



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

04/12/2024

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About London House

| | |
|---|--|
| Type of care provided | Care Home Service Adults Without Nursing |
| Registered Provider | Aston Care Ltd |
| Registered places | 19 |
| Language of the service | Both |
| Previous Care Inspectorate Wales inspection | 3rd May 2023 |
| 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

London House is a homely and welcoming service that provides care to adults who require support with personal care needs. The service encourages people and their families to be fully involved in their care. Family ties are maintained wherever possible. There are up to date personal plans in place which reflect people well. The service has a dedicated manager and staff team who are appropriately skilled and trained to support people to meet their care needs. Staff feel supported by the management team through formal and informal discussion and are confident in their roles. We saw warm and sensitive interactions between care staff and people, who looked relaxed and comfortable in their surroundings.

There are procedures and plans in place to maintain the environment and ensure there is ongoing refurbishment within the property. The service is clean and uncluttered, and people's safety is promoted. There are good governance arrangements in place by the Responsible Individual (RI) to oversee the service and drive improvements to ensure people's needs continue to be met. There is an experienced and knowledgeable manager in place who is committed to the development of staff and to the wellbeing of people.

Well-being

People live in an environment that promotes their well-being. London House is a spacious property set in its own grounds and people can access communal and outdoor areas as they please. People told us they can rest and feel safe and comfortable in their surroundings. People's bedrooms are personalised and decorated to individual tastes and preferences. The management team told us people's needs are assessed prior to moving into the service to ensure their needs can be fully met. We saw records of these assessments in people's plans.

People have a voice and are treated with dignity and respect. We saw documentation to show that people and their families are involved in their care, and personal plans reflect their needs well. People told us *"staff are lovely and help me with anything I need"* and *"I feel free, everything is going very well"*, and *"staff are all brilliant and I am fully involved in decisions about my care"*. Family members spoken with told us *"We are more than happy; staff are exemplary and are friendly and co-operative"*. We saw people receiving care from attentive and knowledgeable staff and people looked comfortable and relaxed in their surroundings.

People are safe and protected from harm and neglect. Care staff are recruited safely, and appropriate background checks are completed before they start employment. Staff receive safeguarding training and those spoken with showed good knowledge of their responsibilities around this. There are policies and procedures in place to ensure the service is run effectively. Staffing levels are appropriate and are reviewed as people's needs change. Routine health and safety checks are completed by the maintenance person and the environment is kept clean and clutter free. The service is secure, and visitors are asked to sign a visitors' book.

There are governance and quality monitoring arrangements in place. The RI visits regularly and speaks with people, their families, and staff to gather feedback and insight about the service. Regulatory reports are completed within appropriate timescales and contain good, appropriate information. This informs the development of the service. The manager conducts regular audits and addresses any actions required to drive improvements. People, families, and staff feel that the RI and management team are approachable and will act on any concerns raised.

Care and Support

People are supported with personal plans and risk assessments that reflect their needs well. We saw a sample of personal plans which contain up to date information and are reviewed regularly. Detailed risk assessments are available and correspond with these plans. People and their families told us they are involved in the review and updating of these plans. We saw care outcomes are detailed in each plan. Care logs focus on outcomes for people and are detailed and easy to read. We saw care staff provide support in a respectful and dignified manner and interactions are warm and considerate.

People can do things that matter to them when they want to do them. We saw people getting involved in a range of activities throughout the day of our inspection. They told us enthusiastically about the variety of activities they get involved with regularly. We saw records to show that people have plenty of choice in what they want to do with their day. People told us *"its good here, I get to go shopping a lot"* and *"we get to choose what we want to do"*.

There are systems in place to safeguard people using the service. Care staff receive safeguarding training and those spoken with have good knowledge of their responsibilities and how to report concerns they may have about people they support. There is a safeguarding policy in place which is reviewed as required. Deprivation of Liberty Safeguards (DoLS) are in place and up to date for people who do not have the capacity to make decisions about their accommodation, care, and support.

