



# Inspection Report on

**Glanenig Residential Home**

**Glanenig Residential Home  
Bronllys Road Talgarth  
Brecon  
LD3 0AD**

## **Date Inspection Completed**

24/04/2023

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## About Glanenig Residential Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Glanenig Residential Home
Registered places	34
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">19.12.23</a>
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

People appear to be happy living in Glanenig. They are supported by staff who work hard to make sure people get the care they need. Activities are available for people who want to join in.

People's personal plans and risk assessments contain good information for staff to follow to keep them safe. People have access to health professionals when they need it.

Improvements are needed to the leadership and management of the service, in particular confidentiality in the home, the management of complaints/concerns, some aspects of recruitment and making sure policies and procedures are up to date.

## Well-being

People have control over their day-to-day life and are supported to make decisions that affect them. They choose where they want to spend their day, have food and drink options and have opportunities to say what activities they want to be involved in. Bedrooms are personalised with things important to people. Information about what they can expect from the service is available. They and/or their representatives are given opportunities to discuss care and support needs to make sure these help them to achieve their well-being. The complaints process needs improvement to make sure the right process is followed when people raise any concerns with the management team.

People have support to manage their physical and mental well-being. Staff know people well. They know what is important to people and how to make sure they remain healthy. Timely referrals are made to health and social care professionals when staff notice a change in care needs. Information in care plans and risk assessments has improved so staff have clear information to follow. Visitors are encouraged to maintain good relationships to support people's well-being. A member of staff has taken responsibility for organising events and activities. People are consulted about what events/activities they would like to be involved in. One person was supported to go to a rugby match. A fashion show was held recently with family members invited to attend and plans are in place for activities linked to the King's coronation. Care staff are helping to promote the Welsh language in the home. Some staff are fluent and are teaching other staff members. Bilingual signage is in the process of being put around the building. A staff member recognised how important conversing with people in their first language is. They told us how this encourages more conversation and shows respect for individuals' choice.

There are systems in place to protect people living in the home, but some areas need improvement. Access to the home is managed by staff. Visitors are asked to sign when they enter and leave the property. Staff spoken with are aware of their responsibility to keep people safe. Information in risk assessments has improved giving staff clear information to follow. Policies and procedures are available to staff but not all the ones we reviewed contain accurate information. When agency staff are used to supplement permanent staff, not all relevant information is obtained before the staff member starts work in the home.

People live in an environment that suits their needs. Regular audits ensure issues are picked up and passed on to the maintenance officer to action. Systems are in place to make sure equipment is maintained. Improvements are needed in the way confidential information is managed and stored to make sure information is shared correctly and only with people it is intended for.

## Care and Support

People are supported by kind, considerate staff who work hard to make sure people have the care and support they need. The management team and staff told us they are short of staff and some staff are working long hours to meet people needs. They told us staff morale is low. The manager told us they are limiting admissions to the home until staffing improves. This is to make sure people living in Glanenig get the right care and support they need. During our visit, staff were visible throughout the home. People had meals where they wanted them for example, in the lounge area or dining rooms. Staff were visible to offer support to people who need it. People looked relaxed in the company of staff, who were generally attentive to people. When asked what is good about living in the home, a relative said "*The staff and the care and attention my mother receives is very good*" but comments were also made about the need for more staff recognising how hard the staff work.

At the last inspection, we issued a priority action notice in relation to risk assessments. At this inspection, we saw these have improved. Risks to people are identified and actions recorded how to manage the risk whilst promoting people's independence. People's needs are assessed before moving into the home to make sure their needs can be met. Care files seen are better organised and easy for staff to follow. Staff sign personal plans to confirm they have read them. This helps to make sure they understand the needs of people they support.

People are supported to manage their physical health. Staff contact health professionals when they have concerns about people's health needs. Documentation seen shows referrals are made to specialist agencies for equipment to help maximise people's independence. Systems are in place to manage medication. We did not complete a full audit of medication. The medicines management team linked to the local health board recently visited to look at medicine management at the service. No significant issues were identified. We saw medication being administered at lunch time with safe medication practices followed.

The provider takes reasonable steps to prevent the possibility of abuse. Information in risk assessments has improved so staff know how to manage an identified risk. Staff have safeguarding training and when asked, told us action they would take if they identified any poor practice which impacts on people's safety. They confirm they have access to the safeguarding app and policies and procedures. However, when we reviewed the safeguarding policy and whistle blowing policies, we found both require reviewing as they do not contain all the correct or relevant information for people to follow. We expect the provider to take action to address this and we will follow this up at the next inspection.

