



Inspection Report on

Garnant House LLP

**75 CWMAMMAN ROAD
GARNANT
AMMANFORD
SA18 1ND**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

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Description of the service

Garnant House is registered to provide personal care for up to 20 people aged 65 years and over. This includes people living with dementia.

The home is situated in Garnant, a semi-rural area near to the town of Ammanford. The provider of the service is Garnant House LLP. The responsible individual is Mr Paul Stewart, and there is an experienced manager providing direct operational management support to the home.

Summary of our findings

1. Overall assessment

People live in high quality accommodation where they are safe, warm, secure and happy. People receive a good service and are supported by caring, professional staff that have a good understanding of their needs. However, we recommend a recognised dependency tool is introduced to ensure staffing levels are appropriate to the number of people living at the home.

Managers and staff are professional, well trained and motivated. People can be assured the home is well managed by an experienced and stable management team. There are appropriate arrangements in place for the effective oversight of the service, through ongoing quality assurance processes that review standards of care and compliance with regulations and that information and views obtained are used for the continued development and improvement of the service.

2. Improvements

Radiator guards in a number of bedrooms have now been maintained; in addition old bed linen has been replaced. Memory boxes have been purchased for a number of people but not yet been filled with personal objects and photographs for the benefit of people living at the home. The manager told us this will be addressed.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service.

1. Well-being

Summary

People living in Garnant house have a good quality life enhanced by staff that have a good understanding of their individual needs and preferences. This would be further enhanced by reviewing the time staff have to spend with people on an individual basis.

People can be confident their physical health and wellbeing needs are met and they are as healthy and active as they can be.

Our findings

People are able to express their views and opinions. Staff were observed being very patient and understanding with people and were having conversations when able to do so. Staff were seen to subtly persuade people to attend to their personal care. This was evident in the well groomed appropriate appearance of people living at the home. People looked relaxed and comfortable both in the company of each other and in the company of staff. The manager told us people's compatibility was considered when arranging for a new person to move into the home. People living at the home told us they "*liked living*" at the home and that staff were "*kind and respectful*" to them. Regular meetings were held for people living at the home. This ensured people could contribute to decisions regarding the home. Suggestion boxes were also seen around the home. A short observation was undertaken by us during the inspection. This highlighted there was limited engagement with people and staff during this period. Therefore, people are able to express their feelings and are listened to but the service would benefit from reviewing the time staff have to engage with people on a more meaningful basis.

People are as healthy and active as they can be and are supported to look after themselves. There was an appropriate policy and procedure in place to ensure people received their medication. This included the action staff needed to take if errors/near misses occurred. Medication administration records showed that people were being supported to take their medication as prescribed. We saw medication was stored safely in a locked cabinet within a locked room and care workers had received training in medication administration. Electronic daily records supported people's care plans. We found the storage of controlled drugs (CD's) was correct and there were safe practices for the administration and disposal of CD's. People told us they had regular appointments with their general practitioner; optician and dentist and a variety of other health care professionals also visited the home on a regular basis. Records viewed demonstrated this and appointments with health care professionals were also recorded. A visiting health care professional told us that overall they felt very positive about the home but "*suspected that meaningful activities at the home for their client would benefit from reviewing*". However, another health care professional told us that "*the home was one of the better homes they visited*" and that people were "*happy*". People can be confident their physical health and wellbeing needs are met and they are as healthy and active as they can be.

People are involved daily in making decisions about their care and support. People told us that they follow their own routines, when to get up, go to bed, and have a shower or bath for example. Records contained detail of people's routines and their likes and dislikes. We saw

people were actively involved in all aspects of daily living. People told us they chose what they wanted to eat that day. This was evidenced by observing the cook walking around the home and asking people what they wanted to eat. They also offered alternatives if people didn't like what was on the menu. When we looked at records we saw people's food preferences recorded and that people had eaten the food they had chosen. Records showed us people were being encouraged and supported to eat well and to have a good diet. We saw the home was stocked with an ample supply of provisions for people to make their choices. We were told fresh food was purchased from a local supermarket and frozen food was purchased from another supplier with remaining items purchased locally. This shows that people receive the right care and support at the right time in the way they want it.

2. Care and Development

Summary

People are cared for by staff that know, understand and are able to meet their individual needs in a respectful way. People can be confident that documentation is person centred and reflects their current situation.

Our findings

People living at the home have developed good relationships with care workers, who genuinely care about their wellbeing. We saw the home benefited from minimal turnover of staff. Care workers working in the home were generally from the local community and knew the people they supported very well. We saw care workers held a good knowledge of the people living in the home. This included their likes and dislikes, and previous occupations and life histories. One person living in the home said *“staff are very kind and caring”*. A relative visiting the home at the time of inspection told us *“its taken pressure off me, they always keep me updated”*.

