



Inspection Report on

Rotherslade House

Swansea

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

26/09/2024

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About Rotherslade House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	M&D Care Operations Ltd
Registered places	6
Language of the service	Both
Previous Care Inspectorate Wales inspection	First inspection since the change of the legal entity from M&D Care Ltd to M&D Care Operations Ltd (Registered 19 September 2023)
Does this service promote Welsh language and culture?	This service is not making a significant effort to promote the use of Welsh language and culture.

Summary

'Rotherslade House' has a team of staff that know people well. The team consists of a newly appointed Responsible Individual (RI) who knows the service well and a new interim manager who is registered with Social Care Wales (SCW).

People are supported to have choice and their rights met. Whilst currently there is not a requirement for the Welsh Language Offer, should this change the provider is able to look at ways to meet this choice.

Care documentation is accurate and up to date with personal plans and risk assessments. They contain detailed person-centred information that reflects what is important to people in line with the national well-being outcomes.

Good recruitment practice is in place to ensure staff are trained and supported to meet the needs of people living at Rotherslade House. There is good oversight and support for the team with very good safeguarding and whistleblowing processes in place. An open positive culture is evident within the service.

Well-being

People are supported to do the things that matter to them. We saw people's individuality is acknowledged and their outcomes are met in the way people want them met. The 'little things' that matter to people are respected and appreciated. People we met with appeared happy and are doing things that are important to them. We saw this very much reflected in people's care and support plans and with people's own identified outcomes. We saw preparations being made for a coffee morning arranged by a person to raise funds for a charity.

People's privacy is respected. When meeting people in their individual flats, staff checked first to ensure they were happy to have visitors. We also saw staff confirm people were happy to discuss care and receive medication in front of us.

Measures are in place to safeguard people. Risks are identified within personal plans and risk assessments. Staff are aware of how to report concerns, the whistle blowing policy and safeguarding processes. A culture of openness is evident and encouraged. Protocols are in place to ensure people who may not have capacity for making specific decisions, are not restricted or deprived of their liberty unnecessarily. Staff spoken to, demonstrated good knowledge and understanding of Deprivation of Liberty Safeguard (DoLs) authorisations and how to support people whilst maximising their independence. Notifications need to be submitted to CIW when DoLs applications are completed.

People's voices are heard and they are listened to. People are consulted about their routines and their preferences throughout their day. People are involved in their monthly meetings and their quarterly reviews to determine if their outcomes are met and what they would like to change or continue.

People can access the right information when they need it. There is an up-to-date Statement of Purpose (SoP) and a 'Service User Guide' including an easy read version. Staff communicated well with people and we saw an open-door policy where people came to the office to speak to staff when they wanted.

People have access to the right care and support as needed with professionals involved and consulted. We saw evidence of this within review records and documentation from medical appointments and people's health passport.

People live in a home that enables them to live as independently as possible. Staff told us *"They have just got their own way of living and they enjoy their way of living,"* and *"We are massive at promoting independence – everyone deserves independence"*.

Care and Support

Assessments and personal plans are kept up to date and accurately reflect people's circumstances and what is important to them. We saw very detailed descriptions of people's medical and social history and how their relationships with others impact on them. The 'About Me' sections and 'Where I would like to be,' reflect a person-centred approach to people's care and support with their input being central to the support plan in place. We saw people's outcomes being achieved around engaging in social and leisure activities in the community.

Timely referrals are made to professionals to ensure best possible outcomes for people. People and their relevant professionals are involved with their quarterly reviews. Monthly meetings also take place with people and their keyworkers to capture what is important to people and what is working well and to determine if outcomes are being achieved. We saw very good records of review meetings. We were told people have advocates and they are invited to reviews. Their details and invites to attend meetings need to be consistently recorded in care documentation.

Safe systems are in place for medicines management. We saw detailed medication plans clearly stating the level of support people require. We observed medications being administered as detailed in people's personal plans and medication administration records. Daily medication balance checks are completed.

