



Inspection Report on

Rose Cross

**Rose Cross Residential Home
Brenig Road Penlan
Swansea
SA5 7BE**

Date Inspection Completed

29/03/2023

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About Rose Cross

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	City and County of Swansea Adults and Children's Services
Registered places	33
Language of the service	English
Previous Care Inspectorate Wales inspection	30/06/2021
Does this service provide the Welsh Language active offer?	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

Rose Cross residential home supporting both long stay and short stay placements for people. The service can support up to thirty-three people and meets the needs of the individuals who live there well. People took pride in their home and in their individual rooms. People told us they are happy with the service provided. The service is situated in an established residential area of Swansea with mature grounds. The service has a warm and relaxed atmosphere and visitors are welcomed both by staff and those living within the service.

Staff know people well and interactions are relaxed and friendly. Staff understand what matters to people and are committed to ensuring they had the best possible experience. People are supported to be as healthy and active as possible. People have opportunities to take part in group activities however, most are based around the individuals' preferences.

Equipment and facilities are clean and appropriately maintained. There is a strong sense of teamwork among staff who are led by a well-respected proactive manager. Staff meetings supervision and appraisals are carried out on a regular basis giving staff the opportunity for open discussion and team resilience.

Pre employment checks are carried out to ensure the suitability of staff to work with vulnerable people. Staff report feeling happy in their roles. The Responsible Individual (RI) is actively involved in the home and has a good oversight to ensure practise remains at a good standard.

Well-being

The service has good oversight and clear governance arrangements in place with strong line management and methods of communication. The Responsible Individual (RI) makes themselves available to speak to people in the service. This is reflected within the quality monitoring reports.

People feel safe, secure, and protected from abuse and neglect. People are supported by skilled staff who received safeguarding training and understand their role and responsibilities to safeguard people. There are enough staff to deliver timely care and support. People are supported by a safe skilled workforce as the provider recruits staff appropriately. Enhanced DBS (Disclosure and Barring services) checks are undertaken and reviewed as required. The provider has a safeguarding policies and procedures in place.

People have control over day-to-day life. People told us they have good relationships with staff. We also observed sensitive interactions with people by staff. Staff commented they feel supported by the manager including comments such as; *“They are really good and listen to what you have to say.”* And; *“Brilliant support, we have regular staff meetings and 1:1.”*

People live in suitable accommodation, which supports and encourages their well-being. People's rooms are pleasant and contain personal items of their choice and are all suitably furnished. They have facilities which encourage independence and enable them to spend time alone. People told us; *“I do my own thing, reading books, watching politics on TV”.*

People are treated with dignity and respect. Individuals are supported by familiar staff who know them well. People look well kempt, comfortable and cared for. Individuals are encouraged to make everyday choices to maintain their independence as much as they are able. We saw staff assisting people sensitively and respectfully. People told us; *“The staff here are very kind and treat me with respect.”*

The physical environment supports people's well-being. The service is a pleasant place to live bedrooms are decorated to reflect the individual's tastes. The environment offers people access to a range of communal areas as well as the privacy of their own bedrooms. Some areas of the home are undergoing a programme of improvement to maintain good environmental standards and to support the independence of people.

Care and Support

This is a well-managed service with a strong ethos of placing the individual at the centre of the service. We observed people being actively supported to engage in meaningful activities. People told us; *“I help sell the sweets on the sweet trolley and the money goes to the residents fund.”* This was observed on the day of inspection and supported by good personal plans and risk assessments. Personal files contain social history for each person so staff can get to know people and their lives before coming to the service. Plans are regularly reviewed to ensure they are up to date and reflect people's current needs.

