



## Inspection Report on

**Moorland Home**

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

## **Date Inspection Completed**

10/01/2025

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## About Moorland Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Moorlands Waunarlwydd Limited
Registered places	41
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">[First Inspection]</a>
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

### Summary

Moorland is a homely and welcoming service that provides care to adults who require support with nursing or personal care needs. People are supported by a staff team who are committed to ensuring their outcomes are met. We saw staff contributing to the wellbeing of people through warm and sensitive interactions. Care documentation requires improvement to ensure staff have correct and accurate information to inform them how they can safely meet people's outcomes.

There are plans in place to maintain the service and ensure there is ongoing refurbishment to the property. The home is well maintained and provides pleasant areas for people to spend time and relax. There are governance arrangements in place by the Responsible Individual (RI) and people, their representatives and staff are spoken with and feedback sought. Existing governance arrangements need strengthening to ensure any shortfalls are identified and relevant improvements made. Staff at Moorland Home told us they feel supported by the manager and RI. However, improvements are required to ensure staff receive regular supervision and appropriate training.

## Well-being

People are treated with dignity and respect. During our visit, we spoke to people who said they are supported to make decisions affecting their daily lives and are involved in their day to day care. People told us *“staff are good, I’ve never had to complain”*. We saw positive interactions between staff and people, and choices offered. A menu was clearly displayed on the dining room wall, which included a choice of two hot meals. People told us they could request something off the menu if they wanted something different. People’s individual circumstances are considered, and the service seeks to accommodate these.

People’s physical, mental health and emotional well-being is currently at risk of being compromised. Assessments of people’s needs are completed prior to people using the service. Personal plans are in place for people. However, personal plans do not always contain the information and guidance detailed in the assessment document. Therefore, care provided is not always consistent with people’s needs. Inconsistencies were noted in care documentation, and we did not see documentary evidence of people being involved in the review of their personal plan. This was discussed with the RI and manager of the service, who assured us they will make the necessary improvements.

There are oversight and governance arrangements within the service. The manager and responsible individual (RI) are accessible and supportive. The RI visits the service frequently and gathers feedback from people, their representatives and staff. However, not all staff training is up to date and does not align to the Statement of Purpose. Also, we saw that nurses and care staff are not receiving regular planned supervisions and appraisals. Therefore, current oversight and governance arrangements need strengthening to ensure these matters are addressed.

Overall, people live in an environment that supports their well-being. The environment is clean, secure and well-maintained. Mandatory Health and Safety certificates are available and regular health and safety checks are completed. Infection control measures help reduce the risk of transmission of potential sources of infection. Staff have access to a supply of appropriate personal protective equipment (PPE). An infection control policy is in place, with staff understanding their responsibilities around this. Adaptations have been made to aspects of the environment to meet people’s needs. There is an outside area people can access freely as they desire. Access to the building is restricted to authorised individuals. People told us they feel safe at the service. A fire evacuation drill has not been carried out. The manager assured us this would happen imminently.

## Care and Support

There are personal plans in place for people using the service. We looked at three personal plans which contained information regarding people's care and support needs. However, this information is not always consistent with the needs identified in the person's initial assessment and support provided to people is not always in line with what is detailed in their personal plan. Care logs were detailed and easy to read but there are inconsistencies with information recorded daily. The personal plans are reviewed monthly. However, documentation does not currently show that people and their representatives are involved in these reviews. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

We saw care staff provide support in a respectful and dignified manner and interactions were warm and considerate. We spoke with people living in the service. They told us *"I feel settled here and know the staff pretty well"*. However, people expressed concerns regarding the level of temporary and agency staff working at the service currently. We discussed this with the manager who informed us of ongoing recruitment plans at the service. We spoke with relatives who told us *"Staff are fantastic, can't fault the care"*.

The provider has processes in place to safeguard vulnerable individuals. Staff receive safeguarding training and are aware of what to do if they have safeguarding concerns. There is a safeguarding policy in place. Referrals are being made to the safeguarding team as required and relevant notifications submitted to CIW (Care Inspectorate Wales). Deprivation of Liberty Safeguard (DoLS) authorisations are requested from the local authority as appropriate. People told us they felt safe at the service.