## Environment

People live in accommodation suitable for their needs. We found the home to be clean and tidy. People's rooms are personalised with items important to them. People can sit in various parts of the home and take their meals where they want them. Music playing in the lounge area during our visit, helps to make a relaxed, homely atmosphere. Audits of the environment take place regularly. These are passed to the maintenance officer to action any issues identified. The manager told us they are waiting for new flooring in one bedroom and talked about the need to replace flooring in another bedroom.

Systems are in place to identify and mitigate risks to people's health and safety. There are checks in place for the maintenance and repair of equipment. This includes fire safety equipment and passenger lifts. The manager told us they recently held a fire drill which went very well. Entrance to the home is monitored by care staff. We and other visitors are asked to sign the visitors book on arrival and departure.

We found whilst people's personal plans and recruitment information are held securely, some records including staff supervision are not always locked away. Some records are not confidential. On the day of our visit, supervision records were on the table in the office. We advised these are confidential and should be held securely. There is only one email address in use in the home. This means confidential information sent to this address can be seen by a number of people. The RI told us her email is not working and so all emails go to this address. The RI and manager recognise improvements are needed to the way confidentiality is managed in the care home and gave an assurance this will be addressed. We expect the provider to take action to address this and we will follow this up at the next inspection.

## Leadership and Management

Systems are in place for the governance of the service, but improvements are needed. The RI is in the home most days and talks to people and staff. During our visit, she was working with the manager to resolve issues relating to the kitchen staff. Records show she attends staff meetings and is involved in disciplinary hearings. Whilst observation of care practice is not recorded, the RI says she observes this including manual handling practice during the visits. Records show the quality of the care has been reviewed. The management told us they are in the process of doing the next review. However, although the documents we were given show the views of people involved in the service are sought, the two reports, one for June 2022 and one for December 2022 were identical. The manager told us the June 2022 report has been completed but misplaced. Following the inspection, CIW received confirmation the report dated June 2022 has been found.

Most of the staff we spoke with told us the management are very supportive, and they feel confident issues raised will be addressed. One said they will work on the floor to help and support staff if necessary and welcomed this approach. However, CIW received concerns prior to our visit that the management team do not listen to issues raised with them. One staff member said staff morale was low. There are staff shortages which is recognised as industry wide. The provider is looking at ways to address this. The RI is aware there are issues in the staff team but said she will always try to address issues raised if they are brought to her attention. We discussed the concerns process with the RI. She confirmed outcomes of concerns raised with her are not always recorded in line with the regulations. We looked at the company policy and found it needs reviewing to make sure people are clear about who to go to if they have any concerns. The policy also states care staff have complaints training as part of the induction. This will be reviewed at the next inspection. The Whistle Blowing policy refers to the English regulator and not the Welsh one which the service is registered with. This means people do not have the right information about who to raise concerns with. We expect the provider to take action to address this and we will follow this up at the next inspection.

In order to strengthen the knowledge of the management team, the senior staff told us the manager is delegating tasks to them. The manager confirmed this recognising it is important to ensure senior staff have the skills and knowledge to deputise for them when they are not in the home. Staff we spoke with welcomed this approach.

Records show staff have regular supervision and an annual appraisal of their work. The manager told us all appraisals are due soon. Staff spoken with confirm they have regular supervision meetings. Records show the theme for supervision is currently to ensure staff have the opportunity to read and understand people's care plans. Staff are given the opportunity to discuss any other issues they may have with their supervisor.

Care staff receive training relevant to the role they perform. Staff told us they feel they receive adequate training. Records show training which has been completed or planned. We suggest staff have dysphagia training. The manager and RI agreed. This will make sure staff have the knowledge and skills to support people with these needs. Diabetes training is planned to recognise the need for skills in this area.

Generally, staff are recruited in line with the regulations. We found gaps in the recruitment records of two people which had not been explored. We brought this to the attention of the manager to address. Improvements are needed in the use of agency staff. There is no information about agency staff working in the home and no formal introduction to the service. Whilst there is not a heavy reliance on agency staff at the service, this is an area for improvement and must be addressed by the provider. We expect the provider to take action to address this and we will follow this up at the next inspection.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

### Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A
15	Personal plans do not provide a clear guide for staff to follow including how to manage identified risks.	Achieved

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

### Area(s) for Improvement

Regulation	Summary	Status
35	The provider has not ensured agency staff have been subjected to the same checks as permanent staff.	New
36	Agency staff deployed at the service have no formal introduction to the service prior to starting work.	New
79	Policies and procedures reviewed did not contain accurate information for people.	New
64	There is no evidence that concerns raised with the Responsible Individual or manager are investigated, and records kept in line with company policy.	New
59	Suitable arrangements to ensure confidentiality of information relating to people using the service and staff is not in place.	New

**Date Published** 01/06/2023