



Inspection Report on

Glynbargoed Care Home

**GLYN BARGOED HOUSE
GLYN BARGOED ROAD
TRESHARRIS
CF46 6AA**

Date Inspection Completed

10 December 2020

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About Glynbargoed Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Roemarsh Limited
Registered places	24
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	No

Summary

Glynbargoed Care Home is owned and operated by Roemarsh Ltd. The Responsible Individual (RI) is Imtiaz Hussain. The service also has a manager to oversee its daily operations who is suitably qualified and registered with Social Care Wales.

People are happy and have positive relationships with staff. Staff feel supported by management, but investment to develop staff is required to ensure staff have the necessary skills and knowledge to meet the needs of the people in their care. People have accurate and up-to-date personal plans that detail their individual care needs.

There is a clear management structure for the service. Staff receive good informal support but improvements are required to ensure staff receive training and development opportunities.

Some improvements are needed to ensure the service meets all of its regulatory requirements.

Well-being

People live in a pleasant and homely environment, which is decorated and maintained to a good standard. Bedrooms are personalised to individual tastes and the standard of cleanliness within the home is good. People we spoke with appeared happy and chatty. Staff support people to maintain contact with relatives and friends during the current pandemic by visits where appropriate, use of videophone technology or via the telephone. People are happy with the quality of food at the home, with one person describing it as 'brilliant'.

There are insufficient measures in place to protect people from harm. Staff understand their responsibilities to safeguard vulnerable adults, but require further training in other areas to ensure they are suitably trained in their roles. Quality assurance and audit tools need significant improvement to ensure that the RI has effective oversight.

The service provider safely recruits and vets staff before they start their employment.

On the whole, people have input into the care and support they receive. Care documentation is to a good standard and consistent overall, with reviews undertaken regularly. Personal plans and risk assessments are detailed and guidance for staff is clear. We received positive feedback from people and their relatives about the care and support they receive and they confirmed that staff wear PPE. They told us that they use video call technology to maintain contact with family, who have visited when it has been safe to do so. They told us that they are involved in reviews of their care plan. Care workers told us they have sufficient supplies of personal protective equipment (PPE).

A range of information is available to people considering using the service and their relatives. There is a statement of purpose, which is a document that sets out information about the care home. This document ensures that people who are seeking care from the agency are clear in what the agency can and cannot provide. It was easy to read and informative; however it was not dated.

Care and Support

There is an established staff team who are familiar with the needs and preferences of the people who use the service. People and relatives we spoke to told us the staff are *'brilliant'*, *'marvellous'* and *'outstanding'*. Relatives told us the staff are *'very good'* at giving updates or informing them of any changes.

Prior to our inspection, the Local Authority's environmental health team identified continued infection control failings. During our inspection, we noted that staff members were wearing the required PPE. People we spoke with confirmed that staff wear PPE correctly when providing care and support. Staff we spoke with told us that they know when and how to use PPE such as face masks, gloves and aprons, when providing care to people living in the home.

People's personal plans are clear, personalised and focus on their individual needs. We saw a 'map of life' in care files where people consented, detailing their life history, likes and dislikes. Staff review plans and assessments monthly and ensure they are in line with local authority plans where applicable; however we did not see written evidence of people or their relatives being involved in these reviews. One relative we spoke with told us they had been involved in developing the care plan of their loved one at the home. We saw that up-to-date personal emergency evacuation plans (PEEPs) were in place. These are plans detailing how staff should support individuals in the event of an emergency.

Staff assess each person's risks in order to promote their safety and well-being. We saw evidence in care documentation of manual handling assessments, falls assessments and mental health assessments, along with risk assessments relating to skin integrity, nutrition and weight loss. The home has an up-to-date infection control policy in place, which incorporates procedures relevant to the current pandemic.

Environment

Glynbargoed offers a comfortable, homely environment for people. The layout and facilities are suitable and are consistent with the description in the service's statement of purpose. On the day of inspection we saw that people appeared relaxed and comfortable in their environment. People's bedrooms are appropriately furnished and contained personal possessions that are important to them.

