



Care and Social Services Inspectorate Wales

Care Standards Act 2000

Inspection Report

Heatherslade Bay Rest Home

1 Westcliffe
Southgate
Swansea
SA3 2AN

Type of Inspection – Baseline
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Summary

About the service

Heatherslade Bay Residential Home is situated in the village of Southgate near to the coast on the Gower Peninsular. Many of the rooms available to those people who choose to live there have sea views. There is a local shop and a bus stop located nearby. The home is on three floors accessible via stair lifts but there is no passenger lift. There is car parking available. The home is currently registered to provide personal care for up to 23 older adults. There are four double rooms, which does not meet the standard for at least 85% single room places. Plans for an extension to resolve this have been submitted for planning permission to the appropriate authority.

The registered provider is Heatherslade Bay Hotel Limited and the responsible individual is Elaine Owen. The registered manager is Sharon Jones.

What type of inspection was carried out?

We, Care and Social Services Inspectorate Wales (CSSIW) visited the service on 10th November 2014 for a scheduled, unannounced, baseline inspection. To inform this report, we considered all four themes: the quality of life, quality of staffing, quality of leadership and management, and quality of the environment.

The methodology used was:

- One unannounced visit
- Recommendations from previous report
- Discussion with people in the service, staff and the manager
- Viewing of three people's care records
- Viewing of the Statement of Purpose
- Feedback forms from people, staff and stakeholders issued by the provider
- Observation of care practices.

What does the service do well?

The manager ensures people benefit from a lively, welcoming atmosphere that supports people to live their lives as they wish.

What has improved since the last inspection?

Staffing levels have increased in the evenings, in order for people to receive good support at a pace that suits them.

What needs to be done to improve the service?

There were no issues of non-compliance noted during the inspection.

Quality of life

Overall, we found that people using this service can be confident that the provider makes every effort to ensure the continued high standard of care offered. Staff we met received sufficient and relevant training and were clear about their responsibilities. We saw evidence of regular quality assurance practice and effective record keeping. People were engaged and happy. A relative said they thought the provider ensured a good quality of life for each person in the service.

The manager demonstrated a commitment towards providing people with good quality care. From the care records, we saw pre-admission assessments ensured the service could meet each person's needs before they were invited to live at the service. For example, physical health issues such as mobility or nutrition. We saw that care plans were then developed to address the identified needs. We saw that care records were reviewed every month, or more frequently where a health issue meant a change in the support required.

We saw that care records contained information about people's backgrounds. Staff told us that this helped them understand people in the context of the lives they had lived before they came to the service. During our visit, we observed staff regularly checked people's welfare and gave people the time they needed to talk about issues that were important to them. The service helped to maintain people's independence and monitored people's welfare. From the care records, we saw that people had risk assessments in place. For example, where the person was at risk of falls. We saw that these risk assessments were clearly written and were reviewed regularly in order to remain current.

People have a voice and are encouraged to speak up. People we met told us they were always consulted about their support needs, and met with their keyworker regularly to talk about all aspects of support. There were monthly 'residents meetings' where people discussed a range of topics. We saw records of the most recent meeting included menus and activities. People also met with their keyworkers and were given satisfaction questionnaires to make their opinions known to the manager. In addition, the manager explained to us that each person in the service currently had family support, but an independent advocacy service has been utilised in the past where this was not the case.

People remain healthy because their needs are anticipated and are enabled to have access to specialist or medical support. We saw that support plans were easy to read and contained all information necessary to keep each person safe and access healthcare when required. For example, we saw appointments and records of visits to people's doctor. Most people in the service are registered with the local health surgery. The doctor, podiatrist and physiotherapist visit regularly and people told us they knew them all well.

Quality of staffing

Overall, we found that people's needs are anticipated and people benefit from good, timely decisions and responsive care. We were shown the staff training matrix that evidenced staff attended training was relevant to staff roles. For example, dementia awareness and medication for support staff and NVQ level 3 and 4 for more senior staff members. Staff we met said their training give them confidence to work with people in the service. One staff member we spoke with was doing their induction. The manager told us that inductions lasted from three to six weeks, and depended on the skills, knowledge and abilities of the new employee.

People can be confident that staff delivering their support have been through a robust recruitment process. We saw recruitment records that confirmed that no staff member started work until all the employment checks had been completed. There is good staff retention in the service. The manager showed us the staff duty rota which evidenced appropriate staffing levels and demonstrated that the service was staffed by the provider's own staff at all times. This meant the manager never used unfamiliar agency or relief staff. People told us they felt they knew the staff well. One person said, "It's nice to see the same faces. It's not like that everywhere, you know." We found that people's social needs are met in addition to their physical needs because people were cared for by familiar staff who were knowledgeable about their health and social care needs. We also met the activities organiser, who worked three days each week. People told us they appreciated the encouragement they received from them and showed us several examples of art and crafts they had produced. We saw some crafts that were sold in the shop in the village.

People had time to talk to staff and said they felt the staff had time to listen to them. This is because the manager encouraged the staff team to spend time with people. Two people we met told us they appreciated the time staff took with them, and staff told us it gave them valuable time to see how people were feeling. The manager showed us that extra staff had been arranged for the evening times to ensure people were provided with sufficient time to have their evening meal and prepare for bed when they wished. People told us they were never rushed and that staff were patient with them at all times. Our observations throughout our visit confirmed this.

