



## Inspection Report on

**Glaslyn Court Nursing Home**

**Glaslyn Court Nursing Home  
Crickhowell Road  
Gilwern  
Abergavenny  
NP7 0EH**

## **Date Inspection Completed**

14/02/2023

**Welsh Government © Crown copyright 2023.**

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk)*  
*You must reproduce our material accurately and not use it in a misleading context.*

## About Glaslyn Court Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Glaslyn Retirement Homes Limited
Registered places	82
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">8 October 2019</a>
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

### Summary

People appear comfortable and settled in their surroundings. Visiting arrangements support peoples' overall well-being. People and relatives, we spoke with told us consistently they are happy with the care and support delivery at the home and staff are kind and caring. The dining experience is calm, relaxed, providing choice, and promoting independence. Activities provisions are in place; however, these require some development. Personal plans are in place, which indicate in detail people's support needs, but staff are not always supporting people consistently in all areas of assessed need. Improvement is required in the oversight of care records to ensure people receive the right care when they need it.

Medication and infection control practices require strengthening. The service provider needs to ensure safe staffing levels at the service are accurately calculated and maintained to ensure the reliable provision of care and support to meet peoples' needs. Quality assurance systems are in place; however, stakeholder engagement is not always well-defined within reports completed by the RI. The reporting of events as required to CIW requires improvement. Risks within the environment require robust action and close monitoring. We expect the provider to take action to address these matters and we will follow this up at the next inspection.

## Well-being

People's individual circumstances are mostly considered. Staff are attentive of people's needs. We saw many relatives visiting people throughout our visits. People and their relatives told us they are happy with the care and support provided. Staff are kind and caring and offer people choices. We observed some people spending time in small groups enjoying conversations together, some were having their hair styled by a visiting hairdresser, where others were reading or relaxing in the comfort of their own bedroom. Activity provisions are in place; however, some relatives feel activity arrangements could be improved upon. The dining experience is calm, provides choice and supports people's overall well-being.

Care documentation does not always reflect that people receive the required support when they need it to promote their physical health and keep them safe. Personal plans identify people's support requirements in detail, however gaps in daily recordings show a lack of oversight of care delivery. Personal plans are not consistently followed by staff, this includes monitoring people's skin integrity and ensuring safety equipment is in place as required. In one area of the service, we saw safety gates are in use in the entrance to people's bedrooms. We were told by the manager this was to prevent one person from entering other people's rooms. The service provider needs to satisfy themselves mental capacity assessments are complete, and procedures are being followed to confirm support arrangements are proportionate and in people's best interests.

Mechanisms in place to safeguard people require improvement. The entrance to the building is not secure and visitor's identity is not consistently checked. Medication systems require strengthening. Personal plans and risk assessments are in place, but these are not always revised and updated following matters of a safeguarding nature. Sufficient staffing levels are not always maintained to promote people's overall well-being. Disclosure and Barring Service (DBS) checks are completed on staff. The DBS helps employers maintain safety within the service. A safeguarding policy is in place and staff receive safeguarding training.

People are supported to live in an environment that meets their needs although some staff practices require improvement. The home is clean, spacious, and well-maintained. Personal Protective Equipment (PPE) is worn by staff in line with infection protection and control guidance however, some improvements are required in staff practice. The service provider must ensure fire drill participation is improved and logged. External grounds are vast, appealing and well kept. There is ongoing investment to maintain and develop environment.

## Care and Support

People are happy and their emotional well-being is mostly promoted. We received positive comments from people and their relatives on service delivery, including how staff are kind and caring. One person told us, *'The staff are great, I can't fault them.'* They also told us about their favourite music and how they liked to play this in their room. One relative commented, *'Staff are like family, when I leave, I feel like (X) is safe and sound.'* There are some opportunities for people to engage in activities of their choice. We saw a cake decorating activity taking place with three people and a relative involved. Some relatives and staff we spoke with felt activity arrangements in some areas of the service were limited. One relative told us, *"I don't see many activities happening.'* We observed relatives being welcomed into the home, supporting, and promoting the emotional well-being of their relative. Referrals are made to relevant healthcare professionals to support people's health and overall well-being. Health professionals we spoke with were complimentary about the service. The dining experience at lunchtime was relaxed and unrushed. We observed staff supporting people in a kind and considerate manner, gently, encouraging nutritional intake.

Care and support is not always provided in keeping with the individual's personal plan. We examined care documentation for two people. We note skin integrity assessments and plans indicate they are at very high risk of developing pressure sores and require repositioning on a regular basis. We examined electronic logs of care delivery and saw gaps in recording, potentially indicating a delay in providing pressure relief. Further, we reviewed nutritional plans indicating four weekly weight monitoring is required, however this task is not being completed consistently. We reviewed a personal plan for another person and noted a significant amount of unplanned weight loss over a short period of time. There was a lack of monitoring, review or contact with external health professionals on file. Following our visit, we were assured the person has now been reviewed by a GP who is satisfied the person's weight has now stabilised. We found assessments and plans are not consistently reviewed following concerns of safeguarding nature. We expect the provider to take action to address these matters and we will follow this up at the next inspection.

Systems to manage medication require strengthening. Secure arrangements are in place for storing medication. The temperature of the room where medication is stored is not monitored. We spoke to a nurse who told us the temperature of the room can be excessive. We found multiple bottles of medication in the fridge with no label on opening potentially allowing medication to be used beyond the recommended 'use by' date. We examined a small sample of medication administration records (MARs). Some records did not include a photograph of the person to help the administrator correctly identify them and reduce the risk of error. We found gaps on MARs with no recorded reason for the omissions. A covert medication plan for one person had no date or mental capacity assessments alongside the plan. We were told anti-psychotic medication is reviewed on a regular basis by the prescriber, however records relating to this are not easy to locate. We expect the provider to take action to address these matters and we will follow this up at the next inspection.

