



Inspection Report on

Glaslyn Court Nursing Home

**GLASLYN COURT NURSING HOME
CRICKHOWELL ROAD GILWERN
ABERGAVENNY
NP7 0EH**

Date Inspection Completed

08/10/2019

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Description of the service

Glaslyn Court Retirement Homes Limited is registered to provide general nursing to adults over the age of 18 years. It also supports adults with functional mental illness and those who require support due to their mental health on a personal care or nursing basis. Accommodation is provided in four separate areas of the home. The home can support up to 82 individuals and at the time of inspection we were told 82 people were living at the service.

The home is situated in a rural location on the outskirts of the town of Gilwern. Mrs Ingrid James Wright is the Responsible Individual (RI) who oversees the management of the home. The home employs a manager who has worked at the service for several years. The manager is registered with Social Care Wales.

Summary of our findings

1. Overall assessment

People are happy and as content as they can be and they receive support from care workers who provide caring and timely interventions. People and their representatives have a voice, are listened to and have input into the ongoing development of the service. People receive good standards of care and support from care workers who are well vetted, trained and supervised and who demonstrate professionalism and commitment. There is a long standing, efficient and effective management team who strive to ensure the ongoing development of the service.

2. Improvements

This is the first inspection carried out since the service was re-registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).

3. Requirements and recommendations

We made two good practice recommendations which includes; details recorded in daily care notes on one area of the home and the recording of people's satisfaction with the resolution of complaints. More information is available in section five of this report.

1. Well-being

Our findings

People have a voice and contribute to decisions which affect them. Information contained in the statement of purpose (SOP) and service user guide (SUG) provided sufficient detail to ensure people could confidently make informed decisions about moving into the care home whilst having an understanding of the facilities and types of support available to them. People and/or their representatives were routinely consulted about the care and support provided and this was evidenced in the detailed reviews of people's requirements and the evaluation of people's outcomes. The service ensured people had appropriate input into how they preferred their care to be provided and this was detailed in individual personal plans. One person we spoke with told us "*staff are wonderful, they understand what I need*" another stated "*I enjoy living here*". We were told the manager had an open door policy and we saw management had developed good relationships with people living at the service, their representatives and staff. People's representatives commented favourably about the management of the service and that they felt the manager was approachable and effective in resolving any issues which had arisen. We were also told that communication was good at the service for example people were contacted appropriately if their family member had been unwell. We noted a suggestion box was also available for people to provide feedback and suggestions for the ongoing development and improvement of the service. People's well-being is integral to the service and the rights and entitlements of people are promoted.

People are supported to be as healthy as possible. We saw that timely referrals to other health and social care professionals were made when required and recorded on the individual's care documentation. Referrals were made for example to the general practitioner (GP), mental health multi-disciplinary team, social workers and dieticians. We were told a GP visited the service every week to review the health requirements of people living at the service and we saw documentary evidence to support this. We observed people were supported by care workers in a timely manner and had access to an extensive programme of events and activities both at the service and in the community. We saw for those individuals who preferred spending time in their rooms, care workers were recording activities available to people on a one to one basis. Daily care notes also prompted staff to consider people's moods and factors which could influence this. We find people's mental and physical health is prioritised by the service.

The safeguarding of individuals is important at the service. We found all staff had received appropriate adult safeguarding training and refresher training was provided to those who required it. Care workers we spoke with talked confidently about the training they had received, showed an in-depth awareness of different types of abuse and demonstrated they knew who they should report any concerns to. We found people's risk assessment information was detailed and provided support to care workers to manage risks appropriately. People are as safe as they can be.

2. Care and Support

Our findings

People receive personalised care and support which promotes the identification of their outcomes. We considered pre-assessment documentation for a sample of people living at the home. We found this information was comprehensive, detailed and supported the service to identify if they could provide the level of care and support the person required. Personal plans were person centred, comprehensive, reflected what mattered to individuals and contained good social histories to support the identification and promotion of people's goals and outcomes. Where people had been known to Health Boards or Social Services Departments, information from these agencies had been incorporated into people's personal plans. Care workers we spoke with all spoke positively about the personal plans available. We saw personal plans were being reviewed routinely as documented in the (SOP), people and/or their representatives were involved in reviews and any changes identified resulted in personal plans being revised. Risk assessment documentation was consistent with information held within people's personal plans, identified risks appropriately and provided advice to care workers on how to mitigate those risks. People receive individualised care and contribute to the decisions which affect their lives.

