



Inspection Report on

Grove View

**263a Birchgrove Road
Birchgrove
Swansea
SA7 9NA**

Date Inspection Completed

15/12/2022

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About Grove View

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Accomplish group ltd
Registered places	9
Language of the service	English
Previous Care Inspectorate Wales inspection	9 July 2021
Does this service provide the Welsh Language active offer?	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

Grove view is a small care home in Birchgrove, Swansea that provides support to female adults who are over 18 years of age with mental health support needs. The service is set back from the main road and has its own driveway and surrounded garden area.

People have personal plans in place that are written with a mental health recovery approach which is led by the individual to set their own goals and timescales. People are supported by a well-trained and supported care team, who know them well. Grove view is a well-maintained service which is homely and welcoming. People's bedrooms are personalised to their liking and reflect their personalities.

There is a respected manager and deputy in post who are visible in the service daily and have a good rapport with people and care staff. The provider has a Responsible individual (RI) who visits the service routinely and liaises with people and care staff to obtain their experiences and feedback about the service to drive improvements.

Well-being

People have a voice and are treated with dignity and respect. People are encouraged to participate in the production of their personal plans and setting their own goals. These documents reflect people well and are updated frequently to maintain progression. The RI speaks to people to obtain their feedback about the support they receive and uses this to inform required improvements in the service.

People's physical, mental health and emotional wellbeing is promoted. People are supported by a care team who know them well and can recognise any signs of ill health and seek additional support promptly. There are good systems in place for the management of medication in the service. People routinely go out and do activities in the community as well as together in the service.

People are protected from harm and neglect. Care workers have received safeguarding training and understand their roles and responsibilities to report any concerns about people they support. The safeguarding policy has been updated to reflect the Wales Safeguarding Procedures. The service is well maintained with routine health and safety checks in place. Hazardous substances and items are secured away. There are good infection control practices in place to minimise the risk of cross infection to people.

There is good oversight of the service. There is a very respected manager and deputy in post who oversee the service. They are supported by an equally committed care team who are happy in their roles and strive to provide a good service to people. The provider has good systems in place to monitor the service and the RI visit's the service routinely to seek feedback from people to drive improvements. Regulatory reports are completed as required at appropriate timely intervals.

The provider does not provide an 'active offer' of the Welsh language (This means being able to provide a service and documentation in Welsh without people having to ask for it). At present, there is no demand to deliver a service in Welsh to people. Should this change in the future, the provider will re-address this and translation of key documents and recruiting Welsh speaking staff would be prioritised.

Care and Support

People are involved in the planning of their care to ensure they are provided with the quality of care and support they need. We viewed two care files and saw a recovery-based care planning system in place. People are encouraged to follow a self-led recovery tool (recovery star) to determine areas that they need to focus on to help themselves through their mental health journey. We saw that this style of care planning encourages people to assess themselves and set their own goals to further their development towards more independence. Alongside these were risk assessments which details how best to support individuals at different times of need. Reviews of personal plans and risk assessment were seen routinely and signatures of people in agreement were sometimes available to confirm their involvement.

People are supported to do things they enjoy. During the inspection visit, people were out enjoying the cinema, bowling, meals out and spending time with friends and family. The manager told us that people go out daily and do lots of things both individually, in small groups and even as a larger group. There is a takeaway evening in the service where everyone comes together and often people cook food for each other. People are encouraged to do their own laundry and cleaning where possible and assist with the upkeep on their home.

The provider has mechanisms in place to safeguard the people they support. Care workers spoken with are aware of their responsibilities to report any concerns about people they support and the procedures to follow. Care workers have received safeguarding training. The provider has a safeguarding policy in place which includes the Wales Safeguarding procedures.

There are good systems in place for the management of medication in the service and to maintain people's health. There is a designated medication room in the service which is kept locked at all times. Peoples' medication is stored securely within this room with temperatures recorded daily to monitor conditions in the room. We looked at two Medication Administration Records (MAR) are found these were completed accurately with appropriate signatures in place for medication counts which are carried out frequently as part of the routine auditing procedures. We saw detailed information sheets for care staff for the use of prescribed 'as required' (PRN) medication in place and when and why these are to be offered to people and side effects to be aware of. The manager and care workers spoken with can recognise any deterioration in health and seek prompt medical advice when required.

Environment

People live in an environment that promotes the achievement of their personal outcomes. Grove View is located in the village of Birchgrove in Swansea where there are small local shops and good transport links into the city. There are car parking facilities within the grounds of the property and small garden area to the back of the building and a smoking shelter. The main house has a comfy lounge/ diner, a communal kitchen and separate smaller lounge. Most of the bedrooms are within this property, however there is also a separate annexe within the grounds which houses two self-contained flatlets. The main house also has an office, medication room, laundry room and bathrooms. All communal areas are clean and homely and in good state of repair. We saw that all substances hazardous to health and sharps are stored securely to minimise risk to people.

The service provider has procedures in place to identify and mitigate risks to health and safety. We saw the maintenance file where daily, weekly, and monthly checks are in recorded to ensure that the environment is monitored appropriately, checks seen include emergency lighting, window restrictors and health and safety audits. There is a separate file in place which contains up-to-date certificates for annual servicing checks on utilities in the service which includes on gas, electricity, and fire safety. There is a maintenance contract in place with an external provider, any maintenance required is planned in order of priority which is decided by the service manager.

The service has good procedures in place for the management of infection control. On arrival we were asked to show out negative lateral flow test for Covid-19 and sign in the visitors' book. Face masks are worn by all staff to minimise the risk to people. The provider has a Covid-19 guidance document in place which is updated in line with governmental guideline changes.

Leadership and Management

There are arrangements in place for the effective oversight of the service through ongoing quality assurance. We saw quarterly RI visits reports which includes feedback from people and staff to hear their experience of life and work at Grove View. The RI looks at samples of documents and the environment on each visit and notes any areas of improvements identified. Any issues raised on previous visits are also followed up and noted on the reports. The service manager produces a bi-annual quality of care report, and this report is very personal to the service as it contains photos of people and their achievements and success stories, as well as targets and plans for the service for the future. The service's statement of purpose (SOP) is reviewed routinely, and the service provision described is a true reflection of the service delivered. Policies and procedures in place are updated as and when required to reflect any changes in legislation.

People are supported by a well-recruited, committed, and dedicated care team. Two personnel files were viewed and robust pre-employment, and recruitment checks are in place prior to employment. This includes Disclosure and Barring Service (DBS) checks which are updated as required. We saw that care staff receive a good level of training and statistics on the training matrix showed that over 95% of care staff are up to date with mandatory training which includes: Health and safety, Safeguarding and first aid. Care workers are also encouraged to undertake enhanced training including medication, mental health awareness and personality disorder, and over 86% of care staff were also up to date with this. Care staff spoken with confirmed that training is very good and one said, *"I have never had so much training in all my life"*. We saw that care staff receive quarterly supervision and annual appraisal as required by the regulations and all those spoken with told us they feel very supported in their role; comments included: *"the manager and deputy are always available if we need to chat to them"* and *"I feel very supported, we are a really good team, everybody muddles in with everybody, it's just fabulous"*.

The service provider has oversight of financial arrangements and investment in the service. The service is well maintained, and the improvements have been carried out with the refurbishment of the lounge and further works being planned. We saw that staffing levels on the day of the inspection were adequate and almost all people were able to go out and do things they enjoy with the required amount of support in place. Care staff spoken with confirmed that staffing levels are good generally and they were able to support people appropriately most of the time.

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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