Communication is integral to the care and support people receive. We saw detailed personal plans around communication. These include people's communication outcomes and what tools will help with communication. The manager and staff at Rotherslade House encourage people to be open about their wishes and give the necessary support for them to be met where possible. We saw that the little things that matter to people are respected by staff and this detail is considered in people's outcomes. The sense of achievement people experience is reflected in how happy they are, living in Rotherslade House.

Environment

Safety and maintenance checks are completed to ensure risks to health and safety are identified and mitigated. We saw gas annual service records for individual living areas. Fire safety and legionella checks are completed regularly with copies available of the latest risk assessments and action plans. People have individual Personal Emergency Evacuation Plans (PEEPs). We also saw very detailed and personalised fire risk assessments and smoking/vaping risk assessments to identify how risks can be managed and reduced in such circumstances. We were told regular fire alarm checks are completed with twice yearly evacuation practice to ensure each member of staff completes a full evacuation at least annually. We saw some fire doors had magnetic release catches that closed automatically when the fire alarm sounds. We noted one kitchen door was propped open and the manager ordered a magnetic release for this door during the inspection visit. We noted products that are COSHH regulated ('Control of Substances Hazardous to Health Regulations 2002) are locked in a cupboard in a locked room. Within this room we also noted a tumble drier is used as required. We advised the provider to check the products are stored within the correct temperature settings when the tumble drier is in use.

Care and support is provided in an environment where people are supported to achieve their personal outcomes. There is a raised lawn and enclosed patio area to the front of the home and this is used often especially in the better weather. To the rear there is a smoking shelter and unused sheds as well as a raised rear garden area. This area is blocked off as it is unsafe to access. The rear fire exits are safe to use if required as in line with recommendations following the latest fire risk assessment. Some people were happy to show us their living area and were proud of new furniture they had recently purchased. We noted some areas are 'tired' looking and in need of a decor refresh and some updating; whilst appreciating the home is 'lived in' and all areas of the home are accessed by people living there. Staff told us *"The environment needs to change – it will happen"* and *"The building could improve"*. We saw an environment Health and Safety risk assessment completed by the service provider and this is updated and reviewed in line with the provider's own quality assurance processes.

Leadership and Management

There are clear lines of accountability within the home with effective oversight. The RI visits the home at least three monthly. Good records are completed of feedback gathered from people and staff at the service. A detailed six-monthly quality care review report is available. We have suggested the RI ensure anonymity throughout the report. The new manager has worked hard to create a positive culture ensuring open communication is encouraged. Staff told us they know who to contact if they have any concerns and they find the RI, manager and directors very approachable and supportive. They do not have any hesitation to raise concerns and believe the organisation supports what is best for people. We saw an up-to-date whistleblowing policy in place. Staff told us *“It is a really good atmosphere to work in and the change in the culture is massive”* and *“I feel listened to.”*

The provider ensures staff are fit to provide care and support and they receive the required level of training. Professional registration with Social Care Wales (SCW), the care workforce regulator, is monitored. Pre employment checks are completed such as Disclosure and Barring Service (DBS) checks. Staff told us how beneficial the training they receive is. We saw the ‘required’ training is 100% compliant and additional training such as personal care, autism and training specific to people’s needs is also provided. An induction consists of two weeks of training prior to people working in the care setting with two days of shadowing experienced staff. Good one to one supervision records were seen and this is provided monthly initially and then at least quarterly. Staff told us *“They are very flexible to fit around my other commitments”*. Recruitment is ongoing to work towards the team reaching the full complement of staff required. In the interim the staffing levels are sustained with the current team of staff.

People are supported to be independent with their finances where possible. Checks of people’s expenditure and finance balances were evidenced, thereby ensuring people’s finances are safeguarded.

Information about the service is up to date and available. In addition to the SoP and Service User Guide, we saw several policies that are up to date, informative and they reference related legislation. Regular team meetings are held. The manager told us *“One to one is great, but saying things out loud in front of the whole team helps build morale as a team”*. The manager was positive about the inspection process, welcoming any feedback and learning as part of the process.

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

	inspection	
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Date Published 31/10/2024