



Inspection Report on

The Attic

Swansea

Date Inspection Completed

21/06/2024

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About The Attic

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Abertawe Residential Care Ltd
Registered places	3
Language of the service	English
Previous Care Inspectorate Wales inspection	31 January 2023
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

The Attic is situated in a very popular area of Swansea (Sketty) and is in walking distance of the town centre and all the local amenities. It is a privately run service supporting people with their mental health. The Attic is a small service with steep stairs leading to the living space. People need to be physically fit to use this service as stated in the Statement of Purpose (SoP). People are supported by a dedicated staff team, who have the knowledge and skills to support people well. The décor and furnishings are good quality and people are encouraged to decorate their rooms. There is maintenance provision with procedures in place to maintain health and safety of people.

There is an approachable responsible individual (RI) giving good oversight of the service. People told us they are happy and have choice and control in their lives. Staff feel well supported and are very complimentary of the management team. The provider also runs another small service adjoining this one. Both services share the same RI, manager, and staff team.

Well-being

People get the right care and support. Care and support plans and associated risk assessments are in place, plans and risk assessments are reviewed regularly with people. Plans do not fully reflect the support people receive. People influence the service they receive, through one-to-one meetings, and key worker meetings, each person has one senior and one care staff key worker ensuring daily contact with someone who knows them well and supports them to make informed decisions.

People are protected from abuse and harm. The provider has a good safeguarding policy in place and staff receive training in the safeguarding of adults at risk of abuse. Staff spoken with understand their role and responsibilities in safeguarding people and reporting concerns.

People live in suitable accommodation, which supports their well-being. Initial assessments are carried out to ensure the service is the right one for people. People's bedrooms reflect individual's taste, with personalised items of their choosing and are important to them. The communal areas are well presented. We saw people accessing the kitchen and lounge freely. People told us they make snacks and drinks independently. Safety checks are completed regularly, to ensure the safety of people and staff.

Staff recruitment is safe as pre-employment checks are completed prior to employment commencing. These checks are important as they determine a person's suitability to work with vulnerable people. Disclosure and barring checks (DBS) are carried out at the employment stage. The manager assured us updates will be more closely monitored, as we saw two updates were just out of date. Staff are supported in their roles, through supervision, impromptu discussions, and appraisals. Staff are registered with or working towards registration with Social Care Wales (SCW) the care workforce regulator.

We saw effective governance and oversight of the service. The RI has good quality monitoring processes in place to safeguard vulnerable people. The RI visits the service weekly to give support and guidance to the management team. The RI produces Quality of Care reports, to drive improvement, these could be strengthened as they do not adequately analyse key events, feedback and information obtained during their visits.

Care and Support

The standard of care and support is good. People told us they were happy in the service and felt staff new them well. People socialise within the local community and staff support engagement with family and friends. This was supported when speaking with people. Documentation around social engagement needs to be strengthened to better reflect the support being given. People engaged in conversation, happy to offer their opinion. People told us they have opportunities to access the local community, shopping, café and attending appointments.

Care and support plans and associated risk assessments are in place, plans could be strengthened, to better evidence the support being provided to people. Specifically, we found conflicting information in different care documents. This was discussed with the manager who confirmed he will review people's personal files including all support plans and risk assessments to ensure they accurately reflect people's outcomes.

The health and well-being of people is supported well. Documentation seen and speaking with staff, show staff can recognise any deterioration in people's health and seek medical attention when needed.

The service has mechanisms in place to safeguard people they support. We saw safeguarding policy and procedures in place to safeguard people. We spoke with staff who confirmed their understanding of safeguarding people and the reporting process. Staff told us; *"Protecting the individual and their wellbeing"*. *"Report to the manager, or I would take it to the RI"*. We saw a training certificate showing staff receive safeguarding training as part of their induction, followed up by online refresher training.

There are effective systems in place to manage medication at the service. Medication records are audited and there are safe systems in place to keep people safe. Medication charts seen are completed appropriately and medication is stored correctly in a locked cupboard in a locked room. Training for staff with responsibility for administering medication was in place. The manager has recently introduced annual medication competency assessments. The manager is happy for advice and support with medication and told us he will be completing a self-referral to the community medication management team.

Environment

The property meets the needs of people. The Attic is part of a large end of terrace property, with access to a shared spacious garden, summer house and chicken coop. People told us they are happy in the service and are able to walk to the local pub and access public transport. People are encouraged to be as independent as they can be. We saw people relaxed, in their surroundings and happy to engage in conversation with us.

The service promotes good standards of hygiene and infection control. We saw the kitchen had a food hygiene rating of four (Hygiene standards are good). The communal room is tastefully decorated, clean, tidy, and modern. The property is large enough for people to socialise in the small cosy living room or spend time alone in their room. Bedrooms are clean, simply decorated and personalised to individuals' tastes. There is a spacious garden to the rear of the property which is shared with the small residential home next door.

The provider has effective systems in place to identify and mitigate risk to the health and safety of people. Safety checks, such as water and fridge temperatures are carried out. Routine servicing of utilities such as gas and electricity take place and certificates seen. We saw servicing records for fire safety equipment and the fire system. We looked at personal emergency evacuation procedures (PEEP's) for people. There is no annual check of portable appliance testing (PAT) or comparable checks in place. This was discussed with the RI and manager, both agreed to carry out testing and source training for themselves immediately. The service is secure, with key code entry, people enter and leave the property independently. We were asked to sign the visitors book in line with fire regulations. All COSHH (Control of Substances Hazardous to Health) materials are stored correctly, in line with the COSHH Regulations 2002.

Leadership and Management

The provider has effective arrangements in place to support the smooth running of the service. The RI is regularly involved in the service, completing visit reports and quality of care reviews to drive improvement, these could be strengthened as they do not adequately analyse key events, feedback and information obtained during their visits. We saw policies and procedures in place such as complaints and infection control. The manager showed a good understanding and knowledge of the people living in the service. There was an openness throughout the inspection by the team. Professionals felt the manager and staff team are professional, caring and communicate well, following advice given and support plans supplied. A Professional told us; *“I have a very good working relationship with all at the service, communication as you very well know is imperative and I can definitely inform you that they are exceptional”*.

People are supported by a service that meets their needs. Staff have the knowledge and skill to support people to meet their individual outcomes. The training plan and staff spoken with support this. Staff are registered with or working towards registration with Social Care Wales (SCW), the care workforce regulator. We looked at six staff personnel files and saw that pre-employment checks are carried out. Disclosure Barring Service (DBS) checks are carried out at the employment stage however two were not reviewed within regulatory timescales. This is being actioned by the manager.

The service benefits from good leadership and management and staff morale is good. Staff are well supported by routine supervision and appraisals, along with day-to-day support of an open-door policy. This was confirmed by documentation seen and when speaking with staff. Staff told us; *“The manager is amazing he supports us with everything, fantastic guidance and support, nothing is too big or too small he has our back”*.

The provider has oversight of the financial arrangements and investment in the service. The RI assured us the service is financially sustainable to support people to be safe and achieve their personal outcomes. There were sufficient staff on duty on the day of inspection and staff told us there was no need for agency staff.

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
N/A	No non-compliance of this type was identified at this inspection	N/A

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