeguarding audits.

Support is given to staff through good supervision, appraisal, and impromptu discussion, which was supported by discussions with staff and in the documents seen. Good recruitment processes are in place to safeguard people. We looked at four staff personnel files and saw good recruitment and pre-employment checks are carried out. Enhanced DBS (Disclosure and Barring Service) checks are carried out and are up to date.

People are supported by a service that meets their needs with suitably qualified staff who have the knowledge and understanding to support people to meet their outcomes. The training plan and discussions with staff support this. A staff member told us; *"My training is all up to date and includes, safeguarding and PBM"*. Staff feel supported by the manager, comments included, *"I would go to the manager with any issues, she listens"*. And *"The manager is great; I do feel like she listens"*. A professional told us; *"I find the communication and partnership with the home to be really positive, and we have a very open and honest partnership"*. All staff are registered with or working towards registration with Social Care Wales (SCW), the workforce regulator.

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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N/A	No non-compliance of this type was identified at this inspection	N/A
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