



# Inspection Report on

**GLENMORE RESIDENTIAL HOME**

**GLENMORE RESIDENTIAL HOME**

**188-190**

**STOW HILL**

**NEWPORT**

**NP20 4HB**

## **Date Inspection Completed**

13/09/2019

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## **Description of the service**

Glenmore Residential Home is situated in Newport. The service provider, Babita Danhawoor, is registered with Care Inspectorate Wales (CIW) to provide a Care Home Service for twenty two people. There is a manager in post who is registered with Social Care Wales (SCW). According to its Statement of Purpose (SoP) the service provides mostly long term residential care but respite care can be offered. Also, the SoP states that the service can, “cater for a range of residents with varying needs, from those who are simply no longer able to care for themselves and who need a more secure environment to those who are experiencing memory loss, reduced mobility or other problems commonly associated with older age”.

## **Summary of our findings**

### **1. Overall assessment**

People who live at the home and their relatives told us that they are happy with the care and support provided. The home is comfortable and the environment meets the needs of people living there. We observed that staff know people well and are responsive to their needs. People have opportunities to take part in activities which interest them. Staff and management demonstrate a commitment to providing a good quality service and they have a range of policies and processes in place to help them achieve this. We noted, however, that the processes in relation to staffing and quality assurance need to be strengthened.

### **2. Improvements**

This was the first inspection of the home under the Regulation and Inspection of Social Care (Wales) Act 2016.

### **3. Requirements and recommendations**

Section five of this report sets out our recommendations to improve the service. These include recommendations in relation to staffing, documentation and repairs.

## 1. Well-being

People are treated with dignity and respect. People using the service and their relatives expressed satisfaction with the care and support provided at the home. The feedback people who live there gave us included: *“I love it, everyone is so lovely, they do everything for you”*, *“they are kind, understanding and wait on you”*, *“very nice home”*, *“I am well in myself”* and *“they do their best”*. Relatives told us that: *“staff are brilliant, they care for people, care is brilliant”*, *“we are always kept informed”*. One person told us they knew that their parent was settled in the home because they were not distressed. We observed that people could make choices about day-to-day matters such as how to spend their day, where to spend time and what to eat and drink. We found that staff knew them well and were concerned about their well-being. We observed that people living at the home looked comfortable in their surroundings and in their exchanges with staff. In addition, people were supported to maintain relationships with relatives and friends. We saw that residents’ meetings took place on a regular basis and that people were asked about their experiences at the home and consulted about activities and changes at the service. We conclude that people are respected and listened to.

Practices and processes in the service support people to be well, both physically and emotionally. There was documentation in the home that gave an overview of their life history, their likes, dislikes and routines and outlined how people’s care and support was to be provided. We saw evidence that people and their representatives had been involved in the planning and delivery of the service provided at the home. In addition to the care and support provided by staff at the home, people were also supported by a range of external health professionals. On a day-to-day basis, we observed that people’s care and support was delivered in line with their care plans. We saw that people also had opportunities to take part in activities, that they enjoyed the meals and drinks provided and that the physical layout of the home and people’s own rooms provided them with an environment in which they could be comfortable and pursue their own interests.

Furthermore, we saw that the care and support that people received was monitored and reviewed in a timely manner. We observed that people were protected from the risk of abuse or neglect. People who lived at the service and their relatives knew who to approach if they had any concerns and staff were familiar with procedures to follow if they became aware of any issues. In addition to individual’s own care documentation, the service provider had policies and procedures in place which further instructed staff as to how the service was to be delivered. The records we examined, our observations on the day of the inspection and the feedback received from people showed that the care and support was delivered as it should have been. We conclude that people receive the care and support they need to stay as healthy as they can be and to do things that make them happy.

