



Inspection Report on

Augusta House

**Learning Disability Services
Augusta House
Augusta Park
Ebbw Vale
NP23 8DN**

Date Inspection Completed

26/03/2024

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About Augusta House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Blaenau Gwent County Borough Council Adults and Children's Services
Registered places	8
Language of the service	English
Previous Care Inspectorate Wales inspection	14 October 2022
Does this service promote Welsh language and culture?	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

Augusta House provides respite care and support to adults and children with disabilities. People receive a consistent and reliable service from the provider. Care staff receive support and investment, and people benefit from good levels of care staff continuity. Staff selection and vetting arrangements were not fully accessible during the inspection. Governance arrangements are in place to support service delivery. There is oversight of the service on a day-to-day basis from a manager and deputy manager. The Responsible Individual (RI) visits the service and produces six-monthly quality of care reports. There are ongoing plans for the further development of the service.

The premises, facilities and equipment are suitable for the provision of a respite service. The environment is clean, safe and comfortable. People's personal support plans are individualised and person centred, giving clear guidance for staff to follow, however, these plans are not always reviewed and updated in a timely manner. Individual risk assessments are not sufficiently robust. Care staff are attentive and respond to people's needs with genuine warmth and compassion. People are supported to continue attending community centres and children are supported to attend school whilst on respite. Opportunities to participate in activities are available.

Well-being

People have as much control over their daily lives as possible and do things which matter to them and they enjoy. A personalised approach is taken by the service, people's preferences are acknowledged and understood, and what matters to individuals and how they wish their support to be provided is documented. People are supported to maintain routines that are important to them. People and/or their representatives are consulted and involved in reviews of the support required prior to each respite stay. Personal support plans are not always updated appropriately. Staff get to know people during each respite stay and respect and actively promote choice. Each person's communication needs are understood and people are communicated with in a way appropriate to the individual and staff receive training in this regard.

People are encouraged and assisted by care staff to be as healthy as they can be. People develop good relationships with care staff over their respite stays and this helps to support people's well-being and emotional health. Records show people consistently receive their prescribed medicines. The service had been inspected by the Food Standards Agency and had been given a rating of 5 demonstrating the service was rated as very good. People's likes and dislikes, allergies and specialist diets are known and respected.

People live in an environment that supports them to meet their needs. Bedrooms are large, and communal areas are numerous and spacious. Suitable mobility aids are in place to help people where needed. Arrangements are in place to ensure the environment is clean, safe and well maintained. Health and safety checks and fire safety systems are in place.

There are systems in place to help protect people from abuse and harm. Care staff receive appropriate training in the safeguarding of adults and children and are confident about what they should do if they identify concerns. Policies and procedures support good practice and provide further guidance for staff to follow if they had a safeguarding concern. Risks to people are not always assessed appropriately to ensure their safety is managed and monitored. Staff supervision supports continued professional development and ongoing training ensures care staff are sufficiently skilled.

Care and Support

The service provides person-centred care and support. This means that people receive a service that is specifically designed to meet their individual needs. Care staff are attentive and respond to people's needs providing appropriate levels of prompting and support, with genuine warmth and compassion. People look relaxed and comfortable in the presence of staff.

Pre-admission assessments and multi-disciplinary meetings are held before the first period of respite at the service, to ensure all identified needs and risks can be met. Care staff are given be-spoke training prior to any child's first respite placement to ensure all identified needs and risks can also be met.

Each person receiving respite at the service has a personal support plan in place. Care and support plans provided by professionals, are used to inform the development of personal support plans. Plans start with a section to inform care staff of the person, where they came from, their social history, likes and dislikes. The plans have a positive focus on what people can do for themselves, as well as what support they want or need.

Each person has a link worker who is required to review their progress and keep their personal support plans up to date. Before each period of respite at the service a pre-stay assessment is completed to identify any changes in the care and support people require. Personal support plans are not always reviewed or updated if required to reflect any changes since their last stay at the service. For example, a pre-stay assessment stated no medication administration required. Yet, the personal support plan continued to give conflicting guidance for staff to follow in respect of medication. This is an area for improvement, and we expect the provider to take action.