We saw nice interactions between people and care workers throughout the inspection. We saw care workers assisting people with limited mobility into areas of the home where they felt most comfortable. This was carried out sensitively, and in a way where people felt in control. Care workers portrayed people in a positive light and displayed a caring attitude throughout the inspection. We saw care workers were able to provide appropriate levels of support when people became upset or agitated. Therefore, people benefit from experienced, caring, professional staff that want to make a positive difference to their lives.

People's have the right care at the right time in the way that they want it. We saw adequate pre-admission processes in place and the relevant information about people was being recorded. This included consulting with the person and their relatives. We saw important historical information about the person in order to inform staff was being gathered. Care plans covered a range of areas relevant to the individual. Care plans were reviewed at regular intervals and reflected people's current needs. The manager told us a new care plan was in the process of being introduced. We found the new plan to be informative and a significant improvement on the old. It also included visual aids pertinent to the person.

We saw care plans were individualised and recorded any potential risks, with adequate measures in place to minimise the risks identified. This included people living at the home assessed as being at higher risk of developing pressure areas, and of experiencing trips and falls. Such people had safeguarding measures in place, including regular skin integrity checks, falls sensor mats and bedrails. In addition people with reduced capacity to make decisions were protected under deprivation of liberty safeguards (DoLS). These were well organised and reviewed at appropriate intervals. Therefore, people receive a person centred service which effectively caters for their individual needs.

People's Welsh language needs are recognised and supported. We found the home provided an 'active offer' of the Welsh language. A care worker told us there were a similar number of Welsh speaking residents and staff. We heard staff speaking with people in English and, where appropriate, Welsh. We saw people's preferred language had been

identified within their care records. The importance of communicating with one person in Welsh had been outlined within their care plans. In addition we saw bilingual signage throughout the home. We saw documentation could also be made available in Welsh and other written information relating to its services could also be translated. We can conclude that people can enjoy living in a home that promotes the Welsh language and culture.

3. Environment

Summary

The registered persons ensure the individual's care and support is provided in a location and environment with the facilities and equipment promote peoples health and wellbeing.

Our findings

People can feel uplifted and valued because they are cared for in a safe, comfortable, clean, homely and personalised environment. We found the premises were warm and welcoming. This was observed when we undertook a short tour of the property. In viewing several bedrooms we found them to be decorated according to the person's wishes and in many cases included items of their own furniture from their home. These rooms reflected each individual's personality and we were told by one person that their room was their space to "*get away from the crowd*" when they wanted time alone. Another person told us "*they always have something going on here, it's great*". During the tour of the property we observed the laundry room which was small but appropriately organised to ensure safe infection control measures were in place. The storage of materials which were subject to Control of Substances Hazardous to Health (COSHH) regulations were stored correctly in a well organised cupboard with all the relevant document clearly displayed. There were arrangements for the disposal of clinical waste such as sharps and these were seen to be orderly and appropriate. However, at this time we also noted that a mop and bucket with the wrong colour coding to avoid cross contamination was in place. We felt the mop should also be stored on a rack. This was highlighted to the manager who assured us this would be addressed. Records showed the service had an ongoing programme of refurbishment. We were shown plans for further development of the property on adjoining land.

The premises were safe from unauthorised access. We were unable to gain access into the building without ringing the doorbell and being let into the building by a member of staff. We were asked for proof of identity and to sign our name and time of arrival and departure in the visitors' book. We saw people's personal information was kept securely in locked filing cabinets in a locked room. We saw care workers held cleaning responsibilities. A number of care workers told us this detracted them from providing care and support duties. We discussed this with the manager and responsible individual. We recommended that arrangements for the cleaning of private bedrooms and communal areas should be reviewed. This should be carried out with a view to ensuring that adequate numbers of staff are on duty to allow for staff to have time to interact with residents. Therefore, people live in a clean, homely environment risks are minimised. However, consideration should be given to cleaning responsibilities within the home.

People live in a home which is subject to a stringent programme of inspection and maintenance. The testing and servicing of appliances and equipment was undertaken at the required frequency and we found evidence of this in the sample of records we looked at. These included various specific servicing of appliances and equipment as well as the regular fire checks and health and safety checks carried out by the maintenance officer. The lift to the first floor was out of order at the time of the inspection and we were informed by both the manager and responsible person that spare parts were on order and expected to be delivered later that week. In the meantime the home had a stair-lift which was being

used for anyone wanting to get to the first floor. We found personal emergency evacuation plans were in place for each person. People, therefore live in a well maintained home.

4. Leadership and Management

Summary

People benefit from living in a well managed home whereby they have access to a visible and easily accessible management team that ensure the service caters for their individual support needs.

