Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Fairleigh House

Fairleigh House, 25-27, Sketty Road, Swansea, SA2 0EU

01792204169

The inspection visit took place on 12/02/2026

Service Information:

Operated by:	Spring Meadows Care Limited
Care Type:	Care Home Service Adults Without Nursing
Provision for:	Care home for adults - with personal care, Provision for learning disability, Provision for mental health
Registered places:	20
Main language(s):	English
Promotion of Welsh language and culture:	The provider is not promoting the Welsh language and culture needs of people, and this requires improvement.

Ratings:

Well-being	Good
Care & Support	Good
Environment	Good
Leadership & Management	Good

Summary:

Fairleigh House is a care home that provides care and support to people aged 50 and over. It is situated in the Uplands area of Swansea. People live healthily with choices and independence promoted. Staff treat people with respect. Safeguarding is maintained with training, policies and Deprivation of Liberty Safeguards (DoLs) in place. Overall people experience good well-being.

Care and support is rated good. People receive outcome-focused, person-centred care with clear personal plans and risk assessments. Feedback from individuals, families and professionals is positive, reflecting supportive relationships and proactive communication. Although some care records required improvement, issues were addressed promptly.

People live in a safer, improving setting. Works have been satisfactorily completed in line with a fire service enforcement notice. The fire risk assessment has been updated, and regular fire evacuation drills are carried out. The rating for the environment is now good. Maintenance checks are current; risks are well managed and plans for the lift repair are in progress.

Leadership and management are good, with strong governance, supportive managers and positive feedback from care staff. Quality reviews, communication and training are well established.

However, recruitment requires improvement as gaps in references, DBS checks and training were identified and must be addressed to ensure safe practice.

Findings:

Well-being — Good

People live healthily and are supported to make decisions with choices provided and independence promoted. People's preferred language is determined on admission. Whilst there isn't a requirement for the Welsh Language Active offer this is monitored so if required, the staff can work towards meeting it. We saw choice provided around meal preferences. Staff told us, *"We give cooked breakfast – whatever they prefer – we always offer them the choice".* The cook checks people have enjoyed their meal. We saw lamb casserole or sausage and vegetables being offered with alternatives available on request. The homemade meal looked delicious and appetising. People told us, *"I am enjoying the food and there is plenty of it".*

People are supported and enabled to have meaningful interactions and relationships. We observed staff are respectful towards people and have a good rapport. We saw staff facilitated people to spend time together and enjoy simple occasions, such as having a meal together. People told us they actively participate in the services that celebrate their faith and this helps them connect with people they live with. One person told us, *"It's been like one big family since day one".*

Whilst we noted less activities that involve people going out, care staff try to provide daily activities to people within the home. On the day of inspection, the home was being decorated for Valentine's Day and the deputy manager completed a Valentine's activity which people had fun participating in. One person told us, *"We could do with more activities".* The deputy manager and RI told us they intend to be more proactive with activity plans. One professional told us, *"The clients I support enjoy interacting with the staff and other residents".*

Staff are knowledgeable and confident to follow safeguarding processes and to support people to be as safe as possible. They are up to date with training and have a policy to follow. Deprivation of Liberty Safeguard authorisations (DoL's) are in place. The provider completes notifications and reports to CIW and other agencies as required, showing an openness and transparency. Risk assessments are clear and in place. People and their representatives told us; *"I've got safety here"* and *"Ultimately, X is safer….and that is down to them".*

People live in accommodation that has had recent works to improve the fire safety of the building meaning people's safety and well-being is enhanced.

Care & Support — Good

People receive outcome focused care and support which considers what is important to them. Personal plans contain detailed recordings about people's backgrounds. People's outcomes include maintaining independence when people state it is important for them *to, "Do as much as I can for myself".* Desired outcomes are written in a very person-centred way and when applicable family sign and agree these as part of the quarterly care reviews. Risk assessments are clear with people's strengths, needs and risks identified.

People are positive about care and support provided to them and feedback includes: *"They are marvellous…..all the staff are wonderful"; "The staff are great"* and *"The staff support me when I need it".* Some improvements are required to care documentation. Following a review of care records, we identified several gaps in the documentation of personal care and monitoring. One individual had three days from a record of eight with no personal care entries recorded. For another individual, no daily skin inspection records were found, despite this being a required action within their personal plan. We also noted one weight record was documented over a four-month period, resulting in the absence of a reliable baseline for monitoring any nutritional or health-related changes. The deputy manager followed these issues up at the time of the inspection.