## **2. Care and Support**

There is documentation in place in relation to the care and support each person must receive and staff are familiar with what is required. Our discussions with staff, and observations, showed that staff had an excellent knowledge of individual's needs and were able to anticipate needs and respond to these. We saw that there was care documentation in place for each person, comprising of personal care plans detailing how people should be supported, risk assessments and monitoring charts. These described how the care and support was to be provided and enabled staff to record what care had been provided. In addition, a one-page profile has been introduced. The document, which is called "All about me", is kept in each person's bedroom. The manager explained that at a glance anyone supporting a person knows what matters to them. Our observations on the day of the inspection showed that the service provided was as in line with people's care documentation and reflected what people told us they liked. We noted that records were reviewed on a regular basis by a named member of staff before being checked by the manager. We were also told that care plans are discussed with families. In addition to the care and support delivered by the service provider, we saw that people were referred to appropriate health and social care professionals when their needs changed and we saw that people were supported to attend routine health appointments. There was a call bell system in place that enabled people to call staff for help. We observed that care had been taken to ensure people had easy access to the buttons. Based on the above, we conclude that people can feel confident that the right care is provided at the right time.

The service provider has mechanisms in place to ensure people are safe and protected from neglect and abuse. Discussions with people who use the service, relatives and staff showed that they knew who to approach if they had any concerns. We observed that the service provider had ensured that where restrictions were placed upon an individual, the relevant agencies were involved and relevant authorisations were in place, for example the Deprivation of Liberties Safeguarding (DoLS). In addition, we saw that the service provider had a policy in relation to safeguarding vulnerable adults and that staff had received the relevant training. Overall, people are safe and protected from abuse.

Systems for medicines management are in place. We saw where medication was stored, observed staff administering some medication and examined records. We saw that medication was securely stored, administered to people as per their individual medication plans and that regular checks of medication stocks were routinely carried out. We noted that the service provider had taken actions to address recommendations they had received from the local health board. Furthermore, we saw that staff had received medication training and that their competency had been assessed. Overall, we concluded that there are safe systems in place for the management of medication to ensure people receive the right medication at the right time.

## **3. Environment**

People's well-being is uplifted from having access to a clean, comfortable and personalised living environment. The accommodation was located on two floors and comprised of individual's bedrooms and communal areas (two dining rooms, three lounges). People also had access to a garden at the front of the home. We observed that the furniture, furnishings, artwork, photographs and keepsakes on display in bedrooms and the communal areas of the house reflected the needs and interests of the people who lived there. One relative told us that bedrooms are always clean and well kept. One person told us that they had a bedroom on the first floor, but had now moved to a room on the ground floor, which enabled them to be more independent. We noted that a dining room had been redecorated and that people were asked for feedback during a residents' meeting. Positive feedback was received. One person shared concerns with us in relation to their television not working and delays in getting it to work. They pointed out that somebody was promptly sent to see to it however that the person who attended had no expertise in this area and that at the time of the inspection they were still waiting. The person pointed out that watching television was very important to them. We recommend that the service provider consider which tasks can be undertaken by their own maintenance member of staff and which ones should be outsourced to specialists in order to prevent delays. Based on our findings, we conclude that people's well-being is enhanced by having access to a pleasant environment that is a relaxing place in which to live.

The home's environment is safe and secure. Upon arrival at the home, we found the entrance to the home to be locked and our identity was checked before entering the property. The manager explained that the responsible individual has processes in place to ensure safety checks by external contractors are carried out when required and to store the relevant documentation. We recommended that the service provider reviewed these arrangements in order for all current documentation to be available at all times. We noted that the home's insurance liability certificate was out of date. We found that the records, which were available, were stored securely. We saw that people had personal emergency evacuation plans. We carried out a visual inspection of the home and found it to be mostly hazard free. Some areas of the home were in need of attention including wear and tear to the paintwork. We discussed this with the manager who explained that ongoing re-decoration of various parts of the home was always taking place. In relation to food hygiene, we noted that the Food Standards Agency (FSA) gave the home a five star rating (very good). Based on the above we concluded that overall the service provider identifies and mitigates risks in order to ensure people's safety and security, however action is required to ensure up to date documentation to evidence this is available at all times.

## 4. Leadership and Management

People can be assured that staff have the necessary knowledge, competency, skills and qualifications and that they are supported and developed. Discussions with people and staff, and examination of records, show that there was an established staff team in place. There was a sufficient number of staff on duty at all times. We saw that staff hold the qualification recommended by Social Care Wales (SCW). Furthermore, we found that the service provider had arrangements in place to ensure that all staff were supported and developed. Staff fed back that they were supported by the manager. One person fed back that there have been improvements since the appointment of the new manager. Another person told us that under the new manager, it is much better, there is more structure, more organisation and that the place runs really well. The manager told us that they received ongoing support from the responsible individual. The records we examined showed that staff had received regular supervisions, attended team meetings and had accessed regular training. We conclude that staff are equipped in order for them to make positive contributions to the wellbeing of people using the service.

