



Inspection Report on

Hazeldene

**127a Clyndu Street
Morrison
Swansea
SA6 7BG**

Date Inspection Completed

12/11/2021 12th November 2021

Welsh Government © Crown copyright 2021.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

About Hazeldene

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Accomplish group ltd
Registered places	6
Language of the service	English
Previous Care Inspectorate Wales inspection	Click or tap here to enter text. 22ND February 2019
Does this service provide the Welsh Language active offer?	No

Summary

Howells Road is a small care home for six individuals with needs associated with mental health, learning disabilities and acquired brain injury. The service is situated in a residential part of Swansea. The property has secure gardens at the front and rear, also parking at the front. People have up to date personal support and risk plans that are regularly reviewed. People are supported by a dedicated team of well trained and experienced care workers, two team leaders and registered manager. All care staff 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 regular 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 oversight and quality audit arrangements in place. We have requested improvements are made in relation to the frequency of staff supervisions and appraisals. Also that an outstanding care workers Disclosure and Barring Service (DBS) check is renewed and quality of care reviews are completed within required timescales.

Well-being

People are treated with dignity and respect. We observed care workers supporting people in a friendly way with positive 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 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. People spoken to during the inspection told us they are happy and value the support provided. A relative and two professionals spoken to were complimentary about the support provided. However not all care workers and the manager have received a formal documented supervision and appraisal within required timescales.

People's physical, mental health and emotional well-being is promoted and maintained. 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 medical 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. 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. The provider has robust quality checks in place although we saw quality review reports are not completed within required timescales currently. We also saw a DBS check was outstanding for a care worker.

People live in a home that is safe, secure and homely. The service is maintained well and there have been significant improvements made since the last inspection such as the external laundry room and kitchen refurbishments. 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 staff members and others residing in the service.

Care and Support

The provider has current and up to date plans 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. Detailed risk assessments are in place to correspond with support 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 and reviewed when necessary. We saw people are supported to access the community routinely and engage in activities within the service on a regular basis. Activities are structured and planned around the needs of people. A professional informed us that *"discussions with staff have been positive where I feel that they are caring and that information is being fed-back also appropriately"*. A relative told us *"really happy with care provided it's fantastic...staff have worked really hard over the previous 18months to keep people safe"*.

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 cupboard. Records of daily temperature checks were seen to ensure safe storage of medication. Medication Administration Records (MAR) are completed appropriately with signatures of care workers present. There are good processes in place for the ordering and auditing of medication in the service which minimises the risk of error. Staff assisting people with medication are trained and deemed competent to do so. 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. We saw medical appointments are clearly documented in care files with any subsequent action required noted.

The service promotes hygienic practices and manages the risk of cross infection. Due to the Covid-19 pandemic, prior to entering the property we were asked to show a negative lateral flow test result, sanitise our hands and apply personal protective equipment (PPE). We saw all care workers wear PPE appropriately whilst in the building. Communal areas, bedrooms and bathrooms are clean. The service follows the updated guidance issued by the government for visiting and minimising the risk within the service.

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. Since the last inspection the external laundry room has been completely updated and refurbished. This includes the provision of new appliances and cupboards. The area was seen to be clean and hygienic. We were told people are fully involved in relation to household activities such as cleaning and clothes washing. A new kitchen has also recently been installed and the area redecorated to a high standard. There are also plans to install a replacement conservatory room in the future along with other smaller updates in the house. Parking is available at the front of the building. We looked around the service and found the communal areas homely, clean, comfortable and well maintained. We saw people had their own personalised items in their bedrooms where appropriate and have keys to their own rooms. There is a small secure office area where files are stored appropriately. To the rear of the property is a small patio area with an open covered shed for smokers. There is a larger garden area accessed via steps that has a table and chairs for people to use and another smaller front garden.

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.

Leadership and Management

People are supported by a team of dedicated care workers 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 mostly in place. We saw that one care worker has not received a DBS check within the required timeframe. The manager told us this is currently being addressed and further advice is being sought from the human resource department. This is an area for improvement and we expect the provider to take appropriate action. 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 communication, learning disability, behavioural support and acquired brain injury. Care workers told us there is good support from the manager and team leaders. A care worker told us *“very well supported...very open, two seniors and good manager open, honest and supportive”*. However we saw not all care workers and the manager have formal documented supervision or appraisals currently. We expect the provider to take appropriate actions to rectify this.

The provider has arrangements in place for the oversight of the service through ongoing quality assurance. We saw a recent bi-annual quality of care report. The report includes feedback from people and staff in the service. However we saw these are not completed within the required timescales. While no immediate action is required, this is an area for improvement and we expect the provider to take action. We saw the RI is in regular contact with the service. We read a recent report completed by the RI which includes feedback from the manager, staff and people living in the service. We saw policies and procedures have been reviewed. The service's Statement of Purpose (SOP) has been reviewed and accurately reflects the service. Care workers told us staffing levels are good and we saw staff working rota's which reflected this.

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
	The standard of hygiene within the home’s laundry room is unacceptable. It has been significantly affected by damp and does not have suitable storage facilities. The service provider must ensure that the laundry room is maintained to a satisfactory standard of hygiene.	Achieved

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
36	The provider is not compliant because not all the care workers and the manager have received regular documented formal supervision and appraisals.	New
80	Quality of care and support reviews are not completed within regulatory timeframes.	New
35	Not all staff have received an annual DBS check as required by regulation.	New

Date Published 05/01/2022