People are referred to other professionals in a timely way. We saw good, detailed recordings around this. Advocacy is promoted and people are referred if they need support with expressing their wishes. One professional told us, *"The staff seem proactive when it comes to medical appointments and contact with other professionals which has been positive."*
Family feedback was positive around communication - they felt informed and involved. We were told: *"They called me straight away, the communication is good and I get regular updates"; "I complete the care plan review documents and sign and agree any changes"* and *"Not a bad word to say about the care they provide – every time I turn up they are welcoming and update me".*

Medication is administered in a nice person-centred manner. An electronic medication system has been installed since the last inspection. Errors are recorded and reported appropriately and learning applied. Balance checks are completed at the time of administration of medication in addition to weekly medication audits. Temperatures are mostly recorded daily for the area where the medication is stored; however, staff need to be mindful of the time the medication trolley is in the lounge/conservatory area where it is generally warmer.

Overall timely referrals, effective advocacy, and person-centred medication practices further demonstrate good-quality care that meets people's needs and preferences.

Environment — Good

People live in an improving environment with facilities that support their well-being. Since the last inspection, compartmentation work has been completed in line with requirements of a fire service enforcement notice. When we spoke to the fire officer involved, they confirmed the works completed *"reduced the fire risk dramatically"* and the provider was working with them to address other recommendations within the notice. Records show regular fire evacuation practices involving day and night staff. Learning from each practice is used to identify improvements. A clear and accessible fire evacuation plan is now in place, and a recent updated fire risk assessment has been completed with an accompanying action plan. During the visit, we noted some fire doors were propped open because magnetic catches required repair. This was addressed during the inspection, and the RI confirmed one had already been repaired with replacements ordered.

Maintenance checks for utilities, including electrical installation, are up to date. Staff carry out legionella checks and liaise with specialists when needed. Six-monthly checks of lifting equipment, including hoists, are completed. The passenger lift has been out of use since last November. The RI and manager have taken steps to manage the associated risks and reduce the impact on people. A stair lift has been installed, which people use when they wish to move between floors. Staff manage their workload well, but the lack of a functioning lift means they must use the stairs more frequently, particularly when supporting people who choose to eat or spend time upstairs. This has increased the time needed for some tasks, and additional staff have been added to the rota where extra support is required. The deputy manager and RI are also increasing night staff numbers to three for safety reasons, and this was being implemented at the time of inspection. We observed the home appeared more cluttered, as items usually stored upstairs, such as chair-weighing scales and fans, are temporarily being kept on the ground floor for easier access.

Overall, the home would benefit from a refresh of décor as we observed some marked walls and scuffed surfaces. The RI confirmed that now the compartmentation work is complete, décor improvements can be prioritised, though consideration must also be given to costs and the impact of repairing the lift. During the environment check, people's bedrooms were found to be clean, and the shower enclosure previously out of use has now been repaired.

People can access the outdoor garden area directly from the lounge. Since the inspection, the RI confirmed that security in this area has been strengthened with a combination lock fitted to the outer gate.

Leadership & Management — Good

There is clear governance at the home. Staff are positive about the support in place from the RI, manager and deputy manager. The RI visits regularly and completes a six-monthly quality care review report. This reflects feedback from people living and working at the home. This is obtained through surveys, supervision sessions, care reviews and an anonymous staff feedback box is also available. The RI needs to reflect their analysis of care documentation as part of their oversight. Staff told us *"The manager is great, caring for staff members. They look after each staff member. You are free to say what is on your mind and we work as a team"* and *"There is collaboration, communication and handovers".*

Recruitment was checked as part of the inspection. Two staff files checked did not have references from previous/current employers within a health care setting. One member of staff had not had a Disclosure Barring Service (DBS) check confirmed and had not completed any of the required training. Outcomes for people require improvement because staff may be delivering care without proven competence, safety checks, or the necessary skills to meet people's needs safely and effectively. We expect the provider to make improvements. Whilst this was addressed by the deputy manager at the time of the inspection this will be followed up at the next inspection visit. Overall other staff training records showed most staff are up to date with required training. Individual supervision records reflect a focus on staff development.

Staffing levels are as determined in the Statement of Purpose (SoP). The RI, manager and deputy manager are consistent with reviewing staffing levels in line with changes within the setting and the needs of people. Considering the impact of the lift being out of use the RI has decided to increase staffing hours to support busier times and these were reflected in the rotas.

Staff and people living at Fairleigh House have up to date accurate information available to them. This includes policies and a Statement of Purpose. During the inspection a written guide was prepared by the deputy manager. Whilst it is informative and well presented, we advised it should also include details of the complaints process and advocacy and be user friendly for all people accessing it.

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's well-being outcomes may be at risk because staff may be delivering care without proven competence, safety checks, or the necessary skills to meet their needs safely and effectively.	12/02/26

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