Quality of leadership and management

Overall the service was well run. There was a clear management structure in place. People living at the service can be confident that due care and attention is given to compliance with minimum standards and regulations. The owner lives nearby and visits the service regularly on an informal basis, and also conducts quarterly care reviews. We were shown the most recent completed review and saw aspects that needed to be addressed had been identified, but we noted that each aspect was minor in nature and was resolved promptly by the manager.

The manager showed us staff supervision records. We saw all staff received individual supervision every two months, or beforehand where necessary. Staff we met told us they found their supervisions useful and helped them in their roles. We saw that staff had handovers at the start of each shift and used a communication book to communicate with each other.

We found that people in the service can be confident the provider will respond positively to feedback and critical incidents. This is because there is a robust quality assurance system in place. The service had a system that identified and analysed risks, and the manager looked to make improvements where possible. We saw recent medication and care records audits that identified aspects of the service that needed to be addressed. We saw that all actions had been addressed promptly. People are also actively involved in defining and measuring the quality of the service. We saw satisfaction questionnaires were provided to people in the service, their families, staff and healthcare professionals. We saw the most recent feedback was positive and complimentary to the service, staff and manager

People see visible accountability and know that there are people who are overseeing the service. It was evident that the registered manager was approachable and professional in their manner and had an open door policy within the service.

Each person's expectations about what the service says it provides is matched by their experience. The Statement of Purpose seen was current and relevant. People told us their service user guides gave them all the information they needed when they arrived at the service. We saw this included the facilities on offer, available activities and the procedure if anyone wished to make a complaint. People can be confident that if things are not right, they will be addressed quickly. The provider took account of complaints and comments to improve the service. We saw that there was a complaints policy and procedure, available in a communal area for anyone who needed it. There had been no complaints since the last inspection visit. People in the service were reminded about how to make a complaint at their monthly review meetings and staff were able to discuss their concerns at supervisions and team meetings. During our visit, we saw records that confirmed this.

Quality of environment

Heatherslade Bay Residential Home is situated in the village of Southgate near to the coast on the Gower Peninsular. Many of the rooms available have panoramic sea views. There are local amenities located nearby, such as a shop, a doctors surgery, a church and a bus stop. There are gardens and a patio to the side of the property. The service is presented on three floors, and is accessible via stair lifts but there is no passenger lift. There is ample car parking space available at the front of the premises. There are no locks on the front door, so people can explore freely, go outside or stay inside.

The service is currently registered to provide personal care for up to 23 older adults. There are four double rooms, which does not meet the standard for at least 85% single room places. However, the property next door has been purchased, and plans to turn it into an extension to resolve this have been submitted for planning permission to the appropriate authority.

People we met told us they liked the service and thought it was light, airy, fresh and clean. Inside, the property is well maintained, with a clean, welcoming and homely atmosphere. The décor is light and fresh. People have a choice of several communal areas during the day. Bedrooms are personalised as much as the occupant wishes. We saw people had brought in furniture, ornaments and pictures to make it feel like their home. One person said, "My room doesn't actually look out onto the sea, but I don't mind because I like it here so much."

We observed that people found their environment stimulating, with communal areas used for socialising and arts and craft sessions. During our visit, we saw people were engaged in making Christmas decorations and nearly everyone was wearing a remembrance poppy that was made by one person in the service. People were also able to have private space should they need it. One person we met was in their room and told us they preferred the peaceful environment to read, but they would be joining the others later in the afternoon.

Each person in the service can be reassured that they are safe from strangers entering the premises, that their personal belongings are secure and that personal information about them is properly protected. We saw that all care records were retained in a secure area and any information held on the computer system was only available to employees authorised to access it. We also saw that people were safe from strangers entering the premises as all visitors had to ring the front door bell prior to entry and were requested to complete the visitor's book when entering and leaving the building.

How we inspect and report on services We conduct two types of inspection; baseline and focussed. Both consider the experience of people using services.

- **Baseline inspections** assess whether the registration of a service is justified and whether the conditions of registration are appropriate. For most services, we carry out these inspections every three years. Exceptions are registered child minders, out of school care, sessional care, crèches and open access provision, which are every four years.

At these inspections we check whether the service has a clear, effective Statement of Purpose and whether the service delivers on the commitments set out in its Statement of Purpose. In assessing whether registration is justified inspectors check that the service can demonstrate a history of compliance with regulations.

- **Focussed inspections** consider the experience of people using services and we will look at compliance with regulations when poor outcomes for people using services are identified. We carry out these inspections in between baseline inspections. Focussed inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focussed inspections may be scheduled or carried out in response to concerns.

Inspectors use a variety of methods to gather information during inspections. These may include;

- Talking with people who use services and their representatives
- Talking to staff and the manager
- Looking at documentation
- Observation of staff interactions with people and of the environment
- Comments made within questionnaires returned from people who use services, staff and health and social care professionals

We inspect and report our findings under 'Quality Themes'. Those relevant to each type of service are referred to within our inspection reports.

Further information about what we do can be found in our leaflet 'Improving Care and Social Services in Wales'. You can download this from our website, [Improving Care and Social Services in Wales](#) or ask us to send you a copy by telephoning your local CSSIW regional office.