



Inspection Report on

Rose Cottage

Ammanford

Date Inspection Completed

01/11/2022

1st November 2022

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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	31 st January 2020
Does this service provide the Welsh Language active offer?	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 good service supporting individuals on the Autistic and Asperger's spectrum. The service is large with well-kept grounds overlooked by picturesque views of the surrounding mountains. Rose Cottage has a long-established team with very good knowledge of the individuals they support. There are appropriate numbers of staff who are suitably qualified. There are two resident vacancies in the service. The manager informed us all applications for admission to the service will follow the "suitability of service assessment" policy to ensure disruption to those people living in the service is kept to a minimum.

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-service delivery. We saw robust procedures in place for the safe recruitment of staff and ongoing training and supervision to support staff development within their role.

Well-being

People have a voice which is heard and listened to. Relatives told us; *"I think the service looks after them very well"*. Relatives said they feel listened to by the manager and the staff team however, they are not truly involved in the review of the personal plan and associated risk assessments. This is an area for improvement.

The service has a longstanding staff team. Staff are supported through supervisions carried out within regulatory time scales. Staff are well trained and able to support people to achieve their outcomes and what matters to them. We saw people actively engaged in activities including meal preparation, which is reflected in their personal plans and risk assessments.

People feel safe, secure, and protected from abuse and neglect. The provider has systems and processes in place to safeguard people. Relatives told us; *"They support them well and keep them safe"*. Staff receive safeguarding training and there are policies in place which are updated regularly. Staff told us; *"training is good most of it is online, some is going back to face to face, quite informative, valuable for what we do here, and the refreshers are good"*.

People's physical and emotional well-being is supported well. We saw good written support plans and risk assessments, supporting people to be as independent as possible in their lives and in the local community. Staff told us; *"oh, we do lots of engagement activities jigsaws arts and crafts we go outside there is a little bit of just going for a drive because of funding but the guys like it"*. Daily recordings show people being supported to access healthcare and documents are updated and reviewed where necessary.

We saw effective governance and oversight of the service from the RI. The RI has good systems in place to monitor the quality of service. The RI told us support given to the manager will include more effective supervisions of which they will monitor.

Care and Support

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 “suitability of service assessment” is included in the Statement of Purpose (SoP) which is reviewed regularly. The provider has produced a general guide to services along with a welcome to our service booklet, however the booklet does not reflect the communication needs of the people supported.

The service provider has personal plans in place reflecting the support needs of people which are reviewed regularly. However, 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. We looked at four files for one individual, files were disorganised and very difficult to navigate. Staff told us; *“sorry I know the files are everywhere our internal quality team have already picked it up, so we will be sorting them out”*. 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, with personal plans and risk assessments that reflect people’s needs. The standard of care and support is very good and is reflected in the responses from staff and external bodies from quality surveys undertaken by the provider. We saw staff contributing to the well-being of people through sensitive and warm interactions with people and in the creation and design of a sensory room which is always accessible to people.

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. One staff member told us; *“If I thought there was abusive behaviour I could go to my manager or above him to his manager, I know their numbers and I feel confident I'd be able to whistle blow”*. The training planner shows staff have received safeguarding training.

The health and well-being of people is supported. Many of the staff have worked in the service for several years and can recognise any deterioration in health and seek medical attention when needed. We saw staff are very familiar with the likes and dislikes of the people they support. Positive behaviour support plans are written and outline positive interventions and distraction techniques to support individuals and their well-being. People are supported to maintain relationships with relatives. We were told by relatives that staff regularly support people to visit them.

Environment

The property meets the needs of people. Staff have made every effort to make the environment homely, warm, and friendly. The decoration and furnishings have been tastefully chosen to support the diverse needs of the people supported. Staff told us; *“staff work well across the teams to create the best home environment for the people”*. Also; *“communication is good, and everyone is kept informed of changes positive or challenges in the day.*

We saw people comfortable in their surroundings and communal space. We saw one person making choices around personal space and were confident in their choice being respected. 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 and bedrooms are personalised to meet their needs. Staff have been creative in the design of some furnishings to better meet the needs and well-being of people.

The provider has systems in place to identify and mitigate risk to the health and safety of people. All safety checks are carried out. 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, staff have innovative ways to support people during the evacuation drills. The service is secure with a key code entry system. The service has considered people's wishes and preferences in furnishing and the decoration of the property. Which promotes their independence as much as possible.

The management of infection control and hygiene practices within the service are very good. Before entering the property, we were confirmed symptom free of Covid 19 and our temperature was taken. We saw systems in place for the safe disposal of personal protective equipment (PPE) and clinical waste. An up-to-date contract is in place for safe removal.

Leadership and Management

The provider has good governance and quality monitoring arrangements in place to support the operation of the service. The quality-of-care review carried out by the RI shows good oversight and governance the provider. The RI gathers views of staff, relatives, and professionals. It outlines good methods used to collate feedback around the quality of the service, and documents outcomes and a summary of an action plan to improve the quality of the service they provide. Staff told us; *“the (RI) is very knowledgeable of the service as they managed the home a number of years ago and carries out the Reg 73 visits and is at the home at least four times a year”*. The quarterly visits carried out by the RI are well documented and include views of staff. People articulate their needs and wishes through body language and behaviours well known by staff. The RI has documented actions required from their visit in the reports.

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 individual needs and outcomes. Staff told us; *“training is good most of it is online, some is going back to face to face, quite informative, valuable for what we do here, and the refreshers are good”*. The training plans and discussion with the manager support this statement and confirmed all staff are registered with Social Care Wales. We looked at three staff personnel files and saw that all recruitment documentation is in place. Supervision records show staff are well supported on a regular basis and their well-being is considered. Staff told us; *“I do feel confident in working here because I'm supported, and I know how to manage the behaviours”*. And *“also because in my supervision with the manager they are supportive and made me feel I was getting better in my role”*. We saw the managers supervision record; this showed a lack of line management support to the manager. This was discussed with the RI who is recruiting a regional manager and will monitor the support given.

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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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 are difficult to navigate, and old documents need archiving.	New
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