



Inspection Report on

**Trem Y Glyn Residential Care Home
Park Avenue Glynneath
Neath
SA11 5DW**

Date Inspection Completed

18/10/2019

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Description of the service

Trem Y Glyn Residential Care Home is located in a quiet residential area in Glynneath. Pobl Care and Support own the service and the responsible individual is Rhian Stone. Trem Y Glyn Residential Care Home provides care for up to 30 people aged 60 and over who may have dementia or mental infirmity.

Summary of our findings

1. Overall assessment

The quality of the care provided at the service is very good. The service is well thought of by residents and their relatives and people are happy and have some opportunities to take part in meaningful activities. The people we saw were well presented and appeared relaxed and content. People told us that staff did their best to support them and they knew what was important to them and how to best support them. The dining experience at the home was positive. The policy of keeping the front door open at the home needs to be reviewed and outcome implemented.

2. Improvements

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

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service. These include the following:

- A policy and plan for activities.
- Quality Assurance Questionnaires.
- Welsh Active Offer.
- Front door risk assessments.
- Maintenance monitoring and auditing.
- Audits of staff supervision.
- Complaints policy.

1. Well-being

Our findings

People have control over their day-to-day lives. We saw evidence that residents and relatives meetings take place on a regular basis. People who lived at the home spoke positively of these meetings and felt that the issues discussed were acted upon. Relatives also spoke positively about the meetings and found them worthwhile. We observed staff asking people what they wanted to do, where they wanted to sit and what they would like to eat or drink. People told us that they decided what time to get up and go to bed and were surprised when this question was asked. People told us they were mostly involved in developing their care plans if they wanted to. People could individualise their bedrooms through decorating the room to their preference, having their own furniture and memorabilia such as family photographs and personal artwork. People benefit from a service, which empowers them to have meaningful control over the daily lives.

People are happy and do the things that matter to them. The care home does not employ an activities coordinator to plan and facilitate activities. We saw the activities board in the lounge, which contained a list of planned activities. This was confirmed by people living at the service who told us *“there’s always lots to do”* and *“when I want to, if there is something going on”*. We recommended a plan and approach to activities should be developed to guide staff to include a person centred approach to gathering information about people. E.g. “All About Me” or “Me, myself and I” workbooks and social histories. The people we spoke to told us that they would like to take part in more activities outside of the home and this was also confirmed by the staff we talked to. Relatives were seen to visit people at the home, were involved in actively supporting their relative and they spoke positively about the staff. Therefore, people benefit from having things to do that are important to them, but the service should look to develop more opportunities for community participation.

People are safe and protected from abuse and neglect. We spoke with staff who were clear about their responsibilities for protecting the people they looked after. They were confident about the action they would take if they had any concerns about a person’s well-being. Training records demonstrated that staff had received appropriate training and management had clear oversight of this. Policies relating to keeping people safe including the safeguarding policy were available at the home. Discussions with the manager confirmed their understanding of the Deprivation of Liberty Safeguarding (DoLS) legislation process when it was felt a person lacked the capacity to manage their own safety in line with. We saw that people’s risk assessments were regularly reviewed to ensure that any risk to a person was minimised. Relatives we spoke with told us that they felt their relative was “safe” and people living at the home confirmed to us they felt safe. People are safe and as far as possible protected from harm.

People are able to communicate in the language of their choice. We saw there was a person who lived at the home who spoke Welsh but they told us that their preferred language was English. The manager told us that there was currently one member of staff who spoke Welsh. We saw there was little bilingual information available. We discussed this with the manager who recognised that further work was required. We have recommended for the service provider to review their position in relation to the 'Welsh active offer'. For example, such as bilingual signage in the home to better meet the needs of those individuals who communicate in Welsh and those who may wish to live at the home in future. This shows that whilst people are able to communicate in English, further work is required to meet the Welsh government "More than just words 2016 – 2019" strategy.

2. Care and Support

Our findings

People are involved in making decisions that affect their lives. We looked at four people's care files and saw that thorough pre-admission assessments were carried out, which ensures the care home is able to meet the needs of the individual. We saw that people were involved in the assessment and, when this was not possible, family members or their representatives were consulted on their behalf. The assessments included what was important to the person and how best to support them. The pre-admission assessments also considered what the person's interests were, their capacity, diagnosis, impairment details, advance care planning and ongoing health issues that needed monitoring. These included: breathing, mobility, personal care and other issues, including the consent of care and treatment provided to them. Care plans and risk assessments were thorough and reflected what mattered to people. We saw that care plans were reviewed monthly or more frequently if there were any changes required. We spoke with relatives who told us *"the staff go out of their way to make sure every resident is comfortable and they try to give as much time to individuals"*. Another relative commented *"the management and staff go above and beyond their duties"*. People are involved in making decisions that affect their lives.

People's health and well-being is maintained. Records showed that people had regular access to health and social care professionals such as social workers and nurses. We looked at a sample of people's care records, which indicated that referrals had been made in a timely manner and clear records were kept of all appointments. These included the general practitioner, community nurse, physiotherapist and community teams. Records showed that information was recorded in a clear, easy to understand format, which was person focused, proactive and responsive. The staff spoken to had a good understanding of their role in health promotion, records showed that people were supported to attend in health appointments. Therefore, people receive the right care, which meets their assessed needs.

The service provider has safe systems for medicines management. We saw that senior care staff were responsible for administering medication. Medication was administered in an efficient, sensitive and professional manner. The home had a dedicated medication room and had a dispensing medication trolley. These were seen to be well organised, clean and tidy. The medication room was well organised, room and fridge temperatures were taken on a daily basis to ensure medication was stored at the correct temperature. Medication Administration Records (MAR) charts were accurately completed with no gaps in signatures and a check of a sample of stock levels was correct. Medicines were stored correctly. This demonstrates that medications are administered safely and stored appropriately.

People's well-being is enhanced by a service, which promotes good hygienic practices and manages the risk of infection. There were policies and procedures in place which took into account current legislation and guidance. These included infection control, cleaning and laundering arrangements at the home. Domestic staff were aware of the policies and procedures, and received training to understand safe working practices and prevent infection. We saw that risk to cross contamination were avoided by ensuring the right colour-coded mop was used with the right colour-coded bucket. The domestic staff in the laundry demonstrated a good understanding of hygiene standards and ensuring items were not contaminated. Supplies of cleaning products and equipment were sufficient and easily accessible to staff. People can be confident the service has systems in place to ensure it promotes hygienic practices.

People enjoy a positive dining experience. We observed people during a lunchtime meal and saw the care workers assisted people in a relaxed and dignified way. The dining tables had tablecloths, condiments, placemats cutlery and fresh flowers. The dining room was spacious and there was enough seating in the dining rooms for all residents. There was a television in this room but this was not on, instead there was age appropriate music being played in the background which people told us they enjoyed. The dining room chairs had armrests to support residents. Staff explained to us that the manager viewed the dining experience enjoyed by people as a priority. We can conclude that people have a positive and enjoyable dining experience which enhances their wellbeing.

3. Environment

Our findings

People live in an environment in which the service provider ensures individuals' care and support is provided safely, and enables them to achieve their personal outcomes. We were shown around the home by the manager and viewed a sample of people's bedrooms of people, who told us they were happy and content living there. The rooms had been personalised and contained a variety of personal possessions. During our visit we spoke with relatives who commented positively about the quality of the decor and furnishings. Relatives commented that "*superb care provided by all*" and another relative commented "*the staff go out of their way to make every resident comfortable*". Bathrooms, showers and toilets were designed to take into account the privacy and dignity of people living at the home. We observed bathrooms and shower rooms were clean and well presented. We saw that no personal toiletries were stored in these bathrooms.

People mostly live in a safe and secure environment. We found that the front door was unlocked from 8:00 a.m. onwards and a visitor could gain entry into the home without approval from a staff member. A visitors book was used to monitor those entering and leaving the premises. Keypads were in place on the doors leading to hazardous areas to promote people's safety and allow them to explore the safe environment. However, we were able to enter the home without challenge. We discussed this matter with the manager who assured us that this policy of having an open door would be reviewed and staff would ensure that the property is properly secured at all times. We recommended that the service provider review the risk assessments for all residents in regards to having an open front door.

The storage of materials subject to the control of substances hazardous to health (COSHH) regulations is sufficient. We found that materials used for cleaning were stored in an organised manner. We also found during our tour of the premises that chemicals were kept secured. We found that data sheets and risk assessments were readily accessible to staff as these were kept on the computer in the office and staff demonstrated a good awareness of these.

Records showed that there was no system of monitoring and auditing the condition of the environment in place, which supports a planned maintenance schedule and renewal programme for the fabric and decoration of the premises. Outside areas of the home were in need of updating, for example the pathways outside would benefit from being circular or continuous to promote wellbeing and in places the paving stones needed re-laying. There is also a need to develop sheltered seating areas and points of interest including a sheltered smoking area for those residents who smoked. The manager told us that the home was due to undergo a significant amount of investment and redevelopment. Records were seen where contractors were used to maintain areas of the premises. We recommended a

system of monitoring and auditing is put in place, which supports a planned maintenance schedule and renewal programme for the fabric and decoration of the premises. Based on this evidence, people live in an environment, which mostly promotes independence and helps them achieve their outcomes, although internal monitoring systems should be strengthened.

4. Leadership and Management

Our findings

People have access to information about the service to enable them to have a clear understanding of service provision. We were shown a service user guide which was written in plain language and in a format appropriate for people living at the home. The care files viewed contained copies of the service agreement with information of the details of the individual service people are provided with. Records were stored securely and staff demonstrated a good awareness of the need to ensure records were secure, up-to-date and in good order. We conclude that people are supported to have information which enables them to have a clear understanding of the service provision.

People benefit from a service in which staff are suitably fit and in sufficient numbers to enable them to achieve their personal outcomes. Records showed that appropriate levels of staffing were available when needed. A member of staff said “*we usually have enough staff on duty but occasionally we are short*”. Records showed that staff were given two monthly supervision and an annual appraisal in line with the statement of purpose. However, the auditing of supervision and appraisal was insufficient and generally contained dates of when the supervision took place. We recommended that this audit is further developed to be more robust. Staff told us that supervision and appraisal felt like a two-way discussion. We looked at a sample of staff recruitment files, which were well organised and met regulatory requirements. Staff told us they felt confident in their role and they were clear about the role of the manager and what their responsibilities were. They felt that the RI and the manager acted with due diligence and care. They went on to say that the manager was visible around the home, approachable and was responsive to concerns. Records of staff Disclosure and Barring Service (DBS) checks were up to date. Records showed that staff had the knowledge, competency, skills and qualifications to provide the levels of care and support required to enable people to achieve their personal outcomes.

Records showed that staff had undertaken various training sessions which are relevant to their role such as palliative care, dementia, safeguarding and infection control. Staff told us they were satisfied with the quality of training offered. There was a training matrix in place which showed what training staff had undertaken. Policies and procedures were in place, staff were knowledgeable and had a working understanding of the key policies needed in their day-to-day roles. The Statement of Purpose (SoP) had objectives designed to meet residents’ needs and a philosophy of care based on preserving dignity, individuality and privacy of individuals. Staff demonstrated a good adherence to these values. People benefit from a service in which they can achieve their individual personal outcomes because staff are well supported and trained in the roles.

The service promotes an accessible complaints policy and procedure and sometimes learns from complaints. Records showed that concerns and complaints had been mostly

dealt with in an effective manner. However, staff did not confidently demonstrate a good understanding of how to respond appropriately to complaints. Records showed a limited number of complaints and their responses by the service provider. We recommended the registered person ensure staff are aware of the complaints policy and understand how to respond appropriately to complaints.

The service provider has some arrangements in place for the oversight of the service through ongoing quality assurance processes. We examined the quality assurance and auditing documentation for the home and found there were sufficient audits of care processes undertaken to provide reassurance of the quality of care provided. For example, there were audits of personal plans, reviews and activities. The Responsible Individual (RI) had completed the quality of care review and their quarterly statutory visits to the home. However, both processes did not include evidence of the views of individuals using the service and their families, commissioners and professionals. We recommended questionnaires should be developed and implemented for seeking the views of people, staff and family. We determine that there are insufficient quality assurance processes in place.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

None.

5.2 Recommendations for improvement

We recommend:

- The service should develop a policy and plan for activities for people living at the home.
- Questionnaires should be developed and implemented for seeking the views of people, staff and family.
- The service should review its position with regards to the Welsh Active Offer.
- Risk assessments in relation to the open front door policy should be reviewed and updated as necessary.
- Evidence of a system of monitoring and auditing should be in place which supports a planned maintenance schedule and renewal programme for the fabric and decoration of the premises.
- Audits undertaken of staff supervision need to be more robust.
- The registered person should ensure staff are aware of the complaints policy and understand how to respond appropriately to complaints.

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 17 October 2019 between 9:00a.m. and 5:00p.m., and completed a second inspection visit on 18 October 2019 between 8:30a.m. and 3:00p.m.

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 to inform this report:

- 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 people living at the home during the day, five relatives, thirteen members of staff and four visiting professionals.
- We looked at a wide range of records. We focused on the staff rota, medication policy, the quality of care review, number staff training and recruitment records and four people's care records.
- We undertook a tour of the property and observations of interactions within the home.
- We provided the RI and deputy manager with feedback about the inspection at the end of the second day of inspection.
- We reviewed the 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 the people they care for.

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About the service

Type of care provided	Care Home Service
Service Provider	Pobl Care and Support Limited
Manager	Debra Davies
Registered maximum number of places	30
Date of previous Care Inspectorate Wales inspection	23 October 2017
Dates of this Inspection visit(s)	17/10/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrate a significant effort to promoting the use of the Welsh language and culture.
Additional Information:	

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