Our findings

Overall people can be assured staff employed in the home are suitably fit and have the knowledge, competency, skills and qualifications to provide the levels of care and support required to achieve their personal outcomes. We inspected the personnel files of four care workers. These varied between staff recently employed and those employed for a longer period of time. Overall we found the files to be well organised. However, some copies of staff identification including birth certificates and passport information were missing. The responsible individual confirmed these documents had been checked as part of the disclosure and barring application process, but copies had not been held on file. They assured us this would be rectified as a matter of urgency. We saw all new staff received a programme of induction signed off once completed by the manager. This was quite basic and would be further enhanced by the introduction of the Social Care Wales induction framework.

We found good levels of support were provided to care workers by the management team. Supervision was consistent, well documented and being provided on a quarterly basis. Although we found the annual appraisal had not been separated from the ongoing supervision meetings. Therefore, did not provide staff with an opportunity to reflect, review performance and plan for the following year. This was acknowledged by the manager and would be rectified. We saw staff team meetings were arranged on a quarterly basis and chaired by the responsible individual. Care workers referred positively to the management team saying *“they are very good, always available”* and *“good support is provided”*. Training records evidenced mandatory training was overall up to date, with the remaining care workers awaiting training dates. In addition training based on the needs of people living at the home had been arranged. The manager told us senior staff had attended “maintaining skin integrity” training. This would also be attended by all care workers once dates had been agreed. Therefore, the service has a programme of activities that equips all staff to be confident in their roles and practice and enables them to make a positive contribution to the well being of individuals using the service.

The service provider operates a culture of openness, honesty and candour at all levels. We found both the manager and responsible individual to be approachable and accessible to staff, visiting professionals, people living at the home and their relatives. We saw the responsible individual regularly consulted all parties as part of their quality assurance responsibilities. The manager spoke positively on their relationship with the responsible individual and felt well supported. The manager was seen to be balancing her management duties with providing direct care and support to the people living at the home. We attended a resident meeting, and found the manager to be open and honest in all her interactions with people. Any suggestions and concerns throughout the meeting were acknowledged and discussed. The manager also discussed forthcoming trips and activities that included

pampering sessions, dog therapy, external entertainment and a trip to the botanical gardens. The meeting was also attended by relatives, who referred positively to the culture and communication within the home.

We found policies and procedures were accessible and provided clear guidance. However, a number of policies referred to old statutory guidance and required a review. In addition care workers of whom we spoke were unclear on safeguarding reporting procedures. In discussion with the manager we recommended that a simple staff reporting guidance document be added to the safeguarding policy. There is clear oversight and governance of the service in order to establish, develop and embed a culture which ensures that the best possible outcomes are achieved for individuals.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

None

5.2 Recommendations for improvement

The following good practice recommendations were made:

- Social contact and opportunities: The service would benefit from reviewing the time staff have to engage with people on a more meaningful basis.
- Leadership and management: To use a recognised dependency tool to ensure staffing levels are appropriate for the numbers of people supported within the home.
- Policies and procedures: To undertake a full audit of all policies and procedures. In addition consider developing a simple staff reporting guidance document to the “Safeguarding & Confidential Reporting” procedure.
- Staff: To consider enhancing the staff induction procedure by the introduction of the Social Care Wales induction framework.
- Staff: To undertake an audit of all staff personal files to ensure consistency and regulatory requirements are fulfilled.

6. How we undertook this inspection

This was a full unannounced inspection undertaken as part of our inspection programme. We carried out the inspection over two days, on 14 September 2018 between 09.30 a.m. and 4.00p.m and on 17 September 2018 between 9.00a.m. and 12.30p.m.

The following methods were used:

- We used the Short Observational Framework for Inspection (SOFI). The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- We spoke to the responsible individual, operational manager, care workers, estates and catering staff;
- We spoke to people living at the home and their relatives;
- We received feedback from a district nurse and community psychiatric nurse visiting the home ;
- We looked at the statement of purpose and service user guide;
- We were shown around the home and surrounding grounds;
- We looked at four staff files (including recruitment & induction records);
- We looked at four files of people living at the home (including care/ support plans, risk assessment documents and medication administration charts);
- We looked at maintenance records, and safety certificates and
- We looked at a sample of policies and procedures.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Registered Manager(s)	Heidi Tyrrell
Registered maximum number of places	20
Date of previous Care Inspectorate Wales inspection	21/03/2017
Dates of this Inspection visit(s)	14/09/2018 & 17/09/2018
Operating Language of the service	Both
Does this service provide the Welsh Language active offer?	This is a service that provides an 'Active Offer' of the Welsh language. It provides a service that anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.
Additional Information:	