



Inspection Report on

Rosendale Park Care Home

Tenby

Date Inspection Completed

05/02/2024

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About Rosendale Park Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Pembrokeshire Resource Centre LTD
Registered places	6
Language of the service	English
Previous Care Inspectorate Wales inspection	17 February 2023 Click or tap here to enter text.
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

People like living in Rosendale; they feel comfortable there and they have good relationships with care staff. There is a culture of empowerment at the service where people are encouraged to understand the service and to do as much as they can for themselves, with the support of care staff. People have detailed, regularly reviewed personal plans which care staff almost always follow. People are regularly getting out into the community doing things they enjoy such as having a coffee, bowling, dancing, and linking in with local community groups. Their physical and mental health is promoted by regular appointments and oversight at multi-disciplinary meetings.

Care staff are trained in safeguarding and they almost always follow safeguarding procedures. The responsible individual takes action to strengthen internal safeguarding processes.

There is a mix of qualified and experienced care staff with others who are undertaking the qualification for their role. The use of agency care staff has reduced and recruitment is ongoing. The team feel supported by an approachable and empathic manager.

The home is safe, spacious and has suitable facilities. The annexe area has been redecorated and has new furniture in place and the main house is due for redecoration. People personalise their bedrooms and they are relaxed and comfortable around the home. The garden areas are improving and a range of regular checks promote the safety of the home.

Well-being

People have a voice and they influence the service they receive. People make choices on a daily basis in relation to the time they get up, the clothes they wear, their food and how they plan their day. They are consulted about the goals they wish to achieve and they take part in wider discussions about activities, menus and facilities at regular house meetings. They are consulted about their progress prior to their three monthly multi-disciplinary meetings and also as part of the various quality assurance consultation processes. The manager is visible in the home and people are comfortable to approach them and talk about any issues they may have.

Overall, care staff support people to achieve positive health and well-being. With support, people are attending regular health appointments and they receive responsive care to any emerging health needs. People's particular health needs are monitored by care staff which keeps them safe and well. Meals provided at the service are wholesome and regular exercise is promoted. On almost all occasions, people receive the right care at the right time and when the service provider becomes aware this is not the case, they take action. People are identifying and starting to achieve their goals and they enjoy regular time in the community doing things they enjoy.

When consulted people indicate they feel safe in the home and safeguarding procedures are almost always followed. They are supported by trained staff and are encouraged to communicate their views, which are responded to. Some have advocates and care staff support people's regular time with their families. The service provider makes safeguarding referrals and the responsible individual takes action to improve the service provider's safeguarding processes to ensure they are sufficiently robust.

People like their comfortable home and they move around it in a relaxed and confident manner. They are proud of their personalised bedrooms and they have a range of facilities to promote their independence. The outdoor area has improved and is becoming a more inviting space.

Care and Support

People are assured care staff have access to regularly reviewed personal plans to meet their care and support needs. People's plans clearly detail their routines, health needs and provide incremental guidance for care staff to support them when they are anxious. People and their representatives contribute to their plans and a provider assessment is completed when people first move in, which broadly outlines how the service provider intends to meet their needs. This, along with risk assessments is regularly reviewed and records show care staff use the least restrictive measures to support people when they are unsettled.

Care staff have positive relationships with people and they almost always support people in line with their personal plans. We saw people happily chatting to care staff and later on some played board games together in the living room. They were responded to with respect and courtesy and were encouraged to do as much as they could for themselves. People's non-verbal communication was understood and acted on by care staff, which reduced their anxiety. On almost all occasions, people's care and support reflects their personal plans, however, on occasions it does not, and this has a negative impact on people. This is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Care staff are trained in safeguarding but a more consistent adherence to procedures is needed. The service has a suitable safeguarding policy and care staff we spoke to knew their safeguarding duties. Records show their reporting is not always in line with procedures, which poses potential risks to people. The service provider has developed an open relationship with the local safeguarding authority and the manager makes safeguarding referrals as required. While no immediate action is required this is an area for improvement and we expect the provider to take action. The responsible individual advocates for robust action in relation to internal safeguarding processes.

People are doing things they enjoy and are taking part in household tasks. Records show people are identifying and starting to achieve their goals, such as going on holiday. People are getting out in the community taking part in social groups, going bowling and having meals and snacks in local cafes and pubs. People have a wide range of independence skills and all are encouraged to participate in jobs such as preparing their own drinks and breakfast and to clean, change bedding and wash up, with varying degrees of tailored support.