The provider considers a wide range of views and information to confirm their ability to meet the needs of people they support. Pre-assessments are carried out supported by good policy and procedures which show staff the needs and outcomes of people. The statement of purpose (SoP); a document which shows people what they can expect from the service, is reviewed regularly by the RI. The provider has produced a guide to services along with welcome pack information. The guide is reviewed on a regular basis and can be available in alternative, easy read formats on request. People told us; *“I have never been in any other home, so I can only speak about my experience here, and this is a very good home.”*

The provider has mechanisms in place to safeguard vulnerable people they support. We saw policies and procedures in place to safeguard people. We spoke to staff who confirmed they are aware of the safeguarding process and are confident to raise a concern. Staff told us; *“Protecting our residents, recognising the signs of abuse. When you get to know a person, you are more likely to notice any changes in behaviour. I would record this and pass on to the manager.”* And People told us; *“I feel very safe here the staff are very good and easy to talk to.”*

Staff know the people well and recognise any deterioration in health and seek medical attention when needed. This was seen in health records and daily notes. We saw staff are familiar with the likes and dislikes of people they support. This was evident in the “what is important to me” document. People are supported to maintain relationships with relatives. We were told by relatives; *“I only have positive things to say, the manager has been up front, they know your name when you come in and you're included.”*

Environment

The provider ensures that people's care, and support is provided in a location and environment with facilities that promote people's well-being and safety. The service is comfortable clean, tidy, and well maintained, and support people's needs, for both long- and short-term care and support. People appear happy in the communal areas and people's rooms are suitably furnished containing personal items important to them. Areas of the home have been refurbished such as flooring in the hallways and new kitchenette. Staff told us they are happy with the changes made within the home and as a result of the changes people and visitors will have access to a room and kitchenette promoting a more inclusive and engaging environment.

The provider has systems in place to identify and mitigate risk to the health and safety of people. The service is well maintained with environmental, and health and safety checks conducted on a regular basis. The health and safety documentation evidenced this along with the relevant safety certificates. There is 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 support planning. This was evidenced in the documentation seen. The provider ensures steps are taken to identify and reduce risks to people. The service entrance was secure upon our arrival, our identity was checked, and we were requested to sign the visitors book in accordance with fire safety arrangements. We observed staff reporting maintenance issues within the service which were actioned immediately. The laundry room is well organised and managed with appropriate systems in place to support infection control, hygiene and Care of Substances Hazardous to Health (CoSHH) products. There is shelving for storage of linen and individual baskets for each resident.

Leadership and Management

The service has good systems in place to monitor and review the quality of care and support being provided. The management team show a good knowledge and understanding of the people living in the service and their regulatory responsibilities. There was an openness throughout the inspection from the team as a whole. This was evidenced in quality monitoring visits and reports carried out by the RI. The robust RI reports generate actions for the manager and team to maintain and improve the quality of care and support.

The service is delivered in line with the Statement of Purpose (SoP) which sets out what services will be provided and how they will be delivered. Staff are well trained, enabling them to carry out their roles and responsibilities. The manager has been instrumental in ensuring training has continued during the pandemic, all be it online. The staff training plan is up to date. Staff told us; *“We do a lot of e learning fire, display equipment, my safeguarding is in date, and reablement. We are now doing some face to face; we are all registered with SCW.”* We saw that all staff are registered with or working towards registration with Social Care Wales (SCW).

People are supported by a dedicated team who have been recruited safely and are well supported in their roles. We saw staff supervision and appraisals are carried out regularly, they are well written and support the wellbeing of the staff. Staff have a good understanding of the safeguarding process. There is a clear safeguarding policy in place, which is accessible to staff. All staff complete safeguarding training as part of induction and online updates are provided. Staff feel they have the skills and knowledge to report issues. Staff told us; *“The policy we use is to protect people from harm, mental, physical financial, I would report to manager or to the RI. I would have no problem in disclosing what I had seen.”*

Appropriate recruitment processes are in place to safeguard people. The records we saw show the provider carries out the necessary checks when recruiting staff. Enhanced DBS (Disclosure and Barring Service.) checks are carried out and are up to date. There are a number of long-standing staff within the service, which provides continuity of care and support of people.

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
	This is because equipment was stored in bathrooms and toilets and the hallway on the first floor causing a hazard.	Achieved

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