People are supported by care workers who know them well and who fully understand their requirements. During our observations of care practices, we saw that people appeared relaxed around care workers. We heard people living in the service calling care workers by name and the interactions observed indicated people knew care workers well. The manager told us continuity of care was very important at the service and all care workers whom we spoke with told us they had worked at the service for several years. Care workers demonstrated they had extensive knowledge about people's requirements and how people liked their care to be provided. We considered the daily care recordings for four people living across the service areas. We found most detailed the provision of care and support appropriately. However on one area of the home we noted the recordings for personal care was more generic. We discussed this with the manager and explained our concerns that we could not be fully assured all individuals were able to access bathing/showering and oral care support at the required intervals. However, during the inspection visit that followed we were shown daily care documentation had been revised and evidenced what personal care and support people had received. There were three activity workers employed at the service and documentation evidenced people had regular access to social activities and events that they enjoy. We saw photographs on noticeboards situated on all areas of the home which showed people living at the service enjoying activities such as themed events, social excursions and entertainment provided at the home. On the day of our inspection a harvest festival service took place which was led by a local member of the church. People were supported and encouraged to engage in the service and people appeared uplifted by the singing and laughter which created a very pleasant atmosphere. People who lived on other areas of the home were supported to attend if they wished. One individual, who had

been distressed previously, appeared calm during the service. Support provided to them was individualised and gentle reassurance of touch was effective. People receive a high quality service from familiar care workers who they have developed trusting relationships with.

People are supported to be as safe as possible. The service has a safeguarding policy in place which care workers were provided with on commencement of their employment. People living at the service and their representatives know how to express a concern or make a complaint and this information was detailed within the service user guide (SUG) which was provided to people on their admission to the service. The manager told us they had an open door policy and people living at the service and their representatives told us the manager was "*visible and approachable*". People stated if they had any concerns they felt able to discuss them with management and they were appropriately resolved. All care workers we spoke with talked about their satisfaction of the training they had received around adult protection and spoke confidently about who they could report any concerns to. We find adult protection is important at the service and there are appropriate mechanisms in place to safeguard people.

3. Environment

Our findings

People live in a homely, warm, inviting and calm environment. The service is set in a pleasant and quiet location and people have access to extensive grounds which enhances their feelings of well-being. We toured the building and found there was opportunities for people to spend time either communally or privately as they wished. People were encouraged to decorate their bedrooms as they desired and we saw that some people had chosen to personalise their bedrooms and make decorations for their bedroom doors. High quality fixtures and fittings were evident and building contractors were working at the service to further improve some of the en-suite facilities. We were told about an on-going programme of works scheduled and were shown examples of improvements made. Further works were planned to ensure the continued development of the environment. Cleaning staff were in situ on both days of our inspection and we noted the home was clean, tidy and smelt fresh. People benefit from living in an environment which promotes their well-being and supports achievement of personal outcomes.

People live in an environment which is as safe and secure as it can be. On entering the building we found all doors which could provide outside access were locked appropriately. We were asked to sign the visitor's book to comply with fire regulations and our identity was checked prior to admittance being authorised. We saw that fire safety checks took place routinely and documentation of this was made available. All care files that we considered included personal emergency evacuation plans (PEEPS) with detailed information for care workers about how to support individuals to exit the building in the event of an emergency. We were told and saw documentary evidence the fire alarm system had recently been updated. We saw gas, electricity and portable applicant testing (PAT) safety certificates were in place as well as records of the servicing of equipment such as hoists and slings. A recent inspection by the Foods Standards Agency in regards to food hygiene practices had resulted in the service being awarded five stars which is very good. People's safety is a priority at the service and there is commitment to ongoing development.