Care staff support people to be as healthy as they can be. People are registered with primary health care professionals and are supported to attend routine appointments, although these need to be more accurately recorded on their files. Care staff work in partnership with other health professionals to manage particular health issues. There is regular oversight of people's medication and their positive behaviour plans to ensure they remain effective. People's physical health is promoted by care staff's encouragement of regular exercise; for example, people are going for walks, dancing and swimming. Meals are generally wholesome although the frequency of takeout meals somewhat undermines these efforts. The monitoring of people's weight needs to be accurate and consistent to ensure preventative steps can be taken at the earliest opportunity.

Environment

The home is meeting people's needs. The home is spacious and has a range of rooms where people can be together or have time on their own. The entrance has been made more homely with the addition of coat hooks and throughout the home there are pictures of people doing things they enjoy, which promotes a sense of belonging. People's bedrooms are personalised and privacy is assured through the addition of patterned glass to windows. Bedrooms and the living room have curtains but other windows around the home are bare and would benefit from some window dressing to promote a sense of homeliness. Refurbishments have been carried out in the annexe part of the house and in some bedrooms, however, a large part of the home requires redecoration, including doors and woodwork which are looking worn. A room used to help people calm when they are anxious has bright strip lighting and the service provider agreed to consider a change to this, in line with its use.

The main kitchen is spacious and clean and well stocked and provides facilities for people to develop independence skills. It leads into the dining room which has a large picture of a person who previously lived in the home on the wall. People chose to keep this picture there as a fond reminder of them. People are supported to clean their bedrooms and en suite bathrooms. We were told people take their own soap and towels into the communal bathroom, which was clean.

The home is safe. The front door was locked and we were asked to show our identification and sign in on arrival. Health and safety and fire safety checks are carried out within their required timescales and fire drills are regular with people's personal evacuation plans being updated as required. Action is taken to ensure the safety of people's bedroom and bathroom areas and repairs are attended to in a timely manner.

The garden area has improved. The areas which were overgrown have been cleared and a sensory garden, using painted tyres has been created. There is also a border of chippings and a new, colourful garden bench and table is in place. The responsible individual told us a patio area was planned near the annexe and new fencing erected. They agreed continued work is required to make the garden a more inviting space with suitable facilities to promote a sense of fun and well-being.

Leadership and Management

The service provider gathers information to ensure they are able to meet people's needs. People's local authority care plans, assessments from a range of professionals and consultation with people and their representatives inform the admission process. The service provider carries out an initial assessment which contains an impact risk assessment for new and existing people at the home. Documents contain evidence to support the decisions made regarding people coming to live at the home.

People have access to information which keeps them apprised of their rights. The statement of purpose is regularly updated and overall, the service we saw at inspection reflected it. People have access to suitably formatted guides to the service, their personal plans and the complaints policy and care staff are in the process of sharing these documents with them. People are also reminded of the complaints policy at each house meeting.

The service provider ensures there are sufficient numbers of trained, skilled and experienced care staff. The team is a mix of qualified care staff, those who are undertaking the relevant qualification for their role and some newer care staff who are completing their AWIF (All Wales induction Framework). Rotas show there is almost always enough care staff to meet people's care and support needs with the manager stepping into help when required, along with agency care staff and care staff from other nearby homes. The use of agency staff has significantly decreased. Some of the agency profiles we looked at did not have a record of the required training for their role and on one form the DBS (Disclosure and Barring Service) check was not in date. We did not see evidence of any quality assurance checks of agency care staff, however, the RI advised a service level agreement was being drawn up between the service provider and the respective agencies to address the issues noted.

All care staff are trained in the mandatory topics of safeguarding, first aid, fire safety and behaviour management and they also undertake a range of other training relevant to their role and people's needs. Team meetings evidence clear direction from the manager and efforts to involve care staff in the development of the home. Care staff told us the manager was approachable and "knows when staff are worried and will step in and support ". They described a "lovely balance between being the manager and being there for staff."

Quality assurance measures are suitable. The RI visits the home every three months and carries out a wide range of thorough checks. They create an action list which receives a rapid response from the manager. At each visit the RI consults people living at the service, care staff and other stakeholders and every six months more formal consultation is undertaken with these parties, as part of the quality of care report. The low response rate of stakeholders in the formal consultation process requires action in order to achieve more rounded feedback to inform the development plans for the home. The reports are structured and they identify areas for improvement.

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
21	The service provider has not ensured that at all times, care and support is in accordance with individual's plans and which protects, promotes and maintains their safety and well-being.	New

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
26	The service provider has not ensured the service is run in a way which ensures individuals are safe at all times and protected from abuse, neglect and improper treatment.	New
18	Provider assessment is not being regularly reviewed and updated.	Achieved
44	The garden area is overgrown and is not meeting the needs of the people living at the home.	Achieved

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