



# Inspection Report on

**Maesglas Community Support Unit**

**Maesglas Road  
Gendros  
Swansea  
SA5 8BH**

**Date Inspection Completed**

**08 June 2022**

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## About Maesglas Community Support Unit

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	City and County of Swansea Adults and Children's Services
Registered places	10
Language of the service	English
Previous Care Inspectorate Wales inspection	11/12/2019
Does this service provide the Welsh Language active offer?	Yes. 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

Maesglas Community Support Unit provides emergency temporary care to adults aged 18 and over who have a learning disability. The service is provided by the City and County of Swansea, Local Authority. There is very strong oversight of the service ensuring people are safe. The service is well managed by a senior management team that continues to develop the service around people and their carers.

People are happy at the service and have their physical, social, and emotional wellbeing enhanced by committed staff. People are seen as individuals and have good social opportunities, both in the service and the wider community. People are encouraged to make choices by staff that have a good understanding of their needs and what is important to them. People live in clean, spacious and welcoming surroundings where they are happy to stay. Although the home feels tired, requiring redecoration in some communal and bedroom areas as well as needing some replacement furniture.

## Well-being

People's physical and emotional well-being is supported. People receive good quality care and support that is having a positive impact on their quality of life. People are occupied, well cared for, clean, well-groomed and comfortable at Maesglas. We found the environment to be relaxed but staff were responsive. People have regular access to the wider community, supported by staff who want to make a positive difference to their lives. There is purposeful interaction and stimulation from staff through a range of both internal and external activities. Such activities enhance the physical and emotional wellbeing of people. There is good communication with relatives/carers and appropriate referrals are made to health and social care professionals when needed.

Care workers treat people respectfully ensuring their personal preferences are recognised. The service has been hit by staff shortages and continues to work hard to address this challenge. There is a strong core team in place which continues to support each other with the assistance of internal relief staff and senior managers. We saw care workers know people they support very well and are supported by good care planning documentation. Care workers are kind and professional in their approach and are well supported by experienced and dedicated senior staff. Staff training is identified as an area for improvement to ensure training is provided at regular intervals.

Improvements are needed to the environment where people live to continue to ensure their personal outcomes can be achieved. There are areas of the service that require attention and redecoration. These relate to the walls and furniture in the dining room and lounge areas as well as a few bedrooms and corridor areas where ceiling tiles are heavily stained by historical water ingress. Despite this people live in a clean, positive environment. We saw domestic staff ensure the home is clean and fresh. A stringent, well-organised system for maintaining safe systems of work is in place.

There is very strong oversight of the service ensuring people are safe. There are effective staff recruitment systems in place and mechanisms to safeguard vulnerable individuals. Staff display a good knowledge of health and safety as well as their responsibilities to act on any safeguarding concerns. There is a clear safeguarding policy in place, and all staff receive safeguarding training as part of their induction. The Responsible Individual (RI) is very accessible and actively involved in the service. They maintain regular communication with the service and have high quality monitoring arrangements in place. Staff have good communication and support from senior members of the team when required. There are safe systems in place for the management of medication in the service and to maintain people's health.

## Care and Support

Overall, care planning documentation for people is accurate and up to date to meet their needs. We looked at three care files and saw personal plans with corresponding risk assessments in place are routinely reviewed. Although, documentation held in people's files would benefit from a full audit with the aim to remove any unnecessary or historical information that is not needed. Staff continue to work to ensure personal plans are person-centred and not task based. This work is progressing very well, with people and/or relatives working closely with staff ensuring personal plans reflect their wishes and goals.

The provider has mechanisms in place to safeguard people supported in the service. In care files we saw Deprivation of Liberty Safeguards (DoLS) in place for people who do not have the required capacity to make decisions about their accommodation or care and support. These are reviewed routinely by the management team and Care Inspectorate Wales (CIW) are notified. Care workers undertake training relating to the Mental Capacity Act and safeguarding and are aware of their responsibilities and procedures to follow. The service as part of the Local Authority has a clear corporate safeguarding policy in place.

The service promotes hygienic practices and manages the risk of cross infection. We were asked for sight of our negative lateral flow test before entering the service and asked to complete the visitor's book. We observed care staff wearing the relevant Personal Protective Equipment (PPE) where appropriate. The service appeared clean during the inspection and dedicated domestic staff are in place.

There are safe systems in place for the management of medication in the service and to maintain people's health. Medication is securely stored in a designated room. We saw the relevant temperature checks are being carried out by experienced, well-trained staff. Senior staff carry out regular audits and competency checks of staff administering medication. We looked at Medication Administration Records (MAR) charts and saw these are completed accurately. We saw timely referrals and good communication with medical professionals take place when people require additional support.