Risk assessments are not sufficiently detailed and do not provide clear guidance for care staff to follow in order to reduce risks. We identified potential risks to people's safety and wellbeing in personal support plans, yet risk assessments and measures to minimise these were not available. For example, one person's plan highlighted risks of dehydration with no risk management plan to guide staff. Due to a lack of staff signatures and dates it was difficult to ascertain if risk assessments are up to date or have been reviewed. This is an area for improvement, and we expect the provider to take action.

Records show that people consistently receive their prescribed medicines. Care workers complete training and have their competency assessed before administering medication. Stock checks are routinely completed and a new system of audits is being introduced at the service.

Environment

The premises, facilities and equipment are suitable for the provision of the service. The location, design and size of the premises are as described in the statement of purpose. We walked around the environment and found it was clean, safe and comfortable. Rooms are a good size and suitably equipped. The development of two self-contained PODS will provide an enhanced reablement facility to assess people's level of independence. The aim of the PODs is to provide a strengths-based approach to enable people to live as independently as possible. The PODs have been fitted with assistive technology to support independent living.

The service has systems in place to identify and mitigate risks to health and safety. People live in a safe environment, with safety checks and maintenance of equipment being conducted on a regular basis. Records we viewed demonstrate routine completion of utilities testing. Recent gaps in some fire safety tests were noted, the manager took action to address this. Personal emergency evacuation plans are in place and reviewed before each respite stay at the service. They provide guidance on how people can be safely evacuated in the event of an emergency.

We saw fire exits were clear of clutter and obstructions, with no obvious trip hazards more generally. Substances hazardous to health are stored safely. Daily cleaning and laundry duties are being maintained. The provider has a system in place to record and monitor maintenance requests.

Leadership and Management

People can be confident they are supported by a provider that shows commitment to providing quality care and support. We found good governance arrangements at the service. These help to self-evaluate and identify where improvements can be made. The Statement of Purpose clearly states what people can expect from the service and the service reflects its contents. The provider keeps the statement of purpose under review and submits any changes to the regulator in a timely manner.

The RI has good oversight of the service. We saw evidence of the RI undertaking the required three-monthly service visits and six-monthly quality of care reviews. Policies and procedures, for example, management of complaints, medication, and safeguarding, are in place. They give guidance to care staff, for example telling them what to do if they thought someone was at risk of harm. We saw the service has procedures to deal with complaints and address them. There have been no complaints recorded in the last 12 months. There are systems in place to ensure people, their families and professionals can let them know what they think of the service provided.

Selection and vetting arrangements to enable the service provider to decide upon the appointment of staff were not fully accessible during the inspection. At the time of writing this report access to all required documentation was not made available. For example, we were unable to check identification records, contracts and a reference for one member of staff. This is an area for improvement, and we expect the provider to take action. All staff have up-to-date Disclosure and Barring Service (DBS) checks. The service uses some agency staff to ensure sufficient levels of staff are available.

There are systems in place to support staff and develop their skills. Newly appointed care staff complete an induction programme which includes training and shadow shifts. Staff training records indicate care staff have access to training opportunities, and most have completed a good level of training. Be-spoke and individualised training is provided to care staff before any child starts respite at the service. Staff can attend team meetings to discuss the operation of the service. Formal supervision provides opportunity for care staff to discuss any concerns or training needs they may have and for management to provide feedback on their work performance. All staff had recently received supervision, the frequency now needs to be embedded and sustained. Care staff are supported to undertake the qualifications required to enable them to register with the workforce regulator, Social Care Wales (SCW). The majority of care staff employed at the service are registered with SCW.

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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15	Risk assessments are not sufficiently robust.	New
16	Personal support plans are not consistently reviewed and updated prior to any respite stay.	New
35	Not all pre-employment documentation for new staff were available during our inspection.	New

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