There are systems for medicines management in place. We completed a medication audit and found that medication is stored appropriately in a designated locked room. We saw there was an appropriate medication policy and procedure in place for medicines management. We saw a good history of medication room and fridge temperatures being checked daily and these were within the correct range. Improvements are needed regarding medication administration guidelines for people. This was discussed with the manager of the service who agreed to make these improvements.

## Environment

Overall, people live in an environment that promotes achievement of personal outcomes. We found all areas of the service to be nicely decorated, clean and clutter free. There are communal spaces which are bright and welcoming where people can relax and socialise. We saw a number of bedrooms and the majority are personalised to each person's individual taste. There are a number of communal lounges where people can relax and socialise if they wish. We saw a large dining room which has a self-serve area where people can make drinks, breakfast and snacks. We saw a menu on the wall by the kitchen door which had a choice of two hot options for lunch and dinner. We saw a board which displayed a weekly timetable of activities along with special events such as Valentine's Day and St David's day. Guidance on how to contact CIW and make a compliment or concern was also displayed. There is a secure outdoor space which people can access freely and safely. This area could benefit from additional seating which we discussed with the manager and RI. Adaptations and equipment are available where needed. We saw that manual handling equipment is available and regularly maintained and serviced.

The service provider has procedures in place to maintain the environment and mitigate risks to health and safety. 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. A fire drill has not yet taken place at the service, the manager assured us one was due to take place imminently. Monthly water temperature checks are taken and documented. Personal emergency evacuation plans (PEEP's) are 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.

## Leadership and Management

The service provider has governance arrangements in place. The RI visits the service frequently and meets with staff, people and their representatives and keeps a record of feedback gathered. The manager feels well supported by the RI and is able to contact them for advice and support. We found that quality assurance systems need to be improved in order to be more effective in identifying and addressing any shortfalls within the service. Whilst Quality of Care Reports are being completed by the RI, these need to be strengthened to ensure performance and direction of the service is clear and information detailed in the report is accurate. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Staff are recruited safely and we saw appropriate recruitment arrangements are in place. Staff files contain all legally required information such as proof of identity, Disclosure and Barring Service (DBS) certificates and employment references. Staff are registered with the workforce regulator, Social Care Wales (SCW). Overall, staff receive training relevant to their role, however, training compliance needs improvement, and we saw some staff had not received some of the core mandatory training. We also saw that staff were not receiving supervision and appraisal within regulatory timescales. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

We spoke to staff in different roles across the service during the inspection. We received mixed responses in relation to their experience of working in the service currently. Staff spoken with told us *“I feel supported by the manager and feel there is a good team working at the service” and “it’s a lovely place to work, any issues and I can speak to the manager or the nurses”*. However, many staff told us of staffing issues and a heavy use of agency staff, feeling that there is not enough staff on shift and a feeling of being rushed to get things done. This was discussed with the Manager and RI, who informed us of a current recruitment campaign, and they felt confident they would soon be able to recruit into current vacancies.

The service provides information to the public through their Statement of Purpose, which sets out the service’s aims, values and how it delivers support. A written guide provides practical information about the service and the care provided. Information about how to make a complaint is available if needed.

Summary of Non-Compliance	
Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection.

Area(s) for Improvement		
Regulation	Summary	Status
36	Staff supervisions and appraisals must be conducted within regulatory timescales. Compliance	New



	with mandatory training needs to be improved.	
21	Care planning processes need to improve to ensure guidance is up to date and accurate. The service must ensure that people and their representatives are involved in the review of their personal plan. Staff must support people in line with their personal plans and maintain accurate records of the support they provide to promote people's safety and well-being.	New
66	Overall governance and Quality assurance systems need to be improved in order to be more effective in identifying and addressing any shortfalls within the service. The RI must ensure there is a clear system in place to review and assess the way in which the manager implements actions from the findings of internal quality assurance and external inspection reports, within required timescales. Quality of Care reports need to be strengthened to ensure performance and direction of the service is clear and information detailed in the report is accurate.	New

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