## Environment

People are cared for in a spacious, warm and welcoming environment. There is a calming and relaxed atmosphere across the service. Seating areas are arranged in small clusters to generate conversation and support social interaction. The main dining and communal areas are tastefully decorated with a large chandelier decorating this spacious area. External gardens are vast and well maintained, one relative told us they like to go for walks around the grounds with their loved one in warmer months. People's bedrooms are individualised with photographs, keepsakes and with things of importance to them. Some bedroom doors are personalised but others not so. The provider has recently improved flooring and wet room/shower room facilities and continues to invest in developing and improving the environment.

Health and safety mechanisms in place require oversight and improving. We found security at the main entrance is not as safe as required. There is a large reception area as you enter the main building, however our identity was not checked, we were not prompted to sign into the visitor's book, and we were able to walk around some of the communal areas unchallenged. Sluice and medication areas are locked and secure, and chemicals that have the potential to cause harm are either stored safely or under the supervision of a staff member. Window restrictors are in place although some windows need more robust locking devices fitted. Gas safety reports indicate systems are safe, however the most recent electrical installation condition report was overdue. Lifting and firefighting equipment is serviced as required to ensure this is safe to use. Fire safety checks are not completed consistently. We found one bedroom door was propped open, whereas this should either be closed or fitted with an approved closing device. Staff fire drill practice is not completed as required. The service provider has arranged for fire and legionella risk assessments to be completed at the service. These have identified several high risk areas that require urgent action. The provider assured us these are being addressed. We expect the provider to take action to address these matters and we will follow this up at the next inspection.

Improvements are required in hygiene and infection control practices to ensure people's overall well-being is maintained. Staff were observed wearing personal protective equipment (PPE) as required. Domestic staff were seen to be cleaning areas during our visits. However, we saw some poor infection control practices. Some bathrooms have either hand operated bins or small open waste bins in use containing used PPE and continence materials. In one wet room, we found packets of continence aids stored on the floor with one packet being open posing a risk of contamination. We saw soiled laundry in an unsecure red laundry sack left in a communal corridor. We found a yellow open disposable bag containing used continence aids hooked on the handles of a cupboard in a communal wet room. A stand aid and commode/shower chairs require either deep cleansing or replacing. We expect the provider to take action to address these matters and we will follow this up at the next inspection.

## Leadership and Management

There is oversight of service delivery by the provider, however, some areas need strengthening. The Responsible Individual (RI) has logged their three-monthly visits. These reflect an overview of service performance, although they do not consistently reflect opinions are sought from people and staff working in the home. The RI has arrangements in place to review and improve the quality of care and completed a report in January 2023. However, it is not clear how the RI has considered stakeholder engagement in reviewing the quality of care at the service. CIW have not received all statutory notifications from the service provider as required. We reviewed a complaint file and found one complaint was not recorded in the complaints log. All complaints need to be logged, with clear records kept and made available, in accordance with the providers' complaints policy. We expect the provider to take action to address these matters and we will follow this up at the next inspection.

People cannot be confident safe staffing levels are consistently maintained. CIW reviewed the service provider's Statement of Purpose (SOP). The SOP is fundamental to the service and must accurately describe the service provided. This has mostly been completed in detail, however, the appropriate staffing levels to safely meet people's needs are not indicated in SOP. The manager told us what the required safe staffing levels are in each area of the service. However, they were unable to evidence how staffing levels are determined. We examined the last four weeks of staff rotas and note assessed staffing levels as indicated by the manager are not consistently maintained. We spoke with several members of staff who told us they are often working with reduced staffing levels. One relative told us, *'The only concern is sometimes there can be two staff on instead of three, this does not compromise care but does effect the time they have to spend with (X).'* We expect the provider to take action to address these matters and we will follow this up at the next inspection.

Mechanisms are in place for staff recruitment, training, and support. We spoke with care staff, some told us they feel support, whereas others do not feel supported. Records showed staff receive regular one-to-one supervision and appraisals with their line manager. The staff training matrix shows most staff are up to date with their training which has been predominantly on-line. One member of staff told us they have not received practical moving and handling training; however, they are expected to undertake these tasks. CIW requested training statistics relating to practical moving and handling. We were told training during the pandemic was completed online, but some face to face has now been completed with moving and handling training booked for staff in May 2023. We reviewed staff recruitment files and identified some discrepancies in relation to employment histories, relevant identification, and references. We reviewed a DBS matrix this indicates the relevant checks have been renewed for all staff as required. We expect the provider to take action to address these matters 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

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
------------	---------	--------



57	Ensure any risks to the health and safety of individuals are identified and reduced so far as reasonably practicable.	New
56	Ensure arrangements are in place to ensure satisfactory standards of hygiene in the delivery of the service.	New
34	Ensure at all times a sufficient number of suitably trained, skilled and competent staff are deployed at the service having regard to the care and support needs of the individuals.	New
76	Ensure the responsible individual has suitable arrangements in place for obtaining the views of people, their representatives and staff on the quality of care and support provided and how this can improved.	New
60	Ensure the service regulator is notified of the events specified in Parts 1 and 2 of Schedule 3.	New
21	Ensure care and support is provided to each individual in accordance with their personal plan.	New
35	Ensure any person working at the service has provided full and satisfactory information or documentation, in respect of the matters specified in Part 1 of Schedule 1.	New
36	Ensure staff receive moving and handling practical training and receive refresher training in this area as required.	New
58	Ensure arrangements are in place to ensure that medicines are stored and administered safely.	New

**Date Published** 05/04/2023