



Inspection Report on

Heatherslade residential home

**Heatherslade Residential Home
1 West Cliff Southgate
Swansea
SA3 2AN**

Date Inspection Completed

31/10/2023

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About Heatherslade residential home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Heatherslade Hotel Ltd
Registered places	21
Language of the service	English
Previous Care Inspectorate Wales inspection	1st September 2022
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

People who live in Heatherslade Residential Home and their relatives told us they are very happy with the care and support provided. Care staff told us they receive good support from the management team and enjoy working in the service. A health professional told us there are good standards in place regarding the care people receive and communication with external services. Care planning processes are robust and thorough. An experienced and trained team of care staff and managers work in the home. Staffing numbers are reflective of the care needs of people. Both internal and external areas of the service are presented and maintained to a high standard. Managers are committed and work alongside the responsible individual (RI) to ensure people receive a good level of care and support. People are protected from harm and abuse. Care workers receive training in relation to safeguarding and understand their responsibilities in relation to this. Medication administration and storage procedures are safe and secure. There are detailed policies and procedures in place to guide staff and the statement of purpose (SoP) is an accurate reflection of inspection findings.

Well-being

People's emotional wellbeing, physical and mental health is well supported and upheld at Heatherslade Residential Home. Staff and managers are dedicated and committed to the work they do. People and relatives informed us they are happy with the support provided and caring approach of staff. Relatives said communication with the service is good. We noted positive interactions between staff and people throughout the inspection. Many comments were made by people and staff about the warm, friendly and family oriented culture and feel in the service. A visiting healthcare professional told us the standard of care provided and communication is good. Care workers said they enjoy working in the service and get very good support from managers and the RI. There are processes in place for assessing, monitoring, and reviewing the care and support needs of people. Care staff receive training and current compliance with this is high. Care staff receive regular planned supervision and appraisals.

People are protected from abuse, neglect and harm. Staff have a good understanding of people's needs. Staff complete training in relation to safeguarding adults at risk. They are recruited in a safe way. Regular health and safety checks are carried out. The home and its facilities are well maintained. Policies and procedures offer clear guidance to staff and are kept under review. The RI and members of the management team regularly assess standards to ensure people receive the best possible service.

People live in a service that is comfortable, clean, well maintained and safe. Both internal and external areas are presented to a high standard. Since the last inspection carpets in communal areas have been replaced and areas redecorated. All entrances and exits to the service are safe and secure. People told us there is a good choice of food provided and different dietary needs are catered for. There are very good standards of food hygiene and preparation in place.

There are good oversight and governance arrangements within the service. The management team and RI are accessible and supportive. There are robust quality assurance processes including scrutiny by the RI who regularly visits the service to maintain oversight. There are planned staff and resident meetings taking place which include clearly documented actions.

Care and Support

People enjoy living in the home and receive a good standard of care and support. We spoke to people using the service, a relative and visiting professional. Feedback was overwhelmingly positive about the standard of care and support provided. A person told us; *“Excellent staff here. Manager is very good. We have regular resident meetings here and we are listened to”*. A relative added; *“Good here, manager always contacts me for anything. No concerns, complaints or worries”*. Positive, warm and respectful interactions were observed between care workers and people throughout the inspection. The RI and manager arrange and plan regular activities. A relative told us; *“Entertainment is good and there is always something going on, singing etc. They always make an effort when something is going on in the village”*. A visiting professional stated; *“Communication is very good. No concerns or worries with care provided. The staff are all really helpful and friendly”*. People also gave positive feedback about the quality and standard of food provided.

People have an accurate and up to date plan for how their care is provided in order to meet their needs. Managers and care workers have detailed knowledge of people’s on-going care needs. A sample of personal support files viewed contain personalised information regarding likes, dislikes, care and support needs and risks. There is comprehensive information regarding health care needs such as pressure area care and specific risk assessments for staff to follow where necessary. There are thorough and robust pre-admission procedures. The manager told us they also request people and relatives to complete a life story proforma shortly after moving in. This enables care workers to have an understanding about people’s lives and be able to personalise the service accordingly. There is a ‘keyworker’ system in place. This means there is an identified staff member who is responsible for ensuring personal plan reviews are thoroughly documented, outcome focused and include contributions from people and others. The service follows Deprivation of Liberty Safeguards (DoLS) procedures to ensure any restrictions people face are lawful and in their best interests.

