



Inspection Report on

Awelon Healthcare Mount Pleasant Stables

Llantwit Major

Date Inspection Completed

12/10/2023

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About Awelon Healthcare Mount Pleasant Stables

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Kay Campbell
Registered places	5
Language of the service	English
Previous Care Inspectorate Wales inspection	16 December 2021
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

A new manager has been appointed to oversee the day-to-day running of the service. The management team have a good understanding and oversight of the everyday experiences of people living at the service and demonstrate a commitment to achieving the best outcomes for people. People can do the things that matter to them with support and people receive an individually tailored service. People are happy living in the home and have positive and familiar relationships and interactions with a group of consistent care staff. People have access to opportunities and support to live a good quality of life.

There are good governance and oversight arrangements at the service with policies and procedures in place for keeping people safe and well. People are being supported by staff that are supervised and vetted through appropriate recruitment checks. Care staff make positive contributions to the well-being of people using the service.

People live in a homely environment which supports them to achieve their personal outcomes. Appropriate health and safety checks and regular quality assurance audits are undertaken at the service to ensure a smooth delivery of care and support.

Well-being

People are provided with support and opportunities to promote their physical, mental and emotional health. People's care records reflect good and frequent communication with a variety of professionals. People are encouraged to stay active and healthy. We saw that people are encouraged to eat healthily and to engage in physical activities. People live active lives at the service. People are provided with social and community activities daily, which are meaningful and in line with their hobbies and interests. People receive support with maintaining personal relationships and can improve confidence and life skills. Feedback from people's relatives and professionals is very positive. One relative told us, "*They are taking them out regularly and this is working really well. They are an experienced staff team*". One professional told us, "*Staff appear caring and understand how best to support the individual*". Another visiting professional told us, "*Staff are confident and calm*".

People are protected from harm and the service supports people's safety and well-being. There is a secure recruitment process and good oversight of the service by management. Staff are regularly and closely monitored and supervised. The service promotes safe practices, such as safe management of medication. Appropriate infection control measures are in place. Management closely monitors accident and incidents, and care workers' training and supervision needs. Safeguarding and whistleblowing policies are in place. There is good evidence that staff promptly report any issues or concerns to the right professionals. There is a complaints process in place, people's representatives and staff working at the service know how to raise a complaint and feel confident that the provider will deal with issues promptly.

The atmosphere at the home is positive and the management team promote an open, transparent way of working. People live in a homely environment that is clean, safe, personalised and promotes independent living. The provider demonstrates a commitment to improving and developing the service for the benefit of those who use it.

Care and Support

People are supported to fulfil their potential and do things that matter to them. We saw detailed, weekly activity plans and care records that show people are supported daily to access the community to engage in sociable and fun trips outside of the home. People's representatives informed us their relatives live fulfilling lives and they are really pleased with the care and support provided. People can be confident they are supported by caring staff that are enthusiastic and have a good understanding of their condition and will treat them with respect. Care staff, including the manager, are knowledgeable about the people they support. We saw many examples of care staff interacting with people through kind, meaningful and skilled approaches. We also observed the manager interacting with people in a positive and caring manner. People are supported by a small, consistent team of familiar staff. People's representatives told us their relatives have a close relationship and good rapport with their care staff and we observed this during the inspection visit.

People receive the right care and support as early as possible, and their individual circumstances are considered. We read care records which are detailed, personalised, individually tailored, and clear to follow. Care records are created in collaboration with people and relevant professionals, to ensure care staff have key information and guidance to understand how best to support people. Care records created to the standard we read at the service, promote skilled approaches from staff and enable people to receive individually tailored care and support. The manager completes monthly reviews which are evaluative, and person centred. Risk assessments are robust and clear to follow. In addition to this, the provider has recently recruited their own positive behavioural support (PBS) practitioner to identify and guide care staff to adopt enabling and creative approaches to manage times of emotional distress for people. Work is being undertaken at the service by the PBS practitioner to explore early signs and triggers of stress for people to promote early intervention and strategies from staff, with an aim to reduce distress and incidents for people as far as possible.