The environment is maintained to a good standard and supports people's well-being. Staff observe social distancing and sanitiser dispensers, gloves and aprons are readily available at key points around the home. We were told by the manager that staff change clothes when they come to work and leave, to reduce the risk of cross infection. The dining room is set out to enable people living at the home to social distance and the front lounge is set up as a visiting room. The waste bins have been replaced with pedal bins to reduce the risk of infection. Communal bathrooms have wall mounted hand sanitizers. We saw that the laundry room had recently been refurbished. The manager assured us that ample PPE supplies are available.

Domestic staff are employed to keep the home clean. The home's infection control regime includes the use of antiviral spray twice a day, weekly use of antiviral room foggers and a monthly deep clean of the home environment. Staff deep clean bedrooms when they are vacated. Staff also undertake ongoing hot spot cleaning throughout the day. The home has developed an Infection Control Policy and Procedure document, which includes links to key government bodies including Care Inspectorate Wales; this was reviewed 07 December 2020.

Leadership and Management

The manager and deputy are approachable and supportive of staff. The manager holds the necessary qualification and registration with Social Care Wales. Staff told us that they feel well supported and valued, describing the manager as having *'all the time in the world for you'*. They told us that there is good staff morale and a stable staff team, a number of whom have worked at the service for several years. Staff members told us that, on the whole, they receive regular one-to-one supervision with their line manager, where they have opportunities to discuss their professional development and any concerns they may have. They told us that they feel well trained to carry out their roles.

Relatives told us they know who is in charge when they visit and are confident to phone and speak to the manager with any concerns. One person told us the manager is *'very approachable'* and maintains effective communication; another said the manager *'always make time to talk to me'* and makes contact when there is a change in their loved one's needs or to provide any key updates.

We saw evidence that the responsible individual (RI) lacks clear and effective oversight of the service. There is a regulatory requirement for the RI to visit people using the service and staff every three months. This task cannot be delegated and we saw that the last visit had been carried out by a company director rather than the RI. The RI also has a legal duty to carry out a quality of care review every six months to monitor, review and improve the quality of care provided by the service. We saw evidence of only one review being carried out within a year; this lacked data analysis and staff responses were not included in the manager's action plan. The RI must also report on the adequacy of resources every three months. We saw one report covering June-August 2020, which was lacking in required detail and made no mention of the current pandemic or infection control.

Staff training records evidence gaps in both mandatory and more specialist training. We raised this with the manager, who told us that the records were not fully accurate and did not reflect all the training staff had completed. At the time of writing this report, we had not received any further information from the manager.

Staff are recruited safely. We examined three staff personnel files and saw the required references in place, employment history and Disclosure and Barring Service checks. Two of the files had only the years of past employments recorded. Good practice recommends that months are also recorded to ensure there are no gaps unaccounted for in a person's employment history.

Areas for improvement and action at, or since the previous inspection

Fitness of staff (Regulation 35(2)(2)): There must be full and satisfactory information or documentation for all staff in respect of each of the matters specified in Part 1 of Schedule 1 of the Regulations.

Achieved

Staff training (Regulations 36(2)(d) & 36(2)(e)): all staff must receive core and specialist training appropriate to the work they perform.

Not Achieved

RI visits (Regulations 73(1) & 73(3)): The RI must visit the service and meet with staff and individuals at least every three months.

Not Achieved

RI oversight of the adequacy of resources (Regulations 74(1) & 74(2)): The RI must report to the service provider on the adequacy of resources available to provide the service in accordance with Parts 3 – 15 of the Regulations on a quarterly basis.

Not Achieved

Where providers fail to improve and take action we may escalate the matter by issuing a priority action (non-compliance) notice.

Areas where immediate action is required

None

Areas where improvement is required

The RI must undertake Regulation 73 visits to staff and individuals at least every 3 months. This duty cannot be

Regulation 73 (1) & (3)

delegated.

The RI must report to the service provider on the adequacy of resources in line with Regulation 74 requirements every three months.

The RI must make arrangements to establish and maintain a system for monitoring, reviewing and improving the quality of care and support provided by a service at least every six months. The RI has failed to meet the whole of Regulation 80.

The service provider must ensure that any person working at the service receives training appropriate to the work to be performed by them along with specialist training as appropriate.

Regulation 74(1)(2)

Regulation 80

Regulation 36(2)(d) & (e).

We have not issued a priority action (non-compliance) notice on this occasion. This is because there is no immediate or significant risk to or poor outcomes for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection

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