



Inspection Report on

Rose Cottage

Ammanford

Date Inspection Completed

24/08/2023

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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	1 st November 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

Rose Cottage is a service supporting individuals on the Autistic and Aspergers spectrum. In a small village on the outskirts of Ammanford, at the foot of the Black Mountains. The service is large with well-kept grounds and picturesque views. This is a satisfactory service with a long-established staff team who have good knowledge of the individuals they support. There are appropriate numbers of staff who are suitably qualified. Relatives told us they have confidence in the service and are supported by the staff team who facilitate visits, which is much appreciated.

The service has a newly appointed manager in post who is highly regarded by the staff team. There is good oversight of the service by the manager and Responsible Individual (RI) who is supported by an internal quality monitoring team. The RI visits the service regularly collecting feedback from people, relatives and staff and is known and respected by the staff team.

Staff are supported through good supervision and appraisals and regular team meetings, giving staff the opportunity for discussion. Pre employment checks are carried out to ensure the suitability of staff to work with vulnerable people.

Well-being

People feel safe, secure, and protected from abuse and neglect. People are supported by knowledgeable staff who understand their role and responsibilities in the safeguarding process and raising any concerns. Staff told us they are well supported by online safeguarding training; this was reinforced by the training plan seen. The provider has good systems in place for the recruitment of staff. Disclosure and Barring Services (DBS) checks are undertaken and reviewed in line with regulatory time scales. Pre employment information is gathered and verified before commencement of employment.

People have a voice which is heard and listened to. Relatives told us they feel their relative is supported to make choices in their daily life and their wishes are listened to and supported by staff. Relatives said they feel listened to by the manager and the staff team, however, where there has been some improvement people are not truly involved in the review of the personal plan and associated risk assessments. This remains an area for improvement.

The service has a longstanding staff team and people have good relationships with staff. Staff are supported through regular team meetings and good supervision and appraisal. Staff have the knowledge and skill to support people to achieve their outcomes and what matters to them. We saw people actively engaged in activities including meal preparation, however this was not wholly reflected in their personal plans and risk assessments.

Overall people's physical and emotional well-being is supported well. We saw good written support plans and risk assessments; however, they did not fully reflect the support people need to be as independent as possible and do not reflect the active support training described in the statement of purpose (SoP). Staff told us; *"We need to get the guys out more and look at more activities outside the service, clubs or groups"*. Daily recordings show people are not always being supported to access the community as per their activity plan. People are supported to see healthcare professionals and documents are updated and reviewed where necessary.

People are supported with good governance and oversight of the service from the RI. The RI has good systems in place to monitor the quality of the service. The RI visits the home regularly to collect feedback from people, their representatives, and staff. This feedback feeds into the quality-of-care reports to focus improvement.

Care and Support

We saw good interactions with people and staff engaging in meaningful activities, clearing the shed, painting, and making food. Relatives told us; *“He bakes, puzzles and painting, and they used to take him to concerts”*. However, activities in the community have been limited. The new manager has plans in place to rejuvenate the service and use the community resources available to people to better support their outcomes and aspirations.

People have personal plans in place reflecting their support needs which are reviewed regularly. However, plans do not fully support the achievement of goals and outcomes. The review process does not sufficiently capture the extent to which an individual has achieved personal outcomes also; they do not include contributions from the person or appropriate representative. Where there has been some improvement in the organisation of the files, personal plans and reviews this improvement has not been met. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

People are supported well on a one-to-one basis; The standard of care and support is good and is reflected in the responses from staff and relatives. We saw warm interactions with people, being actively supported in activities they enjoy. Active support could be strengthened by breaking down a task and supporting people with the areas they find difficult.

The provider has mechanisms in place to safeguard vulnerable people they support. We saw policies and procedures in place to safeguard people. Staff have the relevant safeguarding training and fully understand their role and responsibilities in the reporting of concerns. Staff told us safeguarding is *“Keeping the people you support safe and away from harm”*. And *“I would report to the manager and if I didn’t get anywhere, I would go to CIW, safeguarding or the police if I needed to”*.

The systems for medication management are good and regular audits are carried out by the management team. The provider has a robust medication policy which is reviewed regularly. We saw medication is stored securely in a locked room in locked cupboards, and recording of temperature checks were seen to support the safe storage of medication. Medication training for staff with responsibility for administration of medication is in place, this was confirmed by the training plan and staff spoken with.

Environment

The property meets the needs of people. The environment is well maintained, and all staff receive health and safety training, which is reviewed regularly. Windows are fitted with restrictors to reduce the risk of falls from significant height. We saw materials which could cause harm are securely stored with relevant information to keep people and staff safe.

The service has a private secure garden with scenic views. People are encouraged to grow their own vegetables and utilise the garden to support their physical and mental wellbeing. We saw people comfortable and relaxed accessing the communal areas as they wished. Bedrooms are well furnished to the taste and needs of people. People told us; *“I like all the staff and all the people here, where I lived before was too loud.”*

The provider has systems in place to identify and mitigate risk to the health and safety of people. The service has appropriate risk assessments in place to maintain the environment. Routine utility checks are carried out, and certificates for servicing are on file. We saw records for fire safety equipment and the fire system. The service is secure, on arrival, our identity was checked. We were requested to sign the visitors book in line with fire safety arrangements. We looked at personal evacuation procedures which are tailored to the needs of the individual ensuring their well-being and safety.

The manager has a good understanding of Deprivation of Liberty Safeguards (DoLs), ensuring appropriate safeguards are in place for people who lack the necessary capacity to be fully involved in aspects of their care and support. This was evidenced in the documentation seen.

Leadership and Management

The provider has good systems in place for the smooth running of the service. The RI regularly visits the service to complete visit reports and quality of care reviews. The reports generate actions for the management team to maintain and improve the quality of care and support provided. The internal quality monitoring team also support the service to meet the needs and outcomes of people. The manager told us the RI is supportive and makes themselves available. Staff told us; *“The RI is a great support; I have met them a couple of times they’re doing a very good job”*.

The provider has oversight of the financial arrangements and investment in the service. The manager is given a budget with an expectation to adhere to it. *“If I need to go over budget, I will find a way to make savings the following month”*. There are sufficient numbers of staff on duty to safely support people to achieve their outcomes. The manager confirmed the service do not need agency staff and have successfully recruited any vacancies that have arisen.

People are supported by staff who have the knowledge and skills to meet their individual needs. The training plan and staff spoken with supports this. Staff understanding of active support could be strengthened by face-to-face active support training rather than online training, this would support staff to better understand the practical application of active support. Staff receive positive behaviour support (PBS) training to support people if they become anxious. The service has access to an internal trainer who is skilled in PBS. All staff are registered with or working towards registration with Social Care Wales, the care workers regulatory body.

Staff feel supported by the new manager comments included, *“The home has improved since your last visit”*. And *“I am valued, the new manager is always checking in, asking how we are, work as well as personal life, which is a support”*. Staff told us they are supported by good, productive supervision and appraisals. *“I had my supervision not long ago; we have them every month and appraisal annually”*. And *“Its good because the feedback you get lets you know what you’re doing good and what you’re doing wrong”*. This was also evidences on the supervision plan. Team meeting documentation seen also supports the wellbeing of staff giving an opportunity to have their voice heard. We looked at two staff personal files and saw good recruitment and pre-employment checks are carried out to safeguard people. Disclosure Baring Service (DBS) checks are undertaken and reviewed within regulatory time scales.

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. 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
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N/A	No non-compliance of this type was identified at this inspection	N/A
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.	Not Achieved

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