Overall, there are safe systems in place for the management of medication and people's health is promoted by good practice. We saw medication is stored securely in a locked room and only trained staff have access to the keys. We saw a good history of daily temperature checks, and these were seen to be in the correct range to ensure medication is stored safely. Medication Administration Records (MAR) are completed appropriately. There are good processes in place for the ordering and auditing of medication in the service which minimises the risk of error. Staff who administer medication are trained and deemed competent to do so. There are appropriate medication policies and procedures in place which are reviewed annually.

Environment

Care and support is provided in a location and environment that promotes achievement of personal outcomes. London House is a large, detached building set in spacious grounds and is homely and welcoming. We found all areas of the service to be clean and clutter free. Communal areas are pleasantly decorated, and we saw people relaxing in these spaces. There is a secure office where files are stored. We saw several people's bedrooms, which are decorated according to personal preferences. Where needed, relevant adaptations and equipment is available to meet people's needs. People told us that they can get involved in household tasks such as shopping and cleaning. Laundry facilities are kept in a separate locked room and we saw appropriate storage and control of substances hazardous to health (COSHH). Externally, there are large well-maintained grounds people can access freely, and a designated smoking area. The manager informed us of planned refurbishment projects, including updates to the kitchen and new flooring in the laundry room.

The service provider has procedures in place to maintain the environment and mitigate risks to health and safety. The service has a secure entry system in place and a visitors' book. This is to ensure the safety of people is maintained and to comply with fire regulations. We looked at health and safety maintenance files. Daily, weekly and monthly checks are in place to ensure the service remains safe for people. We saw mandatory fire safety checks take place routinely and up to date certificates for fire detectors and fire extinguishers are available. A recent fire drill was recorded and a fire risk assessment has been completed. Personal Emergency Evacuation Plans (PEEPS) are in place for people. Certificates were seen for utility servicing such as gas and electricity and all of these are in date. The kitchen is well-maintained and clean with adequate facilities. An Environmental Health inspection was completed in November 2023 and the service was awarded a rating of 5 (Very Good) in food standards. There are good infection control measures in place and supplies of personal protective equipment (PPE) were seen. There is a maintenance log where issues related to health and safety are reported for action to take place.

Leadership and Management

The provider has governance arrangements in place to ensure the smooth operation of the service. The RI visits the service regularly and consults with people, their families, and staff to gather feedback, which informs any required improvements. This was seen in the quality of care reviews, which are consistently completed within regulatory timeframes and show a good standard of oversight and governance. The RI is supported by a dedicated management team who are committed to driving improvements and ensure the smooth running of the service. The management team complete monthly audits and address any actions raised promptly.

The service provider has oversight of financial arrangements and investment in the service. Refurbishment of the service is ongoing, and projects are either planned or in progress. On the day of inspection, staffing levels appeared appropriate, and staff had time to attend to people's needs. Staff told us they feel there are sufficient staff on each shift to meet people's needs. The management team told us that staffing levels are kept under review as people's needs change.

People receive care and support from a committed and competent staff team who have appropriate knowledge and skills. We saw a training matrix which has ongoing training and development plans for staff. Training offered is a range of mandatory along with service specific. Staff spoken with told us they have excellent training. They told us if they need further training in a specific area, they are comfortable asking the management team for this. Staff spoken with demonstrated a good understanding and knowledge of their roles and responsibilities.

The service has a committed staff team who feel supported in their roles. We sampled staff files and saw robust recruitment and background checks are in place. Disclosure and Barring (DBS) checks are in place and renewed within the correct timeframes. We saw that staff are registered with Social Care Wales or working towards this. Staff receive regular supervision and appraisal, and team meetings are frequently held. Minutes from team meetings show that conversations are two way and there is an open and honest culture within the team. Staff spoken with told us *"management help with any issues, we've got a really good staff team"* and *"I enjoy working here, its lovely and we can give person centred care"*.

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.

Area(s) for Improvement

| Regulation | Summary | Status |
|------------|---|--------|
| N/A | No non-compliance of this type was identified at this | N/A |

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| | inspection | |
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