



Inspection Report on

London House

**Aston Care Ltd
1-2 Cadle Mill Cottages
Cadle Mill
Swansea
SA5 4PA**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

15 October 2021

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About London House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Aston Care Ltd
Registered places	18
Language of the service	Both
Previous Care Inspectorate Wales inspection	This is the first inspection since re-registration under the Regulation and Inspection of Social Care (Wales) Act
Does this service provide the Welsh Language active offer?	Yes

Summary

London House is a care home for adults who have a functional/organic mental illness and require assistance with personal care. The service is located to the North East of Swansea. The property is a large, detached two storey building. It is set in its own grounds with parking and secured outdoor areas that it shares with another of the provider's care homes. People have up to date personal plans that provide care workers with a good oversight of people's needs. People are encouraged to partake in community activities as well as group activities within the service. People appear settled and comfortable in an environment that is homely and well maintained, but improvements are needed to evidence that maintenance checks are in place routinely. People are supported by dedicated care workers who are trained and supported by a management team who are visible in the service daily. The Responsible Individual (RI) visits the service routinely and has good oversight of the service.

Well-being

People are listened to and are treated with dignity and respect. We observed care workers supporting people in a friendly way with good camaraderie. Care files seen, indicated that people are involved with the development and review of their personal plans. We found personal plans are up to date and give a good reflection of the current needs of people. People spoken with are complimentary of the service provided to them and the care team.

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 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 are in place which have been reviewed, this includes the safeguarding policy which is in need of further review to include the Wales safeguarding procedures. Updated 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.

People live in a home that is safe and homely. The service is secure with electronic key code entry to the grounds. There is a sign-in process to enter and leave the premises. The service is maintained well. However, improvements are needed to ensure documentation is up to date to evidence this. The service is homely and comfortable and bedrooms are personalised 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 and there were good communication records seen with family members.

Care and Support

People are involved in the planning of their care to ensure they are provided with the quality of care and support they need. We looked at two care files and saw that people are included in the development of their personal plans and were involved in regular review and progress meetings wherever possible. Personal plans give a good picture of what matters to the person and how best to support them to achieve their personal goals. We saw appropriate risk assessments are in place to correspond with these plans. Recording of support given is stored electronically which is detailed and includes updates on people health and weight for monitoring. We saw that people are supported to access the community routinely and engage in activities within the service on a daily basis.

There are safe systems in place for the management of medication and to maintain people's health. We saw medication is stored securely in locked cupboards with each person having their own designated shelf for storage of medication. Records of twice daily temperature checks were seen to ensure safe storage of medication. Medication Administration Records (MAR) are completed appropriately with signatures of care staff present. There are good processes in place for the ordering, disposing 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 additional 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 our 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 and bathrooms are clean and we saw domestic staff busy cleaning during the inspection. The service is part of multiple weekly testing to minimise the risk of Covid-19 to people. 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 and equipment that promotes their well-being and safety. London House shares its location with another of the providers' services. There is a large secured shared patio at the front of the building with seating areas and a shared activities centre to the rear. Parking is available at the front of the building. The property is adjacent to fields where people can enjoy interacting with animals. We looked around the building and found the communal areas homely, comfortable and well maintained. We saw people had their own personalised items in their bedrooms. And one person said that they liked the colour on their walls and were pleased with how it turned out after picking it themselves.

The provider has procedures in place to identify and mitigate risks to people's health and safety. However, Improvements are needed to ensure that there is written evidence of this. We saw that documentation for daily environmental checks in the service have not been carried out in the service since May. Despite this there were no areas of concern within the premises as all areas appeared to be well maintained. The manager explained that all staff are responsible to maintain the environment and any issues are reported as they arise. They acknowledged that the document to evidence this needs to be reinstated. We saw that mandatory fire safety checks take place routinely and certificates for gas, electricity and electrical equipment are all up to date. The current food hygiene rating in the service is a 4 which is good, however, the last inspection from environmental health was some time ago and the service are hoping this will increase to a 5 – very good.

Leadership and Management

People are supported by a dedicated care team who have been recruited safely and are supported in their roles. 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 and others. We saw staff receive routine supervision and an annual appraisal. Care workers spoken with are mostly complimentary of the training and support they receive, comments included: “*management are approachable and very supportive*” and “*training here is good, but more face to face training would be beneficial*”. The RI told us that face to face training is something the service are hoping to provide more of now that restrictions due to the pandemic are easing.

The provider has arrangements in place for the effective oversight of the service through ongoing quality assurance. We saw the recent bi-annual quality of care report. This report includes feedback from people and staff within in the service. The report indicated what the service is doing well and further improvement suggestions for the future. We noted that both reports seen were very similar and many quotes were duplicated. The quality of care report should include information from the preceding six months to show the progression of the service. We saw policies and procedures have been reviewed. Although, the safeguarding policy needs to be updated in line with the new Wales safeguarding procedures. The service’s Statement of Purpose (SOP) has been reviewed and accurately reflects the service.

The service provider has oversight of financial arrangements and invests in the service. The manager showed us that new carpet had been fitted in the upstairs of the property. The outdoor furniture had also been replaced in recent months to accommodate more comfortable outdoor visiting for people. Overall we found the service to be well maintained with good oversight to keep the home in a good state of repair. Care workers told us staffing levels were good and we saw staff working rota’s which reflected this. The service has invested in a large activity centre which is shared between both services and is fully equipped with arts and crafts materials, board games, jigsaws, large screen TV and DVD’s. We saw the centre in use by people and commended them on the art work that decorated the entire room. There is also a dedicated activities coordinator working between both service settings.

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
44	Routine health and safety checks around the	New

	premises were not being carried out routinely.	
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