



Inspection Report on

Howells Road

Swansea

Date Inspection Completed

16/01/2023

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About Howells Road

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Accomplish group ltd
Registered places	2
Language of the service	English
Previous Care Inspectorate Wales inspection	26th October 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

The service provides a good standard of care and support to people. All feedback received was positive and complimentary. There are robust and thorough personal support planning processes in place. People's ability to be fully involved in support planning is considered and the necessary safeguards are in place to support this. Personal support and risk plans are thorough and regularly reviewed. People are supported to participate in household activities and to access the community on a regular planned basis. The provider needs to ensure all medication is stored safely in the service and according to good practice guidance.

People are supported by a dedicated team of well trained, experienced care workers and management team. The Responsible Individual (RI) is in regular contact with the service and there are good oversight and governance arrangements in place. All care workers are very knowledgeable about the needs of the people they support. People live in an environment that meets their needs well and is homely and clean. Improvements need to be made in relation to the repair and redecoration of some areas.

Well-being

People are treated with dignity and respect. We observed care workers supporting people in a friendly way with positive, respectful and supportive interactions. Support files seen, indicated that people's needs are fully considered including their ability to participate in care planning. We found personal plans are reviewed regularly, up to date and give a good reflection of the current needs of people. Risk assessments are detailed and thorough to ensure people are supported safely. Two relatives we spoke with were very positive about the care and support provided. They also told us communication with and from the service is good.

People's physical, mental health and emotional well-being is promoted and maintained. People are supported to maintain routines that are important to them. People access the community and have a varied activities programme available to them in the service. People are supported by care workers who know them well and seek medical assistance quickly to support them appropriately when required. Care workers and the manager access appropriate core and specialist training to ensure they understand and meet people's care and support needs appropriately. Care workers and the manager are registered with Social Care Wales (SCW).

People are protected from harm and neglect. All care workers have received updated safeguarding training and those spoken with are aware of their responsibilities and procedures to report any concerns. There are robust and safe staff recruitment and retention checks in place. Policies and procedures have been reviewed and are in place to guide care workers. Deprivation of Liberty Safeguards (DoLS) are in place for people who do not have the capacity to make decisions about their accommodation, care and support. There are generally robust and thorough medication administration and storage processes in the service. The provider needs to ensure food items are not stored alongside medication that needs to be kept refrigerated.

People live in a home that is safe, secure and homely; bedrooms are personalised where appropriate to give people a sense of belonging. The service is generally maintained well and there have been improvements made since the last inspection. There are plans to complete additional improvement works over coming months. Further improvements are needed in relation to redecoration as some areas appear tired and in need of updating and repair.

Care and Support

The provider has an accurate and up to date plan for how care is provided in order to meet needs. Personal plans demonstrate what matters to the person and how best to support them to achieve their identified goals. Appropriate risk assessments are in place to correspond with these plans. People's ability to be involved in care planning is considered and the appropriate legal measures are in place to safeguard them. Recording of support given is detailed and evidences that's peoples identified needs are monitored. We saw people are supported to maintain activities that are important to them, access the community routinely and engage in activities within the service daily. Activities are structured and planned around the individual needs of people. A relative told us; *"I am happy with the care provided. ... seems happy and I know ... well so would know if something was wrong. Communication is very good and I visit regularly. I have no concerns whatsoever"*. Another relative also gave very positive feedback about the care and support provided.

People have access to health and other services they need. We read documented health information including appointments, outcomes and actions which is stored in a section of the support file. People are supported to attend healthcare appointments as necessary in relation to their physical and mental health. We saw regular external reviews of people's medication needs take place; this ensures prescribed medication is appropriately administered. Many care workers in the service have been in post a number of years and know people very well. This enables them to identify any health deterioration quickly and to seek support when needed. The manager told us the service is fully staffed and currently very settled. We saw caring and supportive interactions between people and care workers throughout the inspection visit.

There are generally safe systems in place for the management of medication and care workers assisting people with medication are trained and deemed competent to do so. 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's) were checked and seen to be appropriate. However; we also saw food stored alongside medication in a separate fridge which is contrary to good practice guidance. This was discussed with the manager who immediately addressed the issue and removed the food items. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

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. There is a secure patio area at the rear of the building with seating areas and a barbecue. Parking is available at the front of the building. The service has transport for people to access the community. We looked around the service and found the communal areas homely and comfortable. Decoration is neutral and reflects the needs of the people living there. There is a small secure office area where files are stored appropriately and safely. Since the last inspection trees in the rear garden have been trimmed and there are further works planned to improve access for people. A bedroom we saw has been re-decorated and further improved and new lounge furniture has recently been provided. We saw people had their own personalised items in their bedrooms where appropriate. Some areas of the service appear in need of repair and re-decoration. The RI and manager acknowledged this and told us there are plans to complete this. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

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 and weekly internal water temperature checks are documented. Personal emergency evacuation plans (PEEP's) are in place for individuals. There is a locked cupboard and Control of Substances Harmful to Health (COSHH) substances are stored safely and securely. There is a very small separate room containing a clothes washer and dryer. The manager told us there is current consideration of adapting this area to allow more room for people to access and complete independent living tasks.

Leadership and Management

People are supported by a dedicated team who have been recruited safely and are supported in their roles. Many of the care workers have worked in the service for years and

are very familiar with the needs of the people being supported. 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 almost 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 autism awareness, communication, learning disability and behavioural support. The manager has completed external accredited training in autism awareness which benefits and enhances the service. We saw staff receive routine supervision and an annual appraisal. Care workers spoken with are complimentary of the training and support they receive. Comments included: *"I feel very well supported. I know the needs of the people I support very well and we work well together as a team"*. A new care worker told us; *"really helpful on first day, staff know people really well. Smaller place so more time to get things done properly"*.

The provider has arrangements in place for the effective oversight of the service through ongoing quality assurance service checks. A new RI has recently been appointed for the service. The manager and care workers told us the RI is in regular contact with the service and is available when needed. The manager has not received supervision within regulatory timeframes. This was discussed with the RI who stated this will be addressed promptly. We saw the recent bi-annual quality of care report. The report includes feedback from external professionals, relatives and staff working in the service. The report indicates what the service is doing well and details further improvements for the future. We saw policies and procedures have been reviewed. The service's Statement of Purpose (SOP) has been reviewed and accurately reflects the service.

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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58	A full inspection took place on 16th January 2023. As part of this a medication audit was completed. Although there is a separate fridge for medication storage kept in the office we also saw food items being stored in the same fridge.	New
44	A full inspection was completed on 16th January 2023. As part of this an inspection of internal and external areas of the service took place. Some internal communal areas need repair and re-decoration.	New
58	<ul style="list-style-type: none"> Regulation 58 (1) medicines – The service provider must have arrangements in place to ensure the medicines are stored and administered safely.- refrigerated medicines were stored in the fridge in the communal kitchen 	Achieved
36	Staff were not receiving quarterly supervision	Achieved

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