



Inspection Report on

Maesglas Community Support Unit

**Maesglas Road
Gendros
Swansea
SA5 8BH**

Date Inspection Completed

26/01/2024

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About Maesglas Community Support Unit

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	City and County of Swansea Adults and Children's Services
Registered places	10
Language of the service	English
Previous Care Inspectorate Wales inspection	08 June 2022
Does this service promote Welsh language and culture?	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

Maesglas Community Support Unit provides emergency temporary care to adults and young people aged 17 and over who have a learning disability. The service is provided by the City and County of Swansea, Local Authority. We saw people happy, engaged in activities and conversation in a warm, atmosphere. People were seen to be supported in a person-centred way, to cook for themselves, attend work, do their own laundry. In one case, write their own outcomes and review their own progress.

People are safe, staff understand their responsibilities to safeguard people. One professional complimented the service stating they look after people well. Staff feel valued and supported by other staff and managers.

The service has made some improvements around furniture and décor, and is part way through, a program of refurbishment to refresh some areas including bedrooms and lounges. Bedrooms are personalised with items of importance to people. Some daily health and safety checks are inconsistent.

There is good governance by the Responsible Individual (RI) ensuring a good quality service that respects the wishes and aspirations of people they support. There are good systems in place to oversee the quality of the service. We saw procedures in place for the safe recruitment of staff, training, and safeguarding people.

Well-being

People have a voice which is heard and listened to. People said they feel listened to by the management and the staff team. We saw people engaged in activities of daily living. People told us they do their own washing and access the training kitchen to make snacks. These were reflected in their outcomes as part of their personal plans and risk assessments.

People are supported by skilled, knowledgeable, and competent staff who have the appropriate understanding to provide the levels of active support required. Staff told us they are well supported through supervisions; this was confirmed through the documents seen. We saw a training plan which showed staff have the relevant training to support people to achieve their outcomes and what matters to them.

People feel safe, secure, and protected from abuse and neglect. The provider has systems and processes in place to safeguard people. People told us; *"The staff treat me well"*. Staff receive safeguarding training and there are policies in place which are updated regularly. Staff spoken with understood their role and responsibilities.

People's physical and emotional well-being is supported well. We saw well written support plans and risk assessments, supporting people to be as independent as possible in their lives and in the local community. These new skills support people to move on to a more independent setting. People told us; *"I'm learning to cook pizza, and cook tea, we have access to the training kitchen"*. *"I go in the kitchen on my own"*. Daily recordings reflect all the good work and support of people. They also show people being supported to access healthcare professionals. Documents are updated and reviewed where necessary.

There are good governance and quality monitoring arrangements in place. The statement of purpose is up to date and reflects the service. Policies and procedures are in place to support the aims of the statement of purpose. Personal plans are reviewed regularly with involvement from the person or their family wherever possible. Review documentation reflects the involvement of people. The (RI) visits weekly and bases themselves at the service for the day. The RI and manager complete regular audits to review progress and inform the development of the service. These audits include medication, staff files, and staff training needs.

Care and Support

The service provider has personal plans in place reflecting the support needs of people which are reviewed regularly with involvement of the individual or relative. We looked at people's files which show people are actively involved in setting their outcomes. One person told us; *"I wrote my own care plan, my own outcomes, then I review my outcomes as I achieve them"*. This is fully captured in the documentation seen. Staff told us; *"Care plans and risk assessments are easy to follow"*. *"Before you work with anyone you must read the care plans to understand them, they all have different needs"*.

The standard of care and support is good and is reflected in the responses from people and external bodies. A professional told us; *"This is a fab service; they look after the service uses really well"*. We saw staff contributing to the well-being of people through open mutually respectful discussion and interactions. Staff encourage people to be as involved in their care plan as much as possible. People spoken with, feel they are encouraged to take the lead in the way they make and meet their personal outcomes.

The provider has mechanisms in place to safeguard people they support. We saw policies and procedures in place in line with the South Wales Adult protection policy. We spoke with staff who confirmed they are aware of their responsibilities within the safeguarding process. One staff told us; *"Safeguarding is everybody's responsibility; we have a duty of care to look out for them"*. And *"I would look out for the person, reporting to the manager and other agencies"*. The training planner shows staff receive safeguarding training. This was supported by staff and the certificates seen.

The health and well-being of people is supported. Documentation seen and speaking with people and staff, show staff can recognise any deterioration in people's health and seek medical attention when needed. We saw staff are very familiar with the likes and dislikes of the people they support. People are supported to maintain relationships with relatives. We saw visitors to the service and people told us they are supported to college, groups, and religious settings.

