Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Rotherslade House

27 Rotherslade Road, Langland, Swansea, SA3 4QW

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https://mdcareltd.co.uk

The inspection visits for this service took place between 14/05/2026 and 19/05/2026

Service Information:

Operated by:	M&D Care Operations Ltd
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:	6
Main language(s):	Welsh and English
Promotion of Welsh language and culture:	The provider makes an effort to promote the use of the Welsh language and culture or is working towards a bilingual service.

Ratings:

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

Summary:

People experience good well-being at Rotherslade House. Staff know people very well and treat them with dignity and respect. A good atmosphere was apparent with people welcoming visitors to their home and extending a family feel.

Care and support provided to people considers individual outcomes and goals. Referrals to specialists are completed ensuring people receive required assessments and support in a timely way. Good medication practice was observed on the whole and consideration is being given to how this process can be more person-centred considering privacy and dignity. Overall, this theme has a good rating.

The environment at Rotherslade House requires improvement to ensure people's optimum health and well-being is achieved. Certain aspects of the environment are well-maintained with the necessary checks and certificates in place. However; there are other aspects such as the former laundry/storage area that are in poor condition and have not been improved since the last inspection. The Responsible Individual (RI) and manager have given assurances improvements will be made.

Overall, leadership and management at the service is good. A recent new team including the RI, manager and deputy manager have settled into their roles. There is good oversight and as a result of this an awareness of goals with planned timescales to work towards. Staffing has been identified as an area to improve considering staff skill mix and competency levels. This is being worked towards with staff going through recruitment and training.

Findings:

Well-being — Good

People are offered choices in their daily activities considering their personal plans, what is important to them and how their well-being can be maintained. Independence is promoted where possible with an awareness of limitations and events or situations that may cause anxiety or stress. Staff spoken to, know people well and appear kind and sensitive towards people's needs. We heard conversations openly encouraging people to say what they wanted to do as well as discussions around wishes and aspirations for their future. Staff feedback includes *"The residents responded positively to staff prompts and engaged in the activity"* and *"When residents have motivation to go out, we positively reinforce them a lot and are very positive with them in general".* We observed this throughout our inspection visits. The provider is working towards the Welsh Language Active Offer. A Welsh language board is on display in the home. Some phrases and greetings are used with people and there is an offer of attending a Welsh speaking course if people wish to.

People are aware of their rights and good safeguarding practice is evident. Staff are up to date with safeguarding training and are aware of the reporting processes. Advocacy is available to support people to express their views as needed. We saw records of advocates and contact details. People have Deprivation of Liberty safeguard (DoLs) authorisations in place to ensure where people do not have capacity to make specific decisions, the legal processes are followed. Information is available to staff and people including policies and guides. This includes user friendly information. People are supported to be as independent as possible with their finances in line with the company policy, mental capacity assessments and individual plans.

People live in an environment that requires improvement due to some limitations within the layout and design of the building and some requirements to update and maintain. Despite this, people are supported to achieve outcomes where possible and referrals for assessments for aids and adaptations are made. People told us about how this had helped with daily activities, and we saw how this enabled their independence to be maintained.

People are encouraged and enabled to celebrate events that are important to them. We saw one person preparing for a special event and inviting all organisational staff to attend. Relationships with family and friends that are important to people are facilitated and supported. We saw meet ups and social events arranged as part of people's activities and routine. People are sensitively supported to participate in community activities with a view to increasing confidence and meeting personal outcomes/goals. Staff told us, *"There is also a really good sense of humour within the house that is shared by the residents".* We saw this at the inspection visits.

Care & Support — Good

Personal plans are strength based with individual outcomes identified. People told us about or we saw them taking part in activities that are important to them. Reviews overall take place three monthly and people and their representatives are offered the opportunity to attend. From the two files we checked we saw one review was very person centred, detailed and reflected the current circumstances for the person. The second was not accurate and some information had not been updated or followed up from last year. The manager updated this document during the inspection process and advised us of follow up meetings/consultations that had taken place.

Assessments are completed prior to people moving into the home to ensure a smooth transition from their prior accommodation. The Statement of Purpose (SoP) describes this as *"A detailed compatibility assessment".* Whilst we did see a compatibility tool was used this was not completed to its full potential and minimal recordings regarding pre-admission activity were seen. This should be addressed for future assessments.

People are referred to relevant professionals as required for specialist input. People are empowered to make informed decisions when meeting with these professionals. We saw how this enabled people to achieve optimum independence. Good, detailed recordings of the referrals and appointments were seen. Staff are respectful towards people when they want to attend their appointments independently and achieve the balance of sharing the goals and changes put in place following specialist input.

