



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

03/05/2023

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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	15th October 2021
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

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 in Swansea. People can access the local community and facilities. 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.

Staff know people well and are person centred in their approach. People are encouraged to take part in community activities as well as group activities within the service. People told us they are happy with the service provided.

Equipment and facilities are clean and appropriately maintained. There is a good sense of teamwork led by a good, suitably qualified manager. Staff meetings and supervisions are carried out on a regular basis giving staff the opportunity for discussion. Pre employment checks are carried out well to ensure the suitability of staff to work with vulnerable people. The responsible individual carries out their regulatory obligations and has oversight of the service to ensure good standards of care are delivered.

Well-being

People feel safe, secure, and protected from abuse and neglect. People are supported by skilled and knowledgeable staff who receive safeguarding training and understand their role and responsibilities to safeguard people. There are enough staff to deliver timely care and support. People are supported by a safe skilled staff team, and the provider has good systems in place for the recruitment of staff. Enhanced DBS (Disclosure and Barring services) checks are undertaken and reviewed as required along with good pre-employment checks. The provider has safeguarding policies and procedures in place.

People have control over day-to-day life. People told us they have good relationships with staff. We also saw positive interactions with people by staff. Staff commented they feel supported by the manager including comments such as *“the managers are there when I need support. And “the management team is great”*.

People live in suitable accommodation, which supports and encourages their well-being. People's rooms are well presented and contain personal items of their choice and are well-furnished. They have facilities which encourage independence and enable them to spend time alone. People told us; *“This is a lovely place with really nice people, it's like being at home”*.

People are treated with dignity and respect. Individuals are supported by familiar staff who know them well. People look well kempt, comfortable, and cared for. Individuals are encouraged to make everyday choices to maintain their independence as much as they are able. We saw staff assisting people respectfully. A professional told us; *“The strengths of the service in my opinion are that they have created a homely feel and, in my visits, there residents all appear well cared for”*.

The physical environment supports people's well-being. The service is a pleasant place to live, bedrooms are decorated to reflect the individual's tastes. The environment offers people access to a range of communal areas as well as the privacy of their own bedrooms, and outside space.

The service has good oversight and governance arrangements in place with good line management and methods of communication. The Responsible Individual (RI) makes themselves available to speak to people in the service. This is reflected within the quality monitoring reports.

Care and Support

This is a good service; people are supported to have control over their day-to-day life choices and are listened to. We saw people being actively supported to engage in meaningful activities. People's comments included, "*we do our washing on separate days, clean our room and help wash dishes*". This was observed on the day of inspection and supported by good personal plans and risk assessments. Personal plans are regularly reviewed to ensure they are up to date and reflect people's current needs.

The provider considers a wide range of views and information to confirm their ability to meet the needs of people they support. Pre-assessments are carried out supporting staff to understand the needs and outcomes of people. The statement of purpose (SoP); and service user guide documents which show people what they can expect from the service, are reviewed regularly by the RI. People told us; "*I like it here*" and "*I wouldn't change anything*".

The provider has mechanisms in place to safeguard vulnerable people they support. We saw policies and procedures in place to safeguard people. We spoke to staff who demonstrated an understanding of the safeguarding processes and are confident to raise a concern. Staff told us; "*Safeguarding is concern you have about someone vulnerable. I would report this to the manager*".

Staff know the people well and recognise any deterioration in health and seek medical attention when needed. This was seen in health records and daily notes. We saw staff are familiar with the likes and dislikes of people they support. This was evident in the documents seen. People are supported to maintain relationships with relatives. We saw people being supported to make face to face calls with relatives.

The provider has good systems for medication management in place, regular audits are carried out. Medication administration records are accurately completed. We saw medication is stored securely in locked cupboards, and recording of daily temperature checks were seen to ensure safe storage of medication. Training for staff with responsibility for administration of medication was in place, this was confirmed by the training plan and by staff.

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. The service is comfortable clean, tidy, and well maintained, and support people's needs. People appear happy in the communal areas and people's rooms are furnished by them and contain personal items important to them. People said, *"I'm happy, I wouldn't make any changes to my room"*.

The provider has systems in place to identify and mitigate risk to the health and safety of people. The service is well maintained with environmental, and health and safety checks conducted on a regular basis. This audit covers: flooring, lighting, escape routes, electrical appliances, bathrooms, PPE stock, outside areas. Staff told us; *"The RI is really good he replaces anything we ask for"*.

There is a good understanding of Deprivation of Liberty Safeguards (DoLS), ensuring appropriate safeguards are in place for people who lack the necessary capacity to be fully involved in support planning. This was evidenced in the documentation seen. The provider ensures steps are taken to identify and reduce risks to people. The service entrance was secure upon our arrival, our identity was checked, and we were requested to sign the visitors book in accordance with fire safety arrangements. We saw documents showing staff reporting maintenance issues within the service which were then actioned. The laundry room is small organised and managed with appropriate systems in place to support infection control, hygiene and Care of Substances Hazardous to Health (CoSHH) products.

Leadership and Management

The service is delivered in line with the Statement of Purpose (SoP) which sets out what services will be provided and how they will be delivered. Staff are trained, enabling them to carry out their roles and responsibilities. The staff training plan is up to date. Staff told us; *The last training, I completed was safeguarding. I feel I have sufficient training to enable me to do the job. If I need additional training, they will provide me with it*". We saw that all staff are registered with or working towards registration with Social Care Wales (SCW).

The service has systems in place to monitor and review the quality of care and support being provided. The team show a good knowledge and understanding of the people living in the service and their regulatory responsibilities. There was an openness throughout the inspection from the team. This was evidenced in quality monitoring visits and reports carried out by the RI. The RI reports generate actions for the manager and team to maintain and improve the quality of care and support. Staff told us; *"He speaks to service users and families if they are visiting, and professionals"*.

People are supported by a good team who have been recruited safely and are well supported in their roles. We saw staff supervision and appraisals are carried out regularly, they are adequately written and support the wellbeing of staff. Staff have a good understanding of the safeguarding process. There is a clear safeguarding policy in place, which is accessible to all staff. All staff complete safeguarding training as part of induction and online updates are provided. Staff feel they have the skills and knowledge to report issues. People told us; *'I feel safe', and 'I like the staff'*.

Good recruitment processes are in place to safeguard people. The records show the provider carries out the necessary checks when recruiting staff. Enhanced DBS (Disclosure and Barring Service) checks are carried out and are up to date. There are several long-standing staff within the service, which provides continuity of care and support of people. A professional told us; *"Residents appear to have their needs met and I have observed staff responding to requests in a timely manner"*.

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
44	Routine health and safety checks around the premises were not being carried out routinely.	Achieved

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