



# Inspection Report on

**Awelon Healthcare Parkview House**

**Awelon Healthcare  
73 Pontardawe Road  
Clydach  
Swansea  
SA6 5NS**

## **Date Inspection Completed**

14<sup>th</sup> July 2022

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## About Awelon Healthcare Parkview House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Kay Campbell
Registered places	7
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">09.11.2021</a>
Does this service provide the Welsh Language active offer?	Working Towards. The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

This was a focused inspection and on this occasion we did not consider Care and Support or Management and Leadership. We looked at Environment and Well-being. We found the service to be clean and generally well maintained. We were told there are plans to re-decorate some areas. We saw fire safety certificates are current. There are detailed and regularly reviewed policies regarding risk and admissions. We were told by the deputy manager there is currently a full staff team in place and the support from the manager and responsible individual is good.

### Well-being

As this was a focused inspection, we have not considered this theme, in full. We saw positive interaction between people and care staff during the inspection. The deputy manager told us there are appropriate levels of care workers to meet the needs of people living in the service. These can be adjusted to the specific needs of individuals supported and agreed with commissioners prior to admission. Also, there are no current issues with staff recruitment or disciplinary matters in the service. The service has a detailed admissions policy which covers areas such as compatibility and transition planning. The deputy manager told us the service works with commissioners and specialist teams to ensure individuals' needs can be met prior to admission. The service has a detailed risk assessment policy. We saw pre-admission assessment information is in place and external specialist intervention is available to ensure individuals' progress is monitored and reviewed regularly. The deputy manager told us there is good support from the manager and RI.

People are supported and cared for in a safe and well maintained environment. We saw health and safety checks are completed routinely in the service and according to regulatory requirements. The deputy manager told us the environment can be further adapted as necessary to meet the specific needs of individuals supported. Some areas in the service would benefit from redecoration and the deputy manager told us this is already planned.

## Environment

As this was a focused inspection, we have not considered this theme, in full. The service provided is based in a large, detached house with extensive grounds. There is an entrance gate which can be shut as necessary, leading onto a main road. The service is opposite a park and near to shops and local community services. The deputy manager told us the environment can be adapted to meet individuals' specific needs. We saw fencing to the rear of the property has recently been heightened and there are plans to extend this, as necessary. We viewed all communal areas of the service and found them to be clean and well maintained. There is some damage to wallcoverings in hallway areas and we were told by the deputy manager these are due to be re-decorated. We viewed the kitchen and found it to be clean and well maintained. We also viewed a communal shower room and found it to be clean, although a recent water leak had been repaired and the area is due to be redecorated. We viewed three vacant bedrooms and all are large, well decorated and clean with ensuite toilets.

We were requested to provide evidence of a negative Covid 19 test on arrival and to sign a visitors' book. We saw compliance certificates for fire safety are current.

### 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
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N/A	No non-compliance of this type was identified at this inspection	N/A
58	The service provider failed to ensure there were regular audits of Medicines at the service.	Achieved

**Date Published** 15/08/2022