4. Leadership and Management

Our findings

Appropriate oversight of the service is in place and there is a commitment to ensuring people living at the service are supported to achieve their outcomes. We considered the most recent quality visit completed on a three monthly basis by the RI which detailed what was considered as part of the visit, indicated how many people living and working at the service had been involved and evaluated their feedback. The document recorded what was working well at the service as well as identified where improvements could be beneficial. The most recent quality of care review report compiled on a six monthly basis included the information gathered from recent quality visits, documented the service's vision for development moving forward, indicated how improvements would be implemented and identified an approximate timescale for these. We noted some of the improvements identified for the environment had been made and others were continuing to be worked towards. The service employs a well-established management team who work well together. The manager had been employed at the service for several years and during discussions with the manager it was clear they had detailed knowledge about people living and working at the service and were passionate about the quality of care and support people received. The manager was integral to the process of ongoing development and improvement and frequently we witnessed care workers asking the manager for advice. The advice provided was comprehensive and the manager took time to explain to care workers why this was an effective way forward. We feel this was a positive contribution towards the ongoing development of care workers employed at the system. We find the service is overseen by a committed and effective management team who strive to ensure the ongoing development and improvement of the service.

People receive support which is in keeping with the SOP. We considered the most recent SOP dated September 2019 and found this was comprehensive and recorded the aims and objectives and the philosophy of care at the service. We noted copies of the SUG were held on people's individual care files. We found the care and support provided to individuals was in keeping with the SOP. We saw that the SUG dated September 2019 provided appropriate information to people, prior to their admission, to ensure they were fully aware of the facilities available at the service and this helped people to make informed decisions. The SUG also provided advice on how individuals living at the service or their representatives could make a complaint. We considered complaint information held at the service and noted one complaint had been received. Timescales required in the investigation of the complaint were in keeping with those identified in the complaint's policy and the investigation appeared detailed and thorough. We recommended the service considered devising a form to record any complaints, the identified resolution and the satisfaction of the person making the complaint. People are supported to make informed decisions about where their requirements can best be met.

People are supported by a service that provides appropriate numbers of care workers and nursing staff who are committed and caring in their approach. During our observations we witnessed staff were kind and caring and supported people with dignity and respect. We saw genuine affection and humour and people received reassurance and the appropriate use of touch when this was required. People's requirements were met in a timely manner and we were not aware of calls bells ringing excessively. We saw that people were routinely provided with appropriate supervision in order to ensure they remained as safe as possible as there were appropriate numbers of staff deployed on each area of the home. We considered three staff personnel files and noted there was appropriate identity checks, employment histories, references and Disclosure and Barring Service (DBS) checks prior to the commencement of employment. Staff induction followed Social Care Wales guidelines and training available to staff was in keeping with the SOP. Supervision was taking place at appropriate frequencies to meet regulatory requirements. Care workers told us *"the manager is really supportive and approachable"* and *"this is the best place I have ever worked"*. Staff commented favourably on their training and said that more specialist training was available if required. Staff were supported to develop as several staff told us about the qualifications and credit framework (QCF) they were supported to work towards or had achieved. People receive support from staff who are appropriately vetted, trained and supervised in order to achieve their outcomes.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

This was the first inspection carried out since the service was re-registered under RISCA.

5.2 Areas of non-compliance identified at this inspection

There were no areas of non-compliance identified at this inspection.

5.3 Recommendations for improvement

- Daily care notes completed on one area of the home did not fully identify what personal care was being provided. However, we noted that following this feedback, recordings had improved and reflected when people were supported to bathe/shower and received support in regards to oral care.
- The home develops a form to record all complaints, timescales and any actions undertaken and records the complainant's satisfaction with the resolution.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. We considered information received from a recent concern as part of this inspection. One inspector visited the home over two days on 7 October 2019 and 8 October 2019.

The following methods were used:

- Information held by CIW about the service including consideration of previous inspection findings, reportable events, concerns and safeguarding information.
- We spoke with the Responsible Individual and Manager at the service.
- We spoke with five staff members.
- We spoke with four people living at the service and one representative.
- We considered a variety of records held at the service including quality of care review report, quality visits information, complaints, medication policy and audits, safeguarding policy, falls analysis information, most recent Local Authority commissioner's report, staffing rotas, gas, electrical, fire and hoist servicing and safety reports.
- We examined the most recent Statement of Purpose (SOP) and service user guide (SUG).

We are committed to promoting and upholding the rights of people which use the care and support services. In undertaking this inspection we actively sought to uphold people's legal human rights.

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
Service Provider	Glaslyn Retirement Homes Limited
Responsible Individual	Ingrid James Wright-
Registered maximum number of places	82
Date of previous Care Inspectorate Wales inspection	This was the first inspection since the service was re-registered under RISCA
Dates of this Inspection visit(s)	07/10/2019 and 08/10/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service which is continuing to work towards being fully able to provide the 'active offer' of the Welsh language
Additional Information:	

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