Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

Rose Cottage

Ammanford

Date Inspection Completed

01/11/2024

About Rose Cottage

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Accomplish group ltd
Registered places	5
Language of the service	English
Previous Care Inspectorate Wales inspection	24 August 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

The manager and Responsible Individual (RI) at Rose Cottage are accessible and staff are positive about the support in place. An established team of staff work together to support the people living at Rose Cottage. Staff know people well and are very caring and respectful of people they support.

Care documentation is detailed, and person specific goals are reviewed quarterly. Improvements have been seen with identifying 'personal goal specific' support plans and implementing these so people do what is important to them. Improvements have been seen to the review process with involvement from people. The inviting of representatives and making advocacy referrals will improve this process further.

Ongoing improvements are being made to the home to ensure bathrooms are updated and decor is refreshed to continue to make people's home comfortable.

Recruitment processes are good with training and supervision provided to ensure staff feel supported. Quality assurance processes are in place with the service working towards improving outcomes for people.

Well-being

People and their representatives can access the right information when they need it. Information is available in different formats including large print and other languages. Whilst currently there is not a requirement for use of the Welsh language, staff are bilingual and documents can be produced in Welsh as needed.

People's voices are heard and their individual circumstances are considered. We saw very detailed communication plans. We saw notes that capture people's non- verbal expression and staff told us how they capture people's opinions. Staff support people to understand what their care plan and daily recordings consist of. Individuality is acknowledged with people's routine or preference not to have a routine. This meaning every day is different and choice is given at each part of the day. Staff told us: *"Everyone is really inclusive and really supportive of each other and the guy's best interests are at heart – they get a lot of choice …."*.

People appear to be happy and do things that are important to them. We saw people enjoying time in their home whilst others went shopping. One person helped get the weekly grocery shop. The care worker explained how they will help get the items from the shelves and then pack the shopping at the car where they have more time. People are involved as much as they can be. Another person was looking forward to shopping for some personal items and checked the mail for a letter they have been expecting for an appointment. Staff are caring and show patience and fully support people to be as independent as possible. Family told us *"It's the happiest I've ever seen X". "We are 100% happy that X is there".*

People are supported to be safe and protected from abuse and neglect. Staff are aware of safeguarding processes to follow. Applications are made for authorisations when people may be deprived of their liberty (Deprivation of Liberty Safeguards - DoLs) to ensure their safety and wellbeing. One professional told us *"The home had knowledge on best interest processes and followed this correctly."*

People belong, feel valued and are supported to sustain family relationships. People access their local community and feel a part of it. Plans for Bonfire night and upcoming events were evident. Family told us the staff keep in touch and home visits are arranged for people to spend time with their families.

Care and Support

People have accurate and up to date personal plans in place. We saw very detailed assessment reports with a good integration plan for people moving into the home. This considered individual needs, compatibility and people's ability to adapt to new circumstances. A one page profile gives staff an easy reference overview. Individual risk assessments are completed and personal 'goal specific' support plans. These detail how people's own outcomes and goals can be met. Professional feedback includes: *"I think this shows that they are dedicated to making sure individuals get the right support……they work in a person-centred way with X being encouraged to pursue their interests and express their personality."*

Reviews of personal plans take place at least three monthly. Review records are detailed. Detailed communication plans are in place and people's views are captured. We did note more positive language should be used in the review form such as outcomes and achievements as opposed to 'concerns' and 'severity probability'. Family feel involved and updated however they do not consistently receive invitations to review meetings. We discussed people having access to advocates. Some people have advocates assigned as part of the DoLs process but the manager was not aware they could access advocacy for people in the interim. The manager plans to look at ways of ensuring family and representatives are invited to reviews and advocacy referrals are made where appropriate. Overall, we have seen improvements in the review process. Family told us: *"They phone whenever there is anything"* and *"They ring me and they keep me up to date".*

Personal outcomes are being met with people having more involvement in their community and activities within the home. Small goals are set to support people to achieve their outcomes, such as accessing public transport to enjoy trips in the community. This promotes people's independence whilst fulfilling their wishes and potential. One professional told us *"The home support my clients to have access out into the community on a frequent basis and tailor activities to the client's needs and interests".*

Medications are stored securely. Files contain detailed information about the person and their medications. The medication room temperatures are recorded and a daily balance check of medications is completed. Medication Administration Records (MARs) seen were completed correctly.