The provider has good systems for medication management in place, regular audits are carried out. Medication administration records are accurately completed. We saw medication is stored securely in a locked trolley within a locked room. Recording of daily temperature checks to ensure safe storage of medication was inconsistent. This was discussed with the manager. Training for staff with responsibility for administration of medication was in place, this was confirmed by documentation seen and by speaking with staff.

Environment

The property meets the needs of people. Staff have made every effort to make the environment, warm, and friendly. For the most part the decoration and furnishings mostly support the diverse needs of people. There are areas needing a refresh and refurbishment. The manager informed us there is a refurbishment plan in place. The plan includes several bedrooms, bathroom and the laundry area to the exterior of the building. Staff told us; *“The building may not look much compared to others, but we are full of heart and soul”*. We saw people comfortable and engaged with their surroundings. The service has a training kitchen, people are encouraged to make snacks, drinks, wash up and use the fridge. This creates a more homely environment supporting the independence of people. We saw several people confident in making choices about their day-to-day life and supported when asked. Resident meetings also contribute to the wellbeing of people, staff told us; *“I did a resident’s meeting last week and there was a lot of input from people about food, activities it was very refreshing”*. The home is a large enough property to give people choice either to socialise or spend time alone. People appear happy in the communal areas. Bedrooms are personalised to meet their needs. Some do need refurbishment, one room needed unnecessary equipment removed, the people spoken with did not feel this impacted their wellbeing. There is an inner courtyard which was part of the day service. This is a good space for people to socialise. The manager told us this space will be utilised more in good weather.

The provider has systems in place to identify and mitigate risk to the health and safety of people. Safety checks, such as water and temperature are inconsistently carried out. The manager assures us these will be brought in line with the checks carried out by external bodies. Routine servicing of utilities such as gas and electricity take place and certificates seen. We saw servicing records for fire safety equipment and the fire system. We looked at personal emergency evacuation procedures (PEEP’s) for people. Evacuation procedures are specific to the individual and reviewed regularly. Fire escapes were clear of obstruction to support the safe evacuation of people. The laundry room is small and used by people on an individual basis, with appropriate systems in place to support infection control. This may prove more difficult if the dependency of people increases. The service is secure with a key code entry system. On entry we were asked to sign the visitors book in line with fire regulations.

Leadership and Management

The provider considers a wide range of views and information to confirm their ability to meet the needs of the people they support. A summary of the admission preassessment is included in the Statement of Purpose (SoP). The SoP is clearly written and reviewed regularly by the manager and RI. The guide to services gives people the information they need to make a complaint, fees and terms and conditions. This is a formal contract between Maesglas and the temporary resident, supporting their choice in accepting the service. The provider has good governance and quality monitoring arrangements in place to support the operation of the service. The quality-of-care review and visit reports, completed by the RI are comprehensive and shows very good oversight and governance. The RI gathers views of staff, relatives, and professionals to drive improvement. The provider has oversight of the financial arrangements and investment in the service. Rotas show there are sufficient numbers of staff on duty to safely support people to achieve their outcomes. The RI is respected by the staff and manager. We were told, *“The RI comes in weekly and is very approachable”*. And *“she’s worked on the floor with us, she is very supportive”*.

People are supported by a service that meets their needs with suitably qualified staff who have the knowledge and understanding to support people to meet their outcomes. The training plan and discussions with staff supports this. Staff feel supported by the management and staff team. Staff told us; *“The service for people is really good, and management develop and guide you, making it easy for you to learn”*. And *“I can ask to see the manager and talk about anything; moral is good here and we are a good team”*.

Support is given through good supervision, appraisal, and impromptu discussion, this was supported in the documents seen. Good recruitment processes are in place to safeguard people. We looked at staff personnel files and saw good recruitment and pre-employment checks are carried out. Enhanced DBS (Disclosure and Barring Service) checks are carried out and are up to date. All staff are registered with or working towards registration with Social Care Wales (SCW) the workforce regulator.

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
44	The environment of which people live is in need of redecoration and upgrading. A number of chairs in the dining area are ripped and need replacing. The dining tables in this area were also heavily marked. Paint in the dining and lounge areas is peeling off the walls. Ceiling tiles in a number of bedrooms and corridor areas are stained with water from previous leaks . The building is very tired throughout.	Achieved
36	There were gaps in staff training records in relation to mandatory training. Ensure staff complete training in relation to safeguarding, food hygiene, health and safety, infection control, positive behaviour management and manual handling.	Achieved

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