



Inspection Report on

Glascoed Ltd

**149 Conway Road
Colwyn Bay
LL29 7NA**

Date Inspection Completed

27 January 2020

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Description of the service

Glascoed is a care home situated in Colwyn Bay. The service provides personal care for up to ten adults. The home is owned by Glascoed Residential Care Home Limited and Paul Bowe is the nominated responsible individual (RI) for this service. The appointed manager is not registered with SCW.

Summary of our findings

1. Overall assessment

People living in Glascoed are well cared for in a homely, well maintained environment. People receive individualised support they require from a small consistent staff group. Improvements are required in the way the service is overseen, and in many areas of the service documentation, including care plans.

2. Improvements

There were no improvements to the service following our last inspection.

3. Requirements and recommendations

Section 5 of this report sets out the requirements and recommendations to improve the service. These include improving care documentation, the safety of the environment and the oversight of the service.

1. Well-being

People are able to express their views and opinions and are treated with dignity and respect. People told us they could approach the RI and staff to discuss their views and these were taken into consideration. One person we spoke with told us they felt their individual needs were respected and they could choose how and where to spend their time. We saw that support was provided in a respectful and dignified manner.

People are happy in Glascoed. People felt they had positive relationships with staff, and we saw through our observations this was the case. For some people, health and well-being were improved due to the continued offer of support and encouragement. Whilst people acknowledged this was not the same as living in their own home, they felt it was homely.

People are well protected and safe from abuse and neglect. Efforts were being made to ensure all staff are trained in safeguarding procedures. Everyone had a Personal emergency evacuation plan (PEEP). Visitors had to ring the bell to gain access, so people are protected from unwanted visitors.

People live in a home that is well maintained to best support them to achieve their wellbeing. People we spoke with were complimentary about the environment, and its homely and clean presentation. We did note some improvements to the safety of the home were required, and noted that the RI has begun to address these.

2. Care and Support

People receive good quality of care through a service designed in consultation with them, which considers their personal wishes, aspirations and outcome of any risk and specialist needs. We spoke with people and their families, all were happy with the care they received. People told us they would recommend the service to other people. We saw for most people there were personal care plans in place. However, the RI must ensure for newly admitted people care plans are prepared before the commencement of the service and reviewed within seven days. They must also ensure that all risks are assessed and management of them recorded. They should ensure care plans are reviewed at least every three months or sooner if there have been any significant changes, so staff can access accurate details of how to support a person. We saw people were supported in line with their individual wishes and in a respectful and dignified manner. We were told by family members, and saw that the service was proactive at seeking support from other healthcare professionals to ensure that people receive the right support at the right time. One family member told us that their relative's appetite had increase since being supported with nutrition in the home. We did not see evidence of regular activities that would stimulate the people who lived in the home, and family members confirmed this. This should be addressed. People receive respectful and dignified care but the recording of this needs to be improved.

Improvements to the mechanisms to safeguard people to who live in Glascoed are required. Whilst staff were confident that they would report any concerns to the RI, the staff training on safeguarding was not all up to date. The RI told us this was now in hand and staff have been given a deadline in which to complete it. We viewed the safeguarding policy and saw it had been reviewed recently and the process to follow was clear to staff.

3. Environment

Overall, the service provider ensures that people's care and support is provided in an environment that promotes achievement of personal outcomes. People were able to choose where to spend their time, in the main lounge or their bedrooms, which people can personalise. Where people share a bedroom, this was done in consultation with them and their family, however this should be recorded. People had access to a well maintained garden. We saw that people's privacy was protected, the front door was locked to visitors, and staff knocked people's bedroom doors before entering.

The service provider should improve their oversight of the safety of the environment. We noted some wardrobes were still not fixed to the wall to ensure they could not be pulled over in error. Where rooms were unoccupied, water should be run off to prevent Legionnaires Disease and this was not always happening. We saw a door to the laundry and cleaning fluids was not kept locked, however, after the inspection the RI told us this had been addressed. Suitable testing of fire protection was carried as required and equipment was tested and maintained. Whilst there are some systems in place that mitigate risks in the environment, this should be improved.

4. Leadership and Management

Arrangements for the effective oversight of the service to support the continued development and improvement of the service must be improved. Whilst we acknowledge the RI (who is also the manager) is in the home almost daily, they had not completed the required RI visits or quality of care review documentation. This would formally show they have consulted a range of people about the service and considered ways of improving and developing the service. The RI informed us he talked to the residents of the home on a daily basis to gather their views and a family member told us they were able to talk to the RI or deputy manager when required. CIW had not been informed of notifiable events as required; the RI was made aware and told us they would address this.

People are supported by a sufficient number of staff, but their skills and knowledge could be enhanced. The RI acknowledged that training for staff was not up to date, but a plan was in place and this should be satisfactorily addressed soon. Staff spoken with said they felt well supported, and whilst one person said they had regular, formal supervision, the deputy manager told us they had not had regular, formal supervision. This should be addressed. We saw there was a small, but stable staff group, which enabled them to develop good working relationships with each other, people who live in the home and visitors to the home. Whilst the appointed manager is currently not registered with Social Care Wales as required, they do have the relevant qualification, and have made an application and hope this will be resolved soon.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

5.2 Recommendations for improvement

We found the provider is not meeting legal requirements in relation to the following regulations:

Regulation 68 (1) - the RI must appoint a manager who is registered with Social Care Wales.

Regulation 80 - The RI must establish and maintain a system for monitoring and improving the quality of care and support and review this at least every six months.

We have not issued non-compliance notices on this occasion, as there was no immediate or significant impact for people using the service. However, we expect the provider to take action to rectify these matters, which will be followed up at the next inspection.

Recommendations for improvements:-

- Care plans need to be outcome focussed, more detailed, reviewed every three months, (especially if there are any changes) and should evidence people and /or their families have been consulted.
- Need to ensure care plans are prepared within seven days of a person's admission
- Improve preventative measures for Legionella's Disease.
- The provider should inform CIW of notifiable events.
- The provider should evidence they have reviewed the provision of the service every three months as required by Regulation 73.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA). We made an unannounced visit to the home on 27 January 2020 between the hours of 9:30 am and 4.00 pm.

- We walked around the inside of the building, viewing communal areas, a sample of bedrooms and observed care being provided.
- We spoke with two people living in the home, two visiting family members, the RI, deputy manager and one member of staff.
- We looked at a wide range of records. We focussed on two people's care records, policies and procedures, staff training and supervision records.

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	Glascoed Residential Care Home Limited
Responsible Individual	Paul Bowe
Registered maximum number of places	10
Date of previous Care Inspectorate Wales inspection	5 June 2019
Dates of this Inspection visit(s)	27 January 2020
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
Additional Information:	

Date Published 1 April 2020