People are provided with safe assistance with medication, depending upon their requirements. There are revised systems for medication management and good monitoring of PRN (the administration of medication that is not scheduled). There is an appropriate medication policy and procedure in place. Medication administration records are audited, and management have oversight of patterns and trends. Staff have access to required PPE (Personal Protective Equipment) and guidance on how to use it correctly.

Environment

People live in a suitable environment. Though not a purpose-built home, people's representatives are happy with the facilities offered. One person's representative told us "*It's a home from home.*" The interior of the home is free of clutter, homely and nicely presented. The dining room is part of an open plan kitchen with access to a kitchen island. At the time of inspection, we saw a resident using the kitchen island with support for baking in preparation for dinner later that day. Later, we saw two residents sat at the dining table sharing a mealtime experience with each other, whilst enjoying the company of staff. There are enough toilets and bathrooms which are all accessible and in good working order. People have personalised bedrooms which are clean, warm and contain their own items and offer space for privacy when required. There is an empty room on the top floor which staff are currently utilising, which the provider plans to convert into a well-being room for the residents to use.

Arrangements are in place to ensure risks to people's health and safety are identified and reduced. Audits show checks are carried out regularly to identify and address problems. A passenger lift is available to support one resident to access the first floor. Reports are available from the Food Standards Agency and Fire Service. Fire drills evidence the evacuation process is tested, and care staff have gone the extra mile with one individual by engaging in creative ways to enable them to feel comfortable when lying down on a fire evacuation mat. We read detailed Personal Evacuation Plans which are individualised and available in emergencies. The home is compliant with Fire Regulations and testing of fire safety equipment is up to date.

People who do not have the mental capacity to make their own decisions about aspects of their care and support, environment and safety have appropriate and up to date Deprivation of Liberty Safeguards (DoLS) in place.

Leadership and Management

The service is supported by a clear management structure. A new manager has been appointed to oversee the day-to-day running of the service and is respected and valued by people's representatives, professionals, and care staff. The manager also has a good understanding and oversight of the everyday experiences, likes and preferences and routines of people living at the home. The process for admitting new people into the service is well planned. Service literature clearly outlines and describes the service being provided. There are many easy-to-read guides and formats for people to read which support them to understand information about the service.

There are good and proactive staff practices in place for staff to raise concerns to management to protect people. We saw good management presence within the home, and we saw care staff are busy supporting people. Care staff are supported and encouraged to report any observations of poor practices. Feedback about the management team was complimentary from people's relatives. One relative said, "*They are always communicating with me*". A visiting professional told us, "*Communication is good, and management are proactive, they listen and take our advice on board and make changes quickly in response to things we raise*".

Care staff can benefit from training and guidance from the in-house PBS practitioner to increase the use of enabling approaches and positive behavioural support techniques. This enables care staff to support people through interventions and practices that are as least restrictive as possible, during times of emotional distress or times when people need redirection. Care staff are appropriately vetted and supervised. Many care staff are experienced with a higher level of social care qualifications. The provider is in the process of improving training opportunities for staff, particularly new starters to ensure training is service specific and individually tailored to the needs of the people using the service. Agency staff receive an introduction to the service and appropriate checks to enable them to fulfil the requirements of their role and meet the needs of individuals they support.

People can be assured there is good governance and oversight of arrangements in place to enhance people's well-being. Management has good oversight of the daily care and support of people. We found effective quality assurance checks completed by the Responsible Individual (RI) which is needed to check and test that people receive the right care and support. We read a quality-of-care review report completed by the RI which was transparent and demonstrated good analysis of audits, engagement with stakeholders and clear analysis of strengths and areas for improvement.

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
58	Medication storage and recording is not in line with NICE guidelines and regulatory requirements.	Achieved
18	The service is not considering fully all aspects of care and support requirements as part of the assessment process.	Achieved
15	Personal plans for new/ emergency admissions are not comprehensive and not completed within the desired time frame.	Achieved
16	There is no evidence to show people or their representatives are involved in three monthly care plan reviews.	Achieved

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