The home has arrangements for staff recruitment and induction. We examined four staff personnel files and records of criminal disclosure checks undertaken by the service provider. We found that relevant checks had been carried out including obtaining criminal disclosure checks, employment histories and references prior to staff starting in their post. We also saw that newly recruited staff had received a full induction. We noted however that there were gaps in three people's employment histories and that whilst a criminal disclosure check had been undertaken for all those working at the service, five were out of date. We discussed this with the manager who assured us that the checks were being updated and that full employment histories will be sought. We concluded that people are safe, however the service provider must take action in order to fully meet their legal obligations.

The service provider has arrangements in place for monitoring the quality of care and support provided by the service. The manager described the quality assurance measures in place. These included the checks they carried out themselves, visits by the responsible individual and consultation with residents and their families. Discussion with staff confirmed that the responsible individual visited. However, we recommended that the responsible individual ensured systems were in place to provide evidence that visits are logged and documented. We concluded that people receive a service from a provider committed to providing a good service and who has processes and procedures to ensure that the care and support provided at the home is reviewed.

## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non compliance from previous inspections**

Not applicable, this was the first inspection of the home under the Regulation and Inspection of Social Care (Wales) Act 2016

### **5.2 Recommendations for improvement**

We advised the service provider that improvements are needed in relation to the following area in order to fully meet the legal requirements. We have not issued non-compliance notices on this occasion, as there was no immediate or significant impact for people using the service:

- Staffing (Regulation 35). The service provider had not ensured that all checks were in place. We found gaps in employment histories in three staff's files and that five criminal disclosure checks had not been renewed in a timely manner.

In addition, we made the following recommendations:

- The responsible individual to ensure it has systems in place to provide evidence that visits (required under Regulation 73) are logged and documented.
- We recommend that the service provider considers which repair tasks can be undertaken by their own maintenance staff and which ones should be outsourced to specialists in order to prevent delays.
- Review storage and access to all documentation relating to health and safety, insurance and staff criminal disclosure checks.



## 6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the home on 13 September 2019 between 10:30 and 17:10.

The following regulations were considered as part of this inspection:

- The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

The following methods were used:

- We considered the information held by us about the service.
- We reviewed the home's Statement of Purpose (SoP) and compared it with the service we observed. The SoP sets out the vision for the service and demonstrates how, particularly through the levels and training of staff, and so on, the service will promote the best possible outcomes for people they care for.
- We carried out a visual inspection of the home to consider the internal and external environment.
- Discussions with the manager and staff.
- Telephone discussion with the responsible individual.
- We spoke to people living at the home and to relatives.
- We examined care documentation for three people.
- We examined four personnel files.
- We considered staff supervisions, appraisals, induction and training.
- We considered records relating to the home's internal auditing records.
- We considered of the home's policies and procedures.
- We carried out observations of care practices and routines at the home.

We are committed to promoting and upholding the rights of people who use care and support services. In undertaking this inspection, we actively sought to uphold people's legal human rights. <https://careinspectorate.wales/sites/default/files/2018-04/180419humanrightsen.pdf>

Further information about what we do can be found on our website: [www.careinspectorate.wales](http://www.careinspectorate.wales)

## About the service

<b>Type of care provided</b>	<b>Care Home Service</b>
<b>Service Provider</b>	<b>BABITA DANHAWOOR</b>
<b>Manager</b>	<b>There is a manager in post who is registered with SCW.</b>
<b>Registered maximum number of places</b>	<b>22</b>
<b>Date of previous Care Inspectorate Wales inspection</b>	This was the first inspection under the Regulation and Inspection of Social Care (Wales) Act 2016.
<b>Dates of this Inspection visit(s)</b>	<b>13/09/2019</b>
<b>Operating Language of the service</b>	<b>English</b>
<b>Does this service provide the Welsh Language active offer?</b>	<b>No</b>
<b>Additional Information:</b>	

**Date Published 11/12/2019**