Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report

Moorland Home

344-346, Swansea Road, Swansea, SA5 4SQ

01792 343918

www.saluscare.co.uk

The inspection visit took place on 25/02/2026

Service Information:

Operated by:	Moorlands Waunarlwydd Limited
Care Type:	Care Home Service Adults With Nursing
Provision for:	Care home for adults - with nursing, Care home for adults - with personal care, Provision for learning disability, Provision for mental health
Registered places:	42
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	Requires Improvement
Environment	Good
Leadership & Management	Good

Summary:

People generally experience positive well-being outcomes and have opportunities to make choices in their daily lives, including meals, activities, and how they spend their time. We observed people taking part in activities within the service and accessing the community. People live in a comfortable, homely environment with a range of communal areas and outdoor space that supports independence and well-being. Interactions between staff and people were warm and respectful, and people told us they feel safe, valued, and happy. However, recording of people's well-being outcomes is inconsistent, which limits the service's ability to clearly evidence progress and achievement of personal goals. The provider is aware of this and is working to improve practice.

The care and support people receive requires improvement. Although people reported feeling safe and spoke positively about staff, food, and choice, daily care recording is inconsistent, with gaps that do not always demonstrate timely or effective care delivery. Personal plans have improved since the previous inspection but remain variable in quality, with some lacking clear, detailed risk

management and accurate reflection of people's abilities and needs. Strengthened oversight and improved recording are required to ensure continuity of care and clear evidence of outcomes being met.

Staff report feeling supported through good induction, training, supervision, and appraisal processes. The environment is welcoming, clean, and well maintained, with appropriate health and safety systems in place. Overall, the service provides a positive living environment but must improve care planning and recording to ensure consistent, outcome-focused care.

Findings:

Well-being — Good

People have regular opportunities to make choices about their daily lives. They select meals, take part in hobbies, and engage in meaningful activities that interest them. We saw people taking part in activities in communal areas and spending time in the community. Photographs, feedback from people, and discussions with care staff further confirmed that many people have access to activities that support their physical, mental, and emotional well-being. Regular resident meetings also demonstrate that people are encouraged to express their views and influence the support they receive.

People live in accommodation that supports their well-being outcomes. The home has several communal spaces and a large outdoor area that people can access freely. During the inspection, we saw people moving around the home and relaxing in comfortable, homely areas. The provider has created welcoming spaces without limiting people's independence or mobility. People are encouraged to personalise their bedrooms, which contributes to a sense of comfort and belonging. During the inspection, we observed a positive culture that promotes people's well-being.

People told us they feel valued and safe. We saw warm and respectful interactions between care staff and people, which support strong and positive relationships. The service has plans to further enhance people's opportunities to achieve their well-being outcomes. The provider is developing a salon room so people can experience haircuts in a calmer and more comfortable environment. The service also intends to strengthen people's access to the community, widening opportunities for meaningful engagement.

Some personal plans we reviewed showed poor recording of people's well-being outcomes. Daily recordings and personal plans do not consistently evidence how people's outcomes are being met. This limits the service's ability to demonstrate progress, monitor well-being, or show whether people's goals are being achieved. Strengthening the consistency and quality of well-being recordings will help ensure people's progress is clearly understood and their outcomes fully recognised. The provider is aware of this shortfall and is working to improve both the recording of well-being outcomes and how well-being is delivered in practice. People would also benefit further from consideration of whether specialised equipment could enhance their well-being.

Care & Support — Requires Improvement

The care and support provided at the service requires improvement, as many of the daily recordings we reviewed were inconsistent and did not always show that timely care had been provided. We found large and frequent gaps in people's daily care notes. Feedback from care staff and visiting professionals supported these concerns, highlighting variability in both the quality and consistency of daily recordings.

Personal plans have improved since the previous inspection; however, gaps in oversight remain. Some plans still contain limited and inconsistent information. We also saw risk assessments that were not sufficiently detailed, as they do not include clear actions to manage identified risks. In some cases, plans did not reflect what people can do independently, meaning care staff may not always have an accurate understanding of people's current needs. Regular reports completed by the Responsible Individual (RI) also highlight the continued need to strengthen the quality of personal plans and daily recordings.

