



Arolygiaeth Gofal  
**Cymru**  
Care Inspectorate  
**Wales**

## Inspection Report

### Maesglas Community Support Unit



Maesglas Road, Gendros, Swansea, SA5 8BH



01792586173

The inspection visit took place on 19/11/2025

### Service Information:

Operated by:	City and County of Swansea Adults and Children's Services
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Provision for learning disability, Care home for adults - with personal care
Registered places:	10
Main language(s):	English
Promotion of Welsh language and culture:	The provider promotes, anticipates, identifies, and meets the Welsh language and culture needs of people.

## Ratings:



Well-being

Good



Care & Support

Good



Environment

Requires Improvement



Leadership & Management

Good

## Summary:

Maesglas community support unit is a specialist service for adults requiring temporary accommodation, either planned or as an emergency. It is located in the Gendros area of Swansea, ideally situated near local amenities and with easy access to the city centre.

People experience good wellbeing outcomes as the service actively supports people to identify and achieve their individual goals and outcomes. People and families report positive experiences, describing warm, respectful interactions and meaningful activities tailored to individual preferences.

Overall, the care and support people receive is good, and people tell us their experience of being supported by the service is positive. Personal plans are detailed and written in collaboration with people and/or their representatives.

The environment requires improvement as we saw damp, dry-rot in skirting, uneven flooring (trip hazard), and an out-of-use high/low bath. Health and safety checks and certificates are up to date, and the kitchen is well-managed.

Leadership and management is good and the management team are visible and supportive. Recruitment/sickness has led to reliance on internal agency and some slippage in supervisions,

appraisals and training records. Overall governance is good, with effective oversight from the Responsible Individual (RI) and improvement actions underway.

## Findings:



### Well-being

Good

People experience good well-being outcomes as they receive support which is dignified and respectful. People spoken with told us *“I love it here, I like the staff and food”* and *“the staff are great”*. We saw warm, compassionate and positive interactions between staff and people and people are supported to make the most of their day as they prefer. Families spoken with told us *“The team in Maesglas are and have been amazing, they are supportive, they listen and care for my family members’ needs”* and *“I can’t praise them enough”*. Professionals spoken with told us *“Maesglas provides a safe, supportive, and person-centred environment where individuals are treated with dignity and respect”*, *“The staff demonstrate exceptional professionalism and commitment”* and *“The support staff are phenomenal”*.

People are safe from abuse and neglect. Maesglas provides a safe and secure environment in which people can live. People are encouraged to express their concerns and preferences and told us they feel comfortable raising issues with the staff team and manager. People spoken with told us they are treated with dignity and respect. People are encouraged to take an active role in the running of the service, and we saw one person taking an active part in auditing the service. People are encouraged to get involved in menu planning and a menu is displayed in the dining area. Monthly meetings are held where people can discuss the service, what’s going well and what they would like to change.

Safe and healthy relationships are encouraged, and people are supported to maintain existing relationships and form new ones. People’s interests are explored and opportunities provided for them to complete activities that are meaningful to them. We saw people involved in activities throughout our visit and they told us what they enjoyed doing with their day. Visitors are welcomed and people can invite loved ones to stay during special occasions such as Christmas.

Overall, people live in accommodation that supports them to achieve their desired well-being outcomes. There is equipment available to people to support their well-being outcomes. Bedrooms are personalised and people are consulted about the décor of the service. However, people’s well-being outcomes are sometimes unmet due to the accommodation needing remedial maintenance work. This has been discussed with the RI and Manager, who are aware of the issues and have agreed the environment needs improvement.



## Care & Support

Good

Care and support is rated as good as people receive the care and support they need to achieve their personal outcomes. People's needs are consistently assessed, sometimes at short notice, prior to the service commencing. Personal plans are implemented based on this assessment in collaboration with people and/or their representatives. Personal plans are strengths based, include people's preferences and beliefs and outline how staff should support people to achieve their well-being outcomes. Corresponding risk assessments are in place and are kept under review. Detailed progress reports are in place, showing positive progress and achievement of goals. Daily care documentation is thorough and in depth. This documentation focusses on outcomes for people and is detailed and easy to read.

The service ensures people are protected from harm and abuse. Concerns about safety are listened to and investigated thoroughly, good practices are continually identified through lessons learned and reflective practices. We saw people supported by skilled and competent staff to achieve their outcomes in the least restrictive way possible. People are supported to do the things they enjoy such as accessing the local community. Visitors are encouraged and people know how to raise a complaint if needed. An accessible complaints procedure is available and is also available in Welsh. Deprivation of liberty safeguards are in place where required and communicated to the staff team. The service works closely with healthcare professionals to ensure people's health needs are met.

People receive medication in a person-centred way, considering people's individuality, choice and independence. People are encouraged to self-medicate where possible and support given to achieve this. Medication is stored securely in a designated area. Temperature checks are completed daily to ensure the efficacy of medication is maintained. Staff receive medication training along with competency checks. Audits are completed routinely and areas for improvement identified from these are actioned. However, there were gaps and missed signatures on medication records. We raised this with the manager who immediately put systems in place to address this.

People's risk of infection is minimised by the service provider promoting good hygiene practices. Staff are trained in infection control and implement safe practices. There are effective oversight and review systems in place to monitor practices and ensure they minimise the risk of infection. There are sufficient supplies of Personal Protective Equipment (PPE) available, and staff use this whenever required.



## Environment

## Requires Improvement

The environment requires improvement. We found all areas to be clean and clutter free, however, we noted areas of damp, dry rot present in skirting boards and uneven flooring causing a trip hazard which does not support the safety of people. As a result, outcomes for people require improvement and we expect the provider to make improvements. The RI and manager have acknowledged this and are fully committed to making the necessary improvements. We were assured there are ongoing plans for the continued maintenance of the service along with future refurbishment plans.

Maesglas is a large building and offers communal spaces where people can spend their time. We saw people making good use of these spaces, relaxing or socialising as they please. We saw several bedrooms which are decorated according to individual preferences, and people are encouraged to have their personal belongings. There are areas of the service people can use to achieve their personal outcomes. This includes a dedicated area with a kitchen people can use to make meals and drinks for themselves or their visitors, promoting choice, independence, and social interaction as part of daily life. Adaptations and equipment are available where needed and kept under review according to people's needs.

The service provider ensures risks to health and safety are identified, mitigated and reduced. The service has a secure entry system in place and a visitors' book. This is to ensure the safety of people is maintained and to comply with fire regulations. We saw mandatory fire safety checks take place routinely and certificates for gas, fire detectors, fire extinguishers, electricity and electrical equipment are all up to date. Fire drills are carried out on a regular basis with actions taken and improvements made following each exercise. Water temperature checks are completed routinely. An emergency evacuation plan is in place. Personal emergency evacuation plans (PEEP's) are also in place for people. Laundry facilities are kept in a separate locked room, and away from food preparation areas. The home has a current food hygiene rating of 5 (very good). We saw appropriate storage and control of substances hazardous to health (COSHH). These were kept in a designated locked area and risk assessed. We saw staff wearing appropriate personal protective equipment (PPE) and they told us there were sufficient supplies of these.



## Leadership & Management

Good

The leadership and management of the service is good. The service provider has effective organisational arrangements, governance and oversight to ensure smooth operations and high-quality care. The RI visits the service regularly and gathers feedback from people, their families and care staff. This feedback is used to inform regulatory quality reports and drive improvements to the service where required. These reports are completed within the required regulatory timescales. The RI is supported by an experienced and highly dedicated manager who is knowledgeable and approachable. There is an open-door policy within the service and staff told us they can speak to the manager whenever they need to. This supports a positive culture.

There is a written guide to the service which provides people, their relatives and professionals detailed information to enable them to make an informed choice. The Statement of Purpose (SoP) is comprehensive and clearly states what people can expect from the service. Throughout the inspection it was clear the SoP and written guide are fully reflective of the service provided.

People are supported by staff with the necessary expertise, skills, and qualifications to meet their care and support needs. Staff files sampled show robust recruitment and background checks are carried out to support the safety of people. Disclosure and Barring (DBS) checks are completed and renewed when required. Care staff are registered with or working towards registration with Social Care Wales (the workforce regulator) The service has a very committed staff team who told us they feel supported in their roles. Care staff referred positively to the management team. They told us *"I can go to the manager for anything, her door is always open"* and *"The RI is brilliant, she knows the service really well"*. The service arranges regular staff meetings and staff told us communication within the team is good, we saw meeting notes to support this. There are systems in place to support staff within their role, including supervision, annual appraisals and relevant training to support the outcomes of people, which is refreshed routinely. However, recruitment/sickness has led to reliance on internal agency and some slippage in supervisions, appraisals and training records. The management team are aware of this and are implementing actions to make improvements.

People told us staff care for them the way they want them to and take time to understand their individual preferences. They told us staff provide care in a way that respects their choices, routines, and what matters most to them. Rotas seen show there are sufficient staff numbers on shift each day to ensure people's care needs are met. Staff told us staffing levels ensured they didn't feel rushed and were able to care for people the way they desired. Staffing levels are kept under review according to the needs of the people using the service.



## Areas identified for improvement

Where we identify **Areas for Improvement** but we have not found outcomes for people to be at immediate or significant risk, we discuss these with the provider. We expect the provider to take action and we will follow this up at the next inspection.

Where we find outcomes for people **require significant improvement** and/or there is risk to people's well-being we identify areas for **Priority Action**. In these circumstances we issue a Priority Action Notice(s) to the Provider, and they must take immediate steps to make improvements. We will inspect again within six months to check improvements have been made and outcomes for people have improved.

The table(s) below show the area(s) for priority action and/or those for improvement we have identified.

Summary of Areas for Improvement	Date identified
People may not achieve positive outcomes because the building requires remedial maintenance work.	19/11/25

**CIW has not issued any Priority action notices following this inspection.**

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