



Inspection Report on

The Glynne Home

**49 High Street
Caergwrle
Wrexham
LL12 9LH**

Date Inspection Completed

07/10/2022

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About The Glynne Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	S & S Care UK LTD
Registered places	21
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection of the service since it was re-registered under the Registration and Inspection of Social Care (Wales) Act 2016
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 are happy with the care and support they receive from kind, caring staff who enjoy their work. Staff use comprehensive person-centred plans that capture the views, wishes and interests of the person being supported. People benefit from responsive, proactive care; access to healthcare is promptly sought when needed and health, dental and sight checks are routinely arranged. There are adequate numbers of trained staff employed at any one time to ensure effective care and support is safely delivered. Staff currently facilitate stimulating activities, and the imminent employment of a designated activities organiser will further enhance this aspect of the service provision.

The home has benefited from some redecoration of communal areas and bedrooms and there are plans for further refurbishment and redecoration. The provider ensures good oversight of the service with audits of processes, practice and the environment; surveys are carried out to solicit the views of people and their relatives, staff and visiting professionals. The Responsible Individual (RI) makes unannounced routine visits to the home to check on progress and quality of the service. This helps the provider gain an overview of the service, what is working well and where further improvements may enhance the service.

Well-being

People have choice and control regarding the care and support they receive at the home. Personal plans detail how people prefer to be supported and what matters to them and staff are required to read these as part of their induction. Enthusiastic staff currently facilitate fun and creative activities; an activities organiser is due to commence employment at the home to help ensure all people can partake in stimulating activity of interest to them and work has taken place in preparation for this. Records detail individual peoples interests and skills. People can choose from a menu offering two options for each meal and they are supported to eat by patient, happy and enthusiastic staff.

People's physical, mental, and emotional well-being is looked after by care staff who are prompt to refer to health professionals when needed. Personal care plans are comprehensive and include detailed and clear instruction on how all aspects of daily living will be met in a way that respects people's choices and preferences; the plans are written in such a way as to empower individuals to maintain their skills and remain as independent as possible.

Staff are trained in safeguarding and must sign to confirm they have read the services safeguarding policies. Staff describe the manager and senior staff as approachable and easy to talk with; there is ample opportunity to meet with the manager in private should they wish to raise any concerns about practice. There are arrangements in place to ensure any decisions that restrict a person's liberty are made only in the person's best interest and with full consideration of the family and the local safeguarding authority.

The layout of the accommodation allows for space for a variety of needs. The three lounges offer a space to sit in peace and quiet, a space to socialise and enjoy group activities and a space to watch television. An additional space acts as a cinema room for those who want to watch films. The lounges and most bedrooms have recently been decorated, are clean and tidy. Equipment is provided to aid mobility and reduce risk of falls; adjustable profiling beds help ensure comfort at night.

Care and Support

The service ensures each person has an accurate and up to date plan for how care is to be provided to meet their needs. Preadmission assessments are followed by more detailed personal plans once the person decides to stay at The Glynne Home. We saw these are comprehensive, person centred and focus on strengths as well as the individual's needs. We saw plans are reviewed at least every three months but, where changes have occurred, are reviewed more frequently. Family is involved in annual reviews, and their views sought about the quality of care provided.

People are provided with the quality of care and support they need and prefer. A 'how to support me' document, within the personal plan file, explains to staff what matters to the person and a 'history' section of the plan provides staff with personal information about past jobs, interests and things that have been important to the person in their lives. This helps staff relate to the person, talk about shared interests, and consider how these interests can be further pursued. We spoke with one person who used to enjoy shooting and fishing. A staff confirmed she would be able to speak with them about this as their partner shares these interests; she has photographs to share. Plans are detailed in every aspect of care. We spoke with a GP who said, '*they (the staff) genuinely care, really care*'. The GP also confirmed staff get in touch promptly if needed. They said '*I trust the home. Staff know what they are doing here*'. We saw care staff are attentive and familiar with the people they support, encouraging them when anxious and always acting with patience and kindness.

The layout of communal areas means not all people can engage in activities simultaneously. However, we saw activities staff facilitate with enthusiasm and care; people are engaged and there is jovial banter between staff and the people they support. People have choice at mealtimes; we saw the chef ask for preferences and records illustrate a variety of meals.

People are supported to access healthcare and other services to maintain their ongoing health and well-being. Records show people are referred to health professionals when required such as GP's, occupational therapists, chiropody, dental practitioners, and opticians. The service has purchased specialist equipment to help people with their mobility and to ensure their safety while encouraging independence.

Environment

The service is provided in an environment with facilities and equipment that largely promotes achievement of people's personal outcomes. There are a variety of lounges for people to use; the layout of one lounge makes it difficult for all to see the television and for all to engage in some group activities at the same time. A staff designated to provide activities will consider this when devising a plan to suit all. Everyone has their own bedroom, fitted with an adjustable bed for added comfort and the furniture needed for storing their clothes. We saw most had personalised their rooms with family photographs and things that matter to them. Drawers are labelled to help people find their clothes and we saw photos on bedroom doors to help with orientation. There are bilingual signs of Welsh and English which have temporarily been removed while redecoration is in process; the manager confirms these will be replaced.

We saw most rooms were in good decorative order and only a few pieces of furniture need replacing. We saw a plan for the improvement of the environment and some of the areas we identified had already been noted. The grounds are secure and provide seating and shelter so people can go outside if they wish. The seating has been purchased following a relative's survey response which suggested the need for more garden furniture. Records show the manager completes audits of the building and has identified areas for improvement; there is an ongoing plan for refurbishment and redecoration.

The service provider identifies and mitigates risks to health and safety. We saw generic risk assessments for the home and individual risk assessments for various activities undertaken by each person. Incidents of falls are monitored and evaluated to identify themes and make risk management more effective. Records show safety checks are routinely carried out on matters such as water temperature and safety, fire equipment; electrical testing and boiler safety checks are also carried out. The Food Standards Agency awarded the home a rating of 5 in August 2019 which is the best it can be.

Leadership and Management

The provider has governance arrangements in place to support the smooth operation of the service and help ensure the service is safe and effective. Various aspects of the service are routinely audited and there are checks and measures in place to ensure continued safe practice. We saw surveys are distributed as part of the quality assurance process to gain the views of people living in the home, their relatives, staff and visiting professionals. The individual responsible for overseeing the home on behalf of the provider visits unannounced every three months to check the quality of the home's provision. We saw how areas identified for improvement had been recorded and acted upon. Weekly meetings between the care home manager and the operations manager identify progress made and any issues for the service and this is shared with the responsible individual. The responsible individual has produced a report of the homes progress to share information with the providers.

People are supported by a service that provides appropriate numbers of staff who are suitably fit and have the knowledge to provide the care and support required. Rosters show sufficient staff on duty to meet the needs of people living in the home and the GP confirmed their view people are well cared for. We saw staff are attentive and able to give people their time. Staff records show safe recruitment procedures are in place and everyone is thoroughly vetted before employment. Effective disciplinary processes are in place to manage staff performance and ensure people are kept safe. All staff must complete an induction into the workplace and familiarise themselves with the needs of people they are going to support. We saw staff are trained in a range of relevant topics. There are arrangements in place to provide more in-depth training specifically about dementia although everyone employed in the service already has trained in this area. We spoke with staff who said they are very much supported and feel their view matters; they have regular one to one meetings with the manager who checks on their progress, their welfare, and any concerns they may have. They feel valued and enjoy working at the home.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	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.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	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

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
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N/A	No non-compliance of this type was identified at this inspection	N/A
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