The health and wellbeing of people is actively supported. Care workers know people they support well and are very familiar with their likes and dislikes, and how they like to be supported. Staff are also fully aware of any risk to themselves or the person through training and up-to-date information. This includes strategies to use to de-escalate any situations which may cause harm to people or themselves. We found care workers monitor areas such as the dietary and fluid intake of people. People have good access to external health care professionals. People have clear opportunities to engage in a range of activities within the service and the wider community.

## Environment

The service requires redecoration and upgrading to ensure it continues to support people to achieve their personal outcomes. We saw internal areas of the home need some refurbishment works. Several chairs in the dining area are ripped and need replacing. Some dining tables are also heavily marked. Paint in the dining and lounge areas is peeling off walls. Ceiling tiles in a few bedrooms and corridor areas are stained with water from previous leaks. While no immediate action is required, this is an area for improvement, and we expect the provider to take action. Despite this, we found bedrooms are personalised and homely, and generally in a good state of repair. Communal areas in the service are kept clean and tidy. The kitchen is well organised and has a hygiene rating score of 5 which is very good. Although the building is clean and overall comfortable it looks tired throughout.

The home is safe and secure. Visiting professionals are requested to undertake a lateral flow test and sign into a visitors' book on arrival ensuring people's safety is maintained. Information is stored securely electronically and in a locked office, and care documentation is treated sensitively ensuring people's privacy is upheld.

The provider has systems in place to minimise any risks to the health and safety of people. Maintenance records show that checks are carried out to identify and address any issues; we saw these checks are, overall, up to date. Materials that have the potential to cause harm are well organised and stored securely in various secure cupboards at the home. Manual handling equipment continues to be serviced routinely and repairs are carried out as necessary, although there have been some delays during the pandemic. Window restrictors are in place to ensure people's safety. There are good fire safety arrangements in place, including regular checks of the fire alarm system. Staff are fully aware of what to do in the event of a fire. There are personal evacuation plans in place for people.

## Leadership and Management

The statement of purpose and written guide are well-presented documents but require updating to ensure they are fully reflective of the service being provided. We saw the written guide is available in a pictorial format to assist people who were unable to read. Both documents are available in Welsh as part of the Local Authority commitment to promoting the “active offer” of the Welsh language.

People are protected by stringent systems of employment and recruitment. The service, as part of Swansea Local Authority, benefits from support from the corporate human resources department. On checking three staff files, we found the relevant checks and documentation to be in place. We found a good induction process with care workers speaking positively on the induction they received. The service is in the process of auditing staff files to ensure all files are standardised. The service has been using their internal recruitment department to ensure safe staffing levels are being maintained.

There are stringent audit systems and processes in place for monitoring the service. The service benefits from stringent corporate policies and procedures. The RI is very accessible and visits the service on a regular basis. They complete three-monthly reports on the service and what impact the service has on people and their carers. We were provided with a detailed six-monthly report on the quality of care. We saw this was appropriate and ensures the views of people, carers and staff are included. It also references any improvements/actions to be addressed. We are confident any complaints, incidents and accidents are recorded, analysed, and used to improve the service for people.

Communication is consistently good, and staff feel well trained and supported, although staff refresher training on several important training subjects is needed. Supervision records evidence that all staff have three-monthly supervisions. We found a supportive and open culture in the service led by an approachable and responsive senior team. Care workers said, “*managers are very good*” and “*we have a strong team here*”. Senior staff told us “*we feel extremely well supported by the RI*” and “*they are always available to help us through difficult times*”. This was in evidence as the RI was covering some operational shifts due to staff shortages. Due to the impact of the pandemic, annual appraisals have had to be delayed, but we saw a plan in place to ensure this is addressed. In addition, there are gaps in staff training records relating to safeguarding, food hygiene, health and safety, positive behaviour management and manual handling. Senior staff are completing regular competency checks in areas such as manual handling and administration of medication. We have been assured training will be prioritised. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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	The environment of which people live is in need of redecoration and upgrading. A number of chairs in the dining area are ripped and need replacing. The dining tables in this area were also heavily marked. Paint in the dining and lounge areas is peeling off the	New



	walls. Ceiling tiles in a number of bedrooms and corridor areas are stained with water from previous leaks . The building is very tired throughout.	
36	There were gaps in staff training records in relation to mandatory training. Ensure staff complete training in relation to safeguarding, food hygiene, health and safety, infection control, positive behaviour management and manual handling.	New
16(1)	review of the personal plan & Daily recordings	Achieved
36(2)(c)	Fitness & supporting and developing staff	Achieved
44(3)	Appropriate storage of equipment & Decoration and updating of the premises.	Achieved

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