Overall, people receive person centred care and support. Independence is encouraged where possible. This is reflected when medication is administered to individuals in accordance with their personal plans. Reviews take place regularly and as required. People are encouraged to request their medication from staff when it is due, in accordance with the medication policy and the person's level of independence. This did sometimes result in people queueing on the corridor outside the office (where medication is stored). As a result of this there was sometimes a reduced level of privacy and therefore a less person-centred approach. The manager confirmed that this had been recognised in their early days of commencing the role. This is still under consideration by the team as to how this can be improved, considering the layout of the home and suitable places to store medication. We saw temperatures of the medication room are recorded, medication administration records are completed as required along with regular audits.

Environment — Requires Improvement

People's outcomes may not be consistently achieved due to identified areas to improve within the environment not being addressed in a timely way. At the last inspection we identified certain areas of the home required updating and a decor refresh. We also identified a room was being used to dry clothes where food and cleaning products are being stored. In addition to this the area for waiting for and administering medication is not always suitable for people to have privacy and medication administered with dignity. The service is reviewing how people access the smoking area to ensure identified risks are managed in line with individual risk assessments and the smoking policy. Outcomes for people require improvement due to limitations within the environment and some aspects of upkeep not being fully achieved and we expect the provider to make improvements. Since the new manager and RI have been appointed some areas have been identified to make improvements as a priority.

People live in an environment where security arrangements are in place. There is an electronic secure signing in system to the home. People and staff greet you on arrival to the home and request identification. People are welcoming to their home and offer refreshments. We saw people have communal areas where they have the choice to spend time with each other. We saw the communal lounge and activities room is popular with a newly purchased pool table.

Regular servicing and maintenance of amenities and facilities take place. We saw certificates and checks for electricity installation and gas services. The required risk assessments for fire and legionella are in place, and the manager has confirmed the action plans following these assessments and the recent fire service visit have been completed. Identified staff are required to complete the legionella awareness training to ensure they are aware of the requirements and understanding of the checks required to be completed. The provider completes their own Health and Safety risk assessments and audits to identify any issues with compliance or safety that can be identified and addressed.

Leadership & Management — Good

People are supported by a team of staff that have clear leadership and governance in place. There has been recent recruitment of a manager, deputy manager and a new RI. Good oversight is evident with quality assurance processes in place. These capture views and data from internal quality audits and compliance visits. The RI visits regularly to gather feedback from people and staff.

People are supported by staff that have been recruited with robust processes, including Disclosure Barring Service (DBS) checks and references. Support is provided with regular individual supervision. Sessions referred to as dynamic supervision provide a staff centred approach with a focus on personal development and providing positive feedback. Required training is mostly completed by staff and some additional training as detailed in the Statement of Purpose is provided also. We were told further training, specific to specialist areas, is being planned. Feedback from staff around training was mixed. It was described as *"Generic"* and *"It does help with the people we support"* and *"It is very thorough".*

People's outcomes are at risk of not being met when staffing levels, the skill mix and training have not been adequate for staff to provide the required support. The Statement of Purpose does not clearly state daytime and nighttime staffing levels that should normally be in place. It does however state that the hours will change in relation to the people supported and the commissioned hours. We viewed rotas from a two-week period from the current time and earlier in the year. We saw sometimes the appropriate mix of staff was not as required to meet people's outcomes. There were occasions when the required number of staff were not on duty or the staff on duty did not have the competence to provide aspects of care such as medication administration. Staff told us, *"There have been times when we have had no particular shift pattern which has made it hard to achieve the work life balance"* and *"It is slightly better with the rota now".* Outcomes for people require improvement due to the provider not consistently ensuring there have been suitably trained and experienced staff to work at the service, having regard to the care and support needs of individuals. We expect the provider to make improvements. This has been identified as an area for improvement, and the provider has demonstrated they have undertaken recruitment and are working towards a fully staffed and trained team.

The staff team acknowledge they have had a "C*hallenging time"* with changes in the staff team but overall, there was a positive sense of the time ahead of them. Feedback from staff regarding their work life balance includes:

- *"There is fantastic support here – everyone is amazing"*
- *"My manager has been instrumental in helping me. Greatly improved my work-life balance"*
- *"Rotherslade is a happy service, and it's a fulfilling place for me to work."*

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 outcomes may not be consistently achieved due to limitations within the environment and some aspects of upkeep not being fully achieved.	14/05/26
People's outcomes may not be met if staffing levels are not adequate and staff are not consistent and suitably trained to provide the required support.	14/05/26

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

Mae’r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh