



Inspection Report on

Awelon Healthcare Parkview House

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

Date Inspection Completed

07/08/2024

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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 | |
| Does this service promote Welsh language and culture? | 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

People and their relatives are satisfied with the care and support they receive at Park View House. There is information available for staff to understand how to best meet people's care and support needs. People live in a homely environment that is warm, clean, and suitable to meet their needs. The building is safe, well maintained and people have their own space.

There are positive relationships between staff and residents as staffing at Park View House has improved and management is established. Residents have choice and control over their lives and are supported to be as independent as possible. People have their own personal routines and do the things that matter to them both in the community and at the service.

Staff are available in sufficient numbers and have the skills to adequately provide support to people. Care staff are knowledgeable, respectful, and caring. Safety equipment is in place and health referrals are made to promote peoples' health and well-being.

Improvements have been made to reviews of personal plans and support for staff through supervision, appraisal and training. There have also been improvements in health and safety records.

Well-being

People have control over day-to-day life. Care staff have a good understanding of people's needs and engage with people in a positive way. Care staff encourage people to work toward fulfilling their personal goals and well-being outcomes. People indicated to us they get on well with staff and commented, *"The staff are nice" and "They're not a bad bunch."* Records show people are offered choices to make everyday decisions. A relative confirmed this by telling us *"She loves it there, it's like home from home."* The Responsible Individual (RI) told us they regularly speak with people who live at the home and their families about what is important to them and how to best support them. Staff mostly told us they feel valued and well supported by the management team.

People get the right care and support. Records reflect referrals are made to a variety of healthcare professionals such as psychiatry and community nursing. This is also confirmed by comments from a visiting healthcare professional who told us they are satisfied with the care at Park View. People are happy and receive support from professional staff who know them well. Care staff levels are good and a consistent team ensures people do not wait for their care.

People can do things that matter to them and feel valued in society. Records show people are supported to take part in various activities that are important to them. We saw colourful themed displays at the service which illustrate activities and events that people participate in. People and their families told us they are supported to do as much as they want.

People are safe and protected from abuse and neglect. The service provider has safeguarding policies and procedures, which are aligned to current legislation and national guidance. All care staff receive training in the protection of adults at risk of abuse and staff demonstrate a sufficient understanding of their role and responsibilities. People living at the home tell us they feel safe and secure.

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 enables them to have private time. Park View House is a well-maintained, welcoming environment where people feel part of the local community. People enjoy the company of each other and are well respected by staff.

Care and Support

People get the right care at the right time. The staff at Park View House have developed positive relationships with people. Staff have a good understanding of people's needs and provide support with kindness, compassion, and care. People we spoke with were positive about living at Park View House. People are at the centre of care planning and are included in assessments and reviews of their needs. Care documentation is thorough and contains the required information. Personal plans of care clearly highlight people's needs and how these should be met. We saw evidence that staff at the service work closely with external professionals and apply any advice or guidance into personal plans of care. Although we saw improvements, the measurement of outcomes still requires strengthening.

People can do things that matter to them when they want to do them. We saw a range of activities available which are meaningful to people. People indicated to us they enjoy taking part in a variety of activities. Activities include bowling, bird feeding, 'Bikability' and swimming. People are also supported to get involved in the running of the home by taking part in ordinary tasks of daily living. Records show people have access to local community facilities.

The service mostly has safe systems for medicines management. There is an appropriate medication policy and procedure in place with regular audits completed by senior staff. This consists of regular stock checks and monthly in-depth audits. Medication administration records are mostly accurate but some errors were found during our inspection. The audit process identifies mistakes and shows appropriate action taken but, on this occasion, had not picked up any errors. Records of the disposal of medicines was not available during our inspection. The manager stated that there is a process in place and assured us that this would be addressed immediately. Staff who administer medication complete training and have competency reviews. The medication cabinets are secured. As and when required medication is appropriately administered in line with instructions.

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. The home is clean and tidy. Staff maintain appropriate standards of hygiene. Oversight and auditing of infection control measures are in place and the home has sufficient stock of most PPE but would benefit from securing sufficient stock of more face masks.

Environment

People live in an environment that meets their needs. Park View House is a detached house located in a suburb of Swansea that has local amenities and good transport links. The home is set over two levels and benefits from communal space that enables people to spend time alone or with the company of others if they prefer. There are enough bathrooms and toilets within the service which are clean and in working order and there is a kitchen with separate dining room with a conservatory off this and separate lounge. There is a large external garden area which is well kept and organised with seating and areas of interest.

The property is well maintained, warm, welcoming, and clean. There is a system of monitoring and auditing in place which supports a planned maintenance schedule and renewal programme for the fabric and decoration of the premises. The property appeared clean throughout. People are cared for in single bedrooms which are comfortable, decorated to their taste and contain people's personal items. People are free to access their rooms or communal space as they wish and are encouraged to make their bedrooms as personal as possible. Some bedrooms do not have privacy locks on the doors. We discussed this with the manager who agreed to address this immediately. We also discussed the need to ensure that bedroom doors have appropriate signage.

People can be assured they live in a safe environment. On arrival we found the main entrance secure, we were asked for identification and to sign the visitors book before being permitted entry to the home. The environment is homely and clutter free with hazards reduced as far as possible. Harmful chemicals are locked away safely. Safety checks to the building include gas and electric and repairs are completed without delay. There is a fire safety risk assessment in place and all residents have a Personal Emergency Evacuation Plan (PEEP) which is important as this document guides staff on how to evacuate people in the event of an emergency. We discussed with the manager the need to ensure that fire evacuation and drills have taken place and records are available. The manager agreed to address this immediately.

Leadership and Management

There are arrangements in place for the smooth running of the service. The manager is respected in the service and has support from the senior team. The manager is visible in the service daily. Care workers were complimentary of the manager and senior team. The manager completes regular walk arounds in the service and there is effective communication with the RI. We viewed the statement of purpose (SOP), which accurately reflects the service and describes who they can support. We looked at a random selection of policies and procedures and saw these are reviewed routinely and updated to reflect any changes in legislation.

Systems are in place to regularly check on the quality of care and support. People are asked their views in different ways including via questionnaires, face to face visits and telephone calls. We saw the quarterly RI visit reports evidence feedback discussions with people. The quality of care review was also seen and meets legal requirements. Team meeting records include Important information for staff. People are given information about the service which includes details of how to complain if they are not happy. Complaints to the service are taken seriously and dealt with effectively. Care Inspectorate Wales are notified of incidents as set out in the regulations.

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 that *“This financial year we have invested in a Positive Behaviour Support (PBS) Practitioner and an Estates Operative. PBS is an integral part of our commitment to ensure that we focus on improving personal outcomes for people.”*

People are supported by care staff who are safely recruited, feel supported in their roles and receive training to ensure their needs can be met. Documentation to evidence safe recruitment was available, this includes identification checks, full employment history, reference checks and up to date Disclosure and Barring Service (DBS) checks. We saw the training matrix which shows staff are mostly up to date with mandatory training. Staff records have improved and indicate care workers are now up to date with supervision and appraisals. Supervision is important as it offers staff an opportunity to discuss any practice issues or individual needs. We spoke to care workers who are all happy in their work and were complimentary of the support they receive and the training they have completed.

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.

Area(s) for Improvement

| Regulation | Summary | Status |
|------------|-------------------------------------------------------|--------|
| N/A | No non-compliance of this type was identified at this | N/A |

| | | |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| | inspection | |
| 16 | People did not have their personal plan reviewed as and when required but at least every three months. | Achieved |
| 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. | Achieved |
| 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. | Achieved |

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