People are supported to access healthcare and other services to maintain their ongoing health and well-being. There are good records of communication with professionals. Professional feedback includes: *"The home are incredibly supportive when I arrange routine appointments".*

Environment

Rose Cottage is homely and people personalise their rooms with what is important to them. Safety measures are in place to manage risks whilst ensuring the home is still comfortable and homely.

Improvements are being made to the home. Works had been started on replacing an upstairs bathroom and toilet as part of the home improvement plan. These areas were locked when the team working on the refurbishment were not in the rooms. We noted a downstairs plasterboard bathroom ceiling had been removed leaving exposed wires. The manager addressed this and a new plasterboard ceiling had been applied before the end of the inspection visit. A subsequent risk assessment was completed for some exposed wires still visible above the bathroom light. We were told this was a temporary situation and use of the bathroom would be kept to a minimum.

The home appeared clean and clutter free. Whilst some areas require decorating it is apparent an improvement programme is underway with some painting and updating being completed recently. The kitchen appeared clean and organised with identified areas for preparing raw meat and food labelled appropriately in the fridge. We were told one person had prepared their own breakfast that morning and risks are managed and minimised and people are supported to be as independent as possible. We saw COSHH (Control of Substances Hazardous to Health) products are stored in locked cupboards. The laundry room is locked but people are supported to access this with support when they do their own laundry.

The service identifies and mitigates risks with the required maintenance checks in place. We saw the latest electrical installation check (with supplementary documents to evidence further checks) and the latest oil service record. We saw a legionella risk assessment dated 2021 with a review of this recommended for 2022. The manager could not access a copy of the review but assured us this would be followed up by the property team. A fire risk assessment had been completed in August this year. We saw fire extinguishers are within the 12-month period check.

People get involved with activities in the garden and take ownership of where they live. Staff told us '*The guys painted the fence.'* The raised bed area had been weeded after having plants and vegetables that had been grown over the Summer.

Leadership and Management

The service at Rose Cottage is provided in accordance with the service's Statement of Purpose (SoP). Policies are up to date. The manager is approachable and encourages an open-door policy with a good rapport seen between the manager, staff and people living at the home.

Staff are aware of processes to follow in relation to reporting safeguarding concerns. Records seen showed transparency and good communication with other agencies. Notifications are made to Care Inspectorate Wales (CIW) and other agencies as required. We saw good records of communication logs with other agencies and professionals ensuring the manager and team are open and transparent.

The service is provided with appropriate numbers of staff who are suitably fit and have the required support and training. We saw staffing levels are provided in line with the Statement of Purpose. Staff told us they had enough time to provide the support required. Other staff feedback includes *"It is a rewarding job"* and *"They trust us and it is very rewarding".* Processes for recruitment of staff are good ensuring gaps in employment are explored and references and Disclosure and Barring service (DBS) checks are in place prior to staff commencing employment. Staff recruited are registered with Social Care Wales (SCW) and the manager has a system for monitoring this. Supervision is provided approximately every eight weeks. The majority of staff are 100% compliant with required and specialist additional training. Required training includes Fire Safety, Food Safety and Safeguarding. Additional specialist training includes 'Active Support' and 'Understanding the Perspective of the People We Support'. Staff told us *"There is really good support in place"* and *"The training really helps with my job. We had good follow up from a request for sign language".*

Good quality assurance processes are in place. Quarterly visits are completed by the RI. 'Feedback' is gathered by observations the RI makes and from speaking to people where possible. Staff feedback is also gathered. Staff told us *"The RI comes quite a bit – you can talk to them".* Quarterly records are completed of the RI visits and a six-monthly quality care review report is available. This report shows what people, their representatives and staff have said about the service: what has improved; what has worked well and how outcomes have improved for people. The manager told us since the last inspection – *"We have been growing and building on the independence of the guys with focusing more on goals".*

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	
16	The provider carries out the review process however the review records do not sufficiently capture the extent to which an individual has achieved personal outcomes. In addition they do not include contributions from the person or appropriate representative. Files have improve, however old documents still need archiving.	Achieved

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