



## Inspection Report on

**Park Avenue**

**46 Park Avenue  
Skewen  
Neath  
SA10 6SA**

## **Date Inspection Completed**

**11<sup>th</sup> January 2022**

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## About Park Avenue

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Accomplish group ltd
Registered places	5
Language of the service	English
Previous Care Inspectorate Wales inspection	Click or tap here to enter text. <a href="#">20<sup>th</sup> January 2020</a>
Does this service provide the Welsh Language active offer?	No. This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people who use, or intend to use their service.

### Summary

Park Avenue is a care home in a residential area of Neath situated near local amenities. Up to four people can live in a main house and one person in a small self-contained bungalow to the rear of the property. The service provides care and support to people aged eighteen and over who have functional mental health diagnosis and/or an acquired brain injury. Park Avenue is also able to support individuals with associated addiction and/or substance misuse issues.

People have up to date personal support plans and risk plans that are regularly reviewed. People are supported by a dedicated team of well trained and experienced care workers and a registered manager. All care workers are very knowledgeable about the needs of the people they support. People are supported to access routines that are important to them including access to the community on a daily basis.

People live in an environment that meets their needs and is homely, clean and well maintained. The Responsible Individual (RI) is in regular contact with the service and there are good oversight and governance arrangements in place.

## Well-being

People are treated with dignity, respect and involved in decisions regarding their care and support. We observed care workers supporting people in a friendly relaxed manner with positive and supportive interactions. Support files seen, indicate people's needs are fully considered including their own wishes, choices and preferences. We found personal plans are current and give a good reflection of the support needs of people. Risk assessments are detailed and thorough to ensure people are supported safely. People spoken to, care workers and a relative confirmed the care and support provided is of a good standard. A person told us *"all good staff and get along with them all...no worries or concerns currently"* a care worker; *"nice place to work, very relaxed and nice atmosphere...it is people's home and we need to respect that"*.

People's physical, mental health and emotional well-being is promoted. People are supported to access the community and have a varied activities programme available to them in the service. There are good procedures in place, for the recording, storing and auditing of medication in the service. People are supported by care workers who know them well and seek health assistance quickly to support them appropriately when required.

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. Policies and procedures to guide care workers are in place which have been reviewed and updated where necessary. There are good oversight and governance arrangements in place overseen by managers and the RI. The current Statement of Purpose (SOP) provides an accurate description of the service provided.

People live in a home that is safe, secure and homely. There is a sign-in process to enter and leave the premises. The service is maintained well and there have been recent updates such as a new smoking shelter and kitchen refurbishment. The service is homely, clean and comfortable and bedrooms are personalised where appropriate to give people a sense of belonging.

People are supported to maintain relationships. The service are following current guidelines to promote visiting and appropriate infection control measures are in place. People were seen to have good relationships with care workers and others residing in the service and there were good communication records seen with family members.

## Care and Support

Individuals are provided with care and support which considers their personal wishes, risks and goals. The provider has an accurate, thorough and up to date personal plan detailing 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 taken as necessary. Recording of support given is detailed and evidences that identified needs are monitored and regularly reviewed. Records also link to specific outcomes documented in support plans. People have a nominated care worker who is responsible for updating support information and ensuring the individual is involved and consulted in care planning. We saw people are supported to access the community routinely and engage in activities within the service on a daily basis. Activities are structured and planned around the needs of people detailed in weekly schedules. A person informed us *"I like living here and am very well looked after"* a relative told us *"we are delighted with the progress being made"*.

The service has thorough policies and procedures in place in relation to infection control and the management of Covid 19. There are daily cleaning schedules in place ensuring all communal areas are deep cleaned thoroughly and regularly. Where necessary people are supported to clean their bedroom and en-suite facilities. There are procedures in place to manage visitors to the service. We were asked to produce evidence of a negative lateral flow test (LFT) on arrival and all care workers were seen to be wearing personal protective equipment (PPE) appropriately and safely. Care workers are testing for Covid 19 as required by current national guidance. There are good supplies of PPE kept in the service. The service has not been negatively impacted by Covid 19.

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 separate section of the support file. People are supported to attend healthcare appointments where necessary in relation to both their physical and mental health. This also relates to specific support plan outcomes and goals where appropriate. Many care workers in the service have been in post a number of years and know people well. This enables them to identify any health deterioration quickly and to seek support when needed.

There are safe systems in place for the management of medication and people's health is promoted by good practice. We saw medication is stored securely in a locked cabinet in the office. Records of daily temperature checks were seen to ensure safe storage of medication. Medication Administration Records (MAR) are completed appropriately with signatures of care staff present. Staff assisting people with medication are trained and deemed competent to do so.

## Environment

The provider ensures that people's care and support is provided in a location and

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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 newly fitted smoking shelter. Parking is available at the front of the building. We looked around the service and found the communal areas homely, comfortable and well maintained. We saw people had their own personalised items in their bedrooms where appropriate. There is a small secure office area where files are stored appropriately.

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 contractor water temperature checks are taken and documented. Personal emergency evacuation plans (PEEP's) are in place for individuals. There is a locked separate laundry area and Control of Substances Harmful to Health (COSHH) substances are stored safely and securely in a locked cupboard. There is a well-equipped, clean and recently refurbished new kitchen. The service is awaiting a food hygiene rating and future inspection by the Food Standards Agency. We saw fridge temperatures are taken regularly and documented appropriately. Also there are facilities such as coloured chopping boards to promote good food hygiene procedures.

## Leadership and Management

People are supported by a dedicated team who have been recruited safely and are well 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; acquired brain injury, alcohol use, personality disorder, learning disability and behavioural support. Care workers spoken to confirm they attended safeguarding training and understand their responsibility in relation to this. There are detailed and thorough safeguarding policies and procedures in place to guide care workers. We saw staff receive routine formal supervision and an annual appraisal. Care workers spoken with are complimentary of the training and support they receive. Comments included: *“the team works well together and has good support from the senior staff”* and *“manager very helpful and supportive...good supportive team”*.

The provider has arrangements in place for the effective governance and oversight of the service through ongoing quality assurance processes. We saw the recent bi-annual quality of care report. The report includes feedback from people and staff in the service. The report indicates what the service is doing well and includes further improvements for the future. We saw the RI is in regular contact with the service. We saw policies and procedures have been reviewed and where necessary updated. The service's Statement of Purpose (SOP) has been reviewed and accurately reflects the service. There is a detailed and clear guide to the service for people and relatives. All policies and procedures are available in the Welsh language as requested. There are no Welsh language speakers currently residing in the service. Care workers told us staffing levels are good and the manager stated there is currently a full permanent care team in place. The appropriate agencies including Care Inspectorate Wales (CIW) are notified where necessary of any significant issues affecting people or the service. The manager told us the service is really settled and there are no current concerns or complaints.





### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
N/A	No non-compliance of this type was identified at this	N/A

	inspection	
21	Care and support is not always provided in a way which protects, promotes and maintains people's safety and well-being. Known risks are not always adequately assessed and planned for.	Achieved
60	The service has not notified CIW about staff misconduct and an incident reported to the police.	Achieved
48	Some of the facilities and equipment in use have not been properly maintained or kept to an appropriate standard of cleanliness.	Achieved

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