Improvements are needed to ensure personal plans are accurate, comprehensive, and up to date, and that daily care recordings clearly evidence how people's needs, preferences, and outcomes are being met. As a result, an area for improvement has been identified under care and support. The service is aware of these gaps in the care and support offered and is focused on strengthening recording practices, so people experience better continuity of care and clearer oversight of their progress.

Where allegations of abuse, neglect or improper treatment have been made, the service has taken prompt action to ensure people's safety. The provider has implemented recommendations from relevant agencies in a timely way to help prevent incidents from recurring.

Despite the areas requiring improvement, we observed warm and natural interactions between many care staff and people. People told us they feel safe and happy with the care they receive. They also spoke positively about the food and the level of choice and control they have in their daily lives.

Environment

Good

The environment consistently promotes people's safety, comfort, and wellbeing. The Moorlands is a large building that provides a warm and welcoming atmosphere. There are multiple communal spaces which meet people's needs by promoting independence and offering opportunities for social interaction, activities, recreation, and private meetings. People are able to make choices about where they spend their time, and on the day of inspection we observed people using communal areas to relax, socialise, talk and engage meaningfully with others.

People's bedrooms are personally furnished and decorated, supporting identity, comfort, and a sense of home. An accessible outdoor area with seating is available and used by people who wish to spend time outside. The service is clean, well-organised, and well-presented throughout, which contributes to people feeling comfortable and respected.

Most people's individual needs are supported through appropriate adaptations, equipment, and furnishings. Bathroom, shower, and toilet facilities promote privacy, dignity, safety, and accessibility. The premises is well maintained, and ongoing monitoring ensures the environment remains safe and fit for purpose.

Effective systems are in place to identify, manage, and reduce risks to people's health and safety. Secure entry arrangements, visitor recording, and routinely completed fire safety checks help protect people. Statutory safety certificates for gas, fire safety equipment, electrical systems, and portable appliances are in date. Robust environmental checks and audits are completed. Laundry facilities are safely located away from food preparation areas, and the service holds a current food hygiene rating of 5 (very good). We also observed appropriate storage and control of substances hazardous to health (COSHH).

Leadership & Management — Good

The service demonstrates effective governance and an inclusive culture that supports both staff and people using the service. New staff are well supported by the provider through a structured and effective induction process. Training compliance is strong, and there are good opportunities for staff to access ongoing training and professional development. Feedback from care staff on the day of inspection was overwhelmingly positive, with staff consistently reporting that they feel supported, valued, and listened to by the management team.

There are effective quality assurance arrangements in place to ensure that people receive care and support tailored to their individual needs. The RI maintains a visible presence within the service and visits regularly. During these visits, they actively seek feedback from people using the service and from care staff. This feedback is used constructively to inform changes and drive improvements where required. The RI closely monitors service standards through well-organised audit systems. Actions identified through audits are clearly recorded, monitored, and followed up, with any outstanding actions appropriately flagged and addressed. Policies and procedures are in place, reviewed regularly, and readily accessible to staff, who demonstrated good awareness and understanding of them.

The provider actively supports leadership development at all levels. Care staff receive regular supervision and annual appraisals, which support reflection, performance management, and professional development. Regular team meetings are held, providing staff with opportunities to feel listened to and to contribute ideas towards the ongoing development of the service. There is a clear focus on continual improvement of staff culture and wellbeing. Initiatives such as staff culture days are in place and promote the service's values.

People are supported by staff who have the necessary skills, experience, and qualifications to meet their care and support needs. A sample of staff files confirmed that appropriate recruitment and background checks are completed. Disclosure and Barring Service (DBS) checks are in place and renewed as required. Although active recruitment by the service is ongoing, the service is staffed at safe and appropriate levels to ensure care staff have opportunity to respond promptly, provide support safely, and spend meaningful time with people

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
The service provider must ensure people receive care and support in line with their personal plans and that this is accurately and consistently recorded.	10/01/25

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