The home has a clear, up-to-date policy to support the safe handling of medicines. Medicine storage temperatures are monitored and recorded daily so any issues can be addressed immediately. Medicines are stored securely within a designated room and the medication trolley is locked to the wall when not in use. We completed an audit of medication procedures, this was positive and showed no concerns or issues. Managers ensure staff are competent to handle and administer medication. When errors occur, these are appropriately reported and investigated so lessons can be learnt.

Environment

People are cared for in a safe, well-maintained, homely, and secure environment. Since the last inspection the service is now fully compliant with double to single room ratios as required by legislation. We viewed all communal areas of the service including a selection of bedrooms. New carpets have been fitted in the communal stairway and hallway areas. People enjoy living in the home and spoke positively about the environment. We saw external exits and entry doors to the home are safe and secure. Fire exits and corridors are clear and free from clutter. We saw bedrooms are personalised and comfortable, some with extensive views across the countryside and sea. There is a large dining area along with two separate lounge areas. One being a quiet area with television and the other a large sitting room with views over the garden. We saw people enjoying these areas, relaxed and chatting to others and staff. There is a pleasant and well maintained outside garden and large patio area with seating and a summer house.

The environment is safe and there are robust processes in place to ensure checks are completed and documented. Safety certificates for gas installations, stairlift operation, fire alarms, portable appliance tests (PAT), electrical safety checks are in place. We saw a detailed comprehensive file containing oversight of fire checks, tests and safety certificates. The fire risk assessment in place needs to be reviewed to ensure it is current and relevant, we received assurance from the manager this would be actioned. We saw cleaning products are stored safely, appropriately and according to control of substances harmful to health regulations (COSHH). There is a dedicated laundry room and soiled items are separated from clean, observing good infection control. The kitchen staff have good knowledge of people's dietary needs including specialist requirements such as diabetes and swallowing difficulties. There is a current food hygiene rating of five, which is the highest possible score. There are appropriate facilities for hand washing and disposing of general and clinical waste. Cleaning products and personal protective equipment (PPE) are available.

Leadership and Management

There is good oversight and governance of the service by the management team. The RI visits regularly and completes checks to help ensure people are happy with the quality of care and support provided. People and staff spoke highly about their interactions with the manager, praising their leadership style and open door policy. The manager is supported by a deputy manager who has worked in the service for many years. A care worker told us; *“Very well supported. Managers are really approachable and helpful. It’s really easy to work as part of a team here”*. The home has clear and informative policies and procedures to support staff. These are reviewed and updated to ensure they reflect current legislation and guidance. We read the latest SoP which is a description of and guide to the service and reflective of inspection findings. The SoP needs to be updated to reflect current occupancy levels.

People receive prompt support from staff, who are visible and attentive to their needs and wishes. The manager told us there is a full staff team in place. New care workers recently recruited have settled well into the service. Rotas show safe staffing levels are consistently maintained. Staff told us they have time to give people the physical and emotional support they need. Staff are suitably recruited and trained. Most training is provided by the managers. Information provided by the service shows good staff training compliance. Staff complete a range of mandatory training, as outlined in the home’s SoP. Staff also complete a thorough and detailed induction when they begin their employment aligned with the All Wales Induction Framework. The manager told us all staff are now registered with Social Care Wales,- the regulator for social care staff in Wales. The required checks are carried out before staff are employed, including a criminal check by the Disclosure and Barring Service (DBS). Staff receive formal, individual supervisions and annual appraisals, allowing them to reflect on their performance and development.

The service provider has good oversight of financial arrangements and there is continued investment in the service. Since the last inspection there has been further investment in relation to floor coverings and redecoration. The manager told us the RI is extremely supportive and open to any suggestions regarding further improvements or feedback from people and 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
45	A full inspection took place on 1st September 2022. The number of adults accommodated in shared rooms exceeds 15% (as per The Regulation and Inspection of Social Care (Wales) Act 2016) of the total number of adults accommodated by the service at the current time.	Achieved

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
36	A full CIW inspection took place on 1st September 2021. Not all core and specialist training is current for all care staff working in the service.	Achieved

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