



Inspection Report on

**Rosewood
Accomplish Group**

**Swansea
SA9 2FY**

Date Inspection Completed

12 July 2021

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About Rosewood

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Accomplish Group Ltd
Registered places	4
Language of the service	English
Previous Care Inspectorate Wales inspection	14 January 2020
Does this service provide the Welsh Language active offer?	The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service, or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

Rosewood is situated in a family style detached building with its own grounds in Cwmllynfell, a semi-rural village near Swansea. The service can support up to four people with a learning disability and/or mental health needs. Accomplish Group Ltd is the service provider and the Responsible Individual (RI), who oversees the service, is Emma Rees. A registered manager is in place.

The service supports people to make choices and be as independent as possible. People are encouraged to participate in the planning and reviewing of their care and support, and the service is taking steps to improve the recording of this. The staff team provides discerning support for people and is consistent and knowledgeable. We had positive feedback about the service from people, their relatives and care workers. The service has not fully met legal requirements regarding RI visits. There were changes to the RI since the last inspection but stability and direction were assured at all times because the service has well-defined objectives, a settled and competent team, and robust quality assurance processes.

Well-being

People can feel at home at Rosewood and their well-being is nurtured. With the support of the staff, the people living in the home are able to exercise daily choice and self-determination. To ensure their support is appropriate for them as individuals, the service asks people what their goals and wishes are, and involves them in the planning of their care. People also have good support to participate in activities and meaningful tasks, in the home and in the community. Staff are aware of the importance of maintaining social relations for people and assist people well to keep them up.

The care documentation is person focussed, reflective, and informs support well. Staff have detailed guidance on how to support people to achieve their goals, to encourage positive behaviour, and to promote their independence and social well-being. As there are non-verbal people living in the home, communication is an important focus for staff so they can converse with people in ways they understand.

People and their relatives speak well of the staff, telling us *“I give them eleven out of ten”* and *“I have nothing but good things to say about this service”*. Staff are caring and understanding about peoples’ needs, wishes and dignity. We also heard from staff and relatives that the service communicates well with them.

The service has appropriate safeguarding measures in place to ensure peoples’ well-being and safety, and liaises appropriately with relevant professionals. Staff have relevant training to recognise signs of neglect, abuse and poor mental or physical health; they know their safeguarding responsibilities and can act appropriately.

The service makes sure the home is as safe as possible. Access is only for those who are authorised so people can feel at home. People living at Rosewood enjoy all the comforts of a home. They are supported to be as self-reliant as possible with household tasks and leisure activities.

Rosewood is working towards providing the ‘Active Offer’ of the Welsh language. As the manager and some staff speak Welsh, care and support through the medium of Welsh is available, but currently no individual in the service has requested this.

Care and Support

Before moving into the home, the service identifies and discusses people's needs with them. Personal plans, risk assessments and support systems are developed together with the person. People have support to fulfil ambitions, develop their self-reliance and make choices. People we saw appeared to enjoy what they were doing and they seemed comfortable with staff who provide their support. To keep people well, the service also liaises with relevant professionals in a timely way, and pro-actively supports people in important areas such as healthy eating and being active. Good continuity of care, trust and familiarity are present due to the low turnover of staff in the home. Because staff know people well, some over a number of years, they can recognise changes in health, mood and well-being, and act accordingly.

Care and support is adapted to suit each person's situation, and is provided in line with the Statement of Purpose of the service. The care plans describe the person well, and they are detailed as well as reflective of peoples' individual needs. The documents could better demonstrate how people are involved in the planning and reviewing of their care, but the service has already identified this and is working on improvements. Individual risk assessments are used to identify peoples' particular vulnerabilities, and strategies for protecting them. They have reviews regularly but also when required, for example to reflect a change in support needs. Care workers make daily notes to document the support they provide. The notes are informative, reflective, and help to improve care. This helps to give care workers good directions about how to support people according to their particular needs.

Staff are pro-active to minimise the risk of harm and abuse for people as much as possible. They have training to understand their safeguarding responsibilities. Staff we spoke with feel confident in raising issues or concerns with their manager and are aware of the Whistleblowing Policy of the service. The service has infection control measures and visiting practices following guidance, and there are sufficient supplies of personal protective equipment (PPE). Policies and staff training for medication management are in place to make sure good practice is observed. The medication records have audits that note shortfalls so the service can take appropriate action, for example retraining staff. The service arranges regular reviews of peoples' medication by relevant health professionals, to ensure the medication prescribed remains suitable.

Environment

The service is located at the edge of a lively village community with good public transport links and consists of a family style house in its own grounds. It has four residential rooms with en-suite facilities, as well as kitchen/diner, lounge and a common bathroom for people to use. A conservatory provides extra space and is mainly used for activities and games. There are also specialist rooms, such as for medications or staff. Various spaces for training or confidential conversations are available in the home. Outside there is a patio with seating, a secure sensory and vegetable garden, and car parking. The home is secure from unauthorised access.

People can personalise their room with photos, furnishings and keepsakes, which promotes a feeling of being at home. There are no shared rooms. All areas of the home appear functional and well maintained, as well as comfortable and homely. The standard of cleanliness and hygiene appears to be good.

People benefit from the service's commitment to ensuring safe practice. Substances hazardous to health are stored safely. The maintenance files show that utilities, equipment and fire safety features have regular and up-to-date checks and servicing. Care files and medications are locked away to ensure confidentiality and safety. Every person living at the home has a personal emergency evacuation plan specific to their support needs and fire drills are undertaken routinely.

Leadership and Management

The service makes sure staff are suitable and fit to work with vulnerable people. Staff files contain the legally required information and show appropriate recruitment and vetting procedures are followed. Care staff have a relevant qualification. New staff undergo a wide-ranging induction programme. All staff have on-going mandatory and specialist training, to meet specific needs of people. Staff say their training helps them to be competent and comfortable in their roles. They have regular supervision and appraisals to reflect on their performance, identify training or support they might need, and discuss any issues. Staff told us they feel valued and management is supportive, telling us *“I can’t think of anywhere better to work”*, *“management is very approachable and helpful”* and *“we are a great team”*.

The service has a distinct vision and ethos. Its aims, values, and delivery of support are set out in the Statement of Purpose in a transparent way. A written guide is available for people in the service, containing practical information about the home, and the support provided. The service also offers various formal and informal opportunities for people and their representatives, to ask questions and give feedback.

The service runs smoothly and delivers quality care and support due to its robust governance, auditing and quality assurance arrangements. These systems assist the service to self-evaluate, and to identify where improvements are required. The service sets high standards for itself and it monitors the extent to which it is meeting these. Relevant, current policies and procedures are in place to support this. To ensure people are protected, management acts promptly and appropriately to incidents, accidents and safeguarding matters. They also liaise well and suitably with stakeholders. The service had received no recent complaints and concerns but processes are in place to deal with them promptly and appropriately, and to monitor them to help the service learn and improve. Regular in-depth internal audits oversee accuracy and completeness of records, medication administration, support people receive, and areas relating to health and safety. The required 3-monthly RI visit records from 2020 and early 2021 are not complete. As this is an area for improvement, we expected the provider to take action. The new RI has been a short time in her role but achieved good oversight of the service, and is up to date with her RI visits, and other regulatory requirements.

Areas for improvement and action at, or since, the previous inspection. Achieved

Areas for improvement and action at, or since, the previous inspection. Not Achieved

None	
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Areas where priority action is required

None	
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Areas where improvement is required

Regulation 73(3): RI visits not at least every three months	
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The area(s) identified above require improvement but we have not issued a priority action notice on this occasion. This is because there is no immediate or significant risk for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection.

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