



# Inspection Report on

**Rosendale Park Care Home**

**Tenby**

## **Date Inspection Completed**

26/09/2024

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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	<a href="#">5<sup>th</sup> of February 2024</a>
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 enjoy living at Rosendale and are supported to achieve their goals and aspirations. Ongoing assessments ensure people's care and support needs are being met and promote a positive culture within the home. They are supported to be as independent as possible and engage in activities which focus on learning and development. People are supported with their physical and mental health needs and are registered with local and specialist health services.

The manager provides regular supervision to care staff who are committed in delivering a good standard of care and support. The Responsible Individual (RI) provides support to the manager and visits the service regularly. Robust quality assurance systems are in place which monitor the quality of care being delivered.

Care and support needs are being delivered by a core staff team and are reliant on agency care staff. Recruitment is ongoing and the service provider has introduced incentives to attract people to work at the service.

The home provides a holistic space for people which is suitable to meet their needs. Bedrooms are personalised and living areas are well decorated and furnished.

In February, a priority action notice was identified in relation to standards of care and support. This inspection found significant improvements have been made and the priority action notice has been achieved.

## Well-being

People are supported to express themselves and make choices which influence their day to day lives. They engage in a range of different leisure activities which support their social, physical and emotional well-being. Monthly meetings encourage people to make decisions on the things they would like to do and make decisions on the running of the home. People are consulted when developing weekly planners which promote independent living skills such as personal care, cooking and cleaning.

People are supported with their physical health needs and are registered with local health services. They are supported by care staff to attend regular appointments with GP's, opticians, dentists and specialist health services. Medication is stored appropriately, and effective recording and monitoring systems are in place. Care staff are suitably trained in the handling and administration of medication. People are supported to access advocacy services and contact information is readily available. People are encouraged to lead healthy lifestyles and engage in activities such as walking, swimming and gardening. Menus provide a range of healthy options and arrangements in place to support any dietary requirements.

People can be assured effective safeguarding system are in place to protect them from risks. A guide on how to raise a concern or complaint is available in a format suitable to people's needs and understanding. Significant improvements have been made in reporting, monitoring and actioning safeguarding concerns and ensuring people are kept safe. The area for improvement in relation to safeguarding has now been met.

People are supported to spend time with the people most important to them and attend social clubs, quizzes and visit family and friends. Care staff are kind, caring and respectful and have a good understanding of the people they are supporting. One person told us; *"I like living at Rosendale and I like the staff"*.

The home is spacious and provides room for people to move freely. Bedrooms are decorated and personalised to their own taste. Living areas are suitably furnished and provide a space where people can spend time together.

## Care and Support

Provider assessments are undertaken prior to offering a placement and are kept under ongoing review. Records provide clear information on how care and support needs would be met, compatibility and any mitigating factors relating to risk within the home. People have access to a guide which provides information about the provision of the service, local amenities, and local health services. Guidance is available on how to raise concerns or complaints and contact details of the manager and RI is readily available.

Personal plans are written in the voice of the person and provide clear guidance to care staff on how they would like to achieve their goals and aspirations. They are reviewed in-line with regulatory requirements and people are consulted on how they would like their care and support needs delivered. Multi-disciplinary reviews are carried out routinely and consider a range of different views from care staff, family members and social workers and provide input in the development of individual plans. People's voices are heard, and guidance outlines their preferred methods of communication to be delivered by care staff.

Behavioural plans are personalised to each individual and provide guidance on how people like to be supported to maintain a positive sense of overall well-being. Risk assessments are reviewed regularly and mitigating measures support people to take positive risks when engaging in tasks or activities.

Care staff are responsible for completing people's daily records, although there are some inconsistencies when records are being completed. Terminology used by care staff within daily records is not always consistent to ensure records are clear and free from jargon. Records provide information to people's daily routines and activities they engage in on a day-to-day basis.

Incident reporting is detailed, and people can be assured they are safeguarded. Referrals are made in a timely manner and care staff are suitably trained in safeguarding.

DoLS (Deprivation of Liberty Safeguards) assessments are up to date and best interest meetings are held to ensure any action taken is respectful of people's rights.

## Environment

The environment is spacious, safe and is suitable to meet people's needs. Bedrooms are personalised, well-decorated and provide suitable storage. People are supported to clean their bedrooms and en-suite bathrooms. They are supported to maintain a good level of hygiene and have access to their own toiletry items.

A sensory room provides an inviting space for people to spend time when needed. Colourful lights, a comfy seating area and opportunities to listen to music are available for people to spend some time fulfilling their sensory needs.

Areas of the environment have been re-decorated and provide a more homely feel. A large living area provides enough seating space for people to sit and spend time with peers and care staff. Photographs of people engaging in favoured activities are located on the walls and provide a sense of belonging.

The kitchen area provides the necessary equipment to make meals and cupboards and fridges are well stocked. Food items are labelled when opened and temperatures are consistently recorded. The dining area provides suitable seating where people can sit down and have food.

Outside there is a spacious garden with a colourful seating area where people can spend time on nicer days. An area to grow plants and vegetables is available at the side of the property and encourages people to engage in gardening activities.

The property is well-maintained, and systems are in place to record and monitor health and safety issues. Control of Substances Hazardous to Health (COSHH) are locked away securely and risk assessments in place for the safe use of these products.

Fire risk safety arrangements and records are in place. Personal Emergency and Evacuation plans (PEEP) are in place and provide guidance on how to support people during an emergency.

The service provider has a visitor's book, and we were asked to sign in and our identification verified on arrival.

## Leadership and Management

The statement of purpose (SOP) is reflective of the provision of the service and is regularly updated. Information is provided on how standards of care and support will be delivered and opportunities available.

The service provider has robust quality of care systems. Processes are in place which monitor, review, and focus on driving improvement for people. The RI visits the home every three months and carries out a wide range of thorough checks. At each visit the RI consults people living at the service, care staff and other stakeholders and identifies actions to improve standards within the home. A quality-of-care review is carried out every six months and provides detailed analysis of staffing, standards of care and support and any concerns raised. Lessons learnt are identified and strategies developed to improve quality of care. Significant improvements have been made in relation to the oversight of quality-of-care systems and the RI ensures safe practices are delivered within the home.

The service provider ensures there are sufficient numbers of care staff available to meet people's support needs. 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 currently a shortfall in staffing. The service provider is reliant on agency care workers, care staff from other homes and the manager to fulfil shortfalls in the rota. We were told by the service provider incentives have been introduced to attract people to work at the service and some care staff are waiting to start their induction. The same agency care staff are used regularly and aim to provide consistency for people living within the home.

Agency care staff are required to engage in a robust induction process prior to working within the home. Agency profiles provide necessary information in relation to DBS (Disclosure and Barring Service) checks, Social Care Wales registration and skills relevant to their roles. We were told agency care staff are working towards a relevant social care qualification.

Care staff receive regular supervisions and told us they feel supported by the manager and are able to progress within their roles. Team meetings and networking sessions are held regularly and focus on most recent developments. Care staff are required to attend mandatory training relevant to their role and have a good level of compliance from records reviewed.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
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.	Achieved

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 inspection	N/A
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.	Achieved

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