



Inspection Report on

Glaslyn Court Nursing Home

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

Date Inspection Completed

03/10/23 and 10/10/2023

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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	14 February 2023
Does this service promote Welsh language and culture?	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

Activity and visiting arrangements support peoples' emotional well-being. The service provider has improved the way they engage with people to obtain feedback on service delivery. Personal plans identify people's care and support needs; however, records are not always updated in a timely manner. Care documentation does not always reflect people's daily health and support needs are consistently met. People and/or their representatives are not involved in the three monthly review of care and support. The oversight of staffing levels to ensure sufficient numbers of staff are on duty to meet people's needs requires further scrutiny.

Most staff told us they feel supported, however formal supervision practices require improvement. The mechanisms in place to ensure staff receive appropriate training have been strengthened. The Responsible Individual (RI) has a presence at the service and oversight of quality assurance processes are more robust. The home is clean and welcoming. Risks within the environment are managed well and the oversight of health and safety processes have been strengthened. Infection prevention and control practices are robust. Fire drill practises are not taking place on a regular basis as required. The service provider has a new leadership and management structure in place to drive service development and improvement.

Well-being

People who live at the home can express their views and opinions and have some choices about doing the things they like. We observed people pursuing their own interests and others spending time together in communal areas. Meetings take place where people can share their views and opinions. Visitors are welcomed into the home. We observed occasions where staff deliver care attentively. However, there were times they do not always anticipate what people need. We were told and observed some people need to wait for assistance to have their care needs met. We saw an organised activity taking place at the time of our visit, people were observed to be fully engaged and having a really good time.

Systems are in place to safeguard people; however, some areas need strengthening. There is a new management team at the service that has begun to give the service stability. The RI maintains operational oversight and has improved their practices of engagement with people. Complaint systems in place are managed well. Staffing levels and staff deployment requires further monitoring to ensure care is consistently delivered in a timely and sensitive manner. Staff fire drill practices are poorly maintained. The statement of purpose (SOP) is fundamental to the service and must accurately describe the service provided. This document requires further detail and updating.

Staff recruitment and support processes in place require improvement. We note the provider has completed Disclosure and Barring Service (DBS) checks on staff. The DBS helps employers maintain safety within the service. The service provider adheres to the deprivation of liberty safeguarding processes. Medication management systems are in place, although some poor practice was identified. Refresher training in key areas of service delivery has shown good improvement.

The living accommodation support people's overall well-being. We found the entrance to the service to be safe and secure, this includes coronavirus risk management strategies in place. Staff practices show they adhere to infection prevention and control guidance maintaining people's overall health and well-being. Health and safety checks of equipment and the environment have been strengthened. Decoration and refurbishment of the home is ongoing and plans for improvements are detailed within maintenance plans.

Care and Support

People's individual circumstances are not consistently considered. We observed the engagement between staff and people during mealtimes and saw some warm, kind interactions and other instances of staff not always being attentive of people's needs. People and their relatives were observed engaging in an organised activity. There were more than 25 people gathered together singing, dancing, and enjoying the entertainment. Some people told us they are happy with the care and support provided, while others told us they have to wait for their care needs to be met.

An electronic care planning system is in place to tell care workers and nurses what support each person needs and to record all care given. We note care recordings are not always completed and don't always reflect what is happening. One person's plan indicates blood sugar monitoring is required; however, we were told this is no longer required. In one instance, we heard one person commenting they were thirsty and had a dry mouth. Their care records indicate they had not received or been offered fluids for a significant period of time. A qualified person reviews people's personal plan, however, records do not show people are involved in the review. A relative told us they would like the opportunity to be involved in the review of care for their relative. We expect the provider to take action to address these matters and we will follow this up at the next inspection.

People's well-being is not always promoted. A health professional told us care staff know people well. People are supported to access a range of healthcare services, for example, GP, physiotherapy, and community nurses. This includes a regular review of anti-psychotic medication. However, records relating to health reviews are not easy to locate on the care planning system. Personal plans are not always updated with changing health needs. Health monitoring documentation is not always completed in line with people's personal plan, i.e., weight charts and skin integrity records.

Medicines are not always handled safely and is not consistently administered as prescribed. We reviewed medication for one person and saw the medication administration record (MAR) was not entirely reflective of the prescription; resulting in the incorrect dose being administered. Improvements have been made in the monitoring of people's health where people are prescribed medication where there is a risk of potential side effects. The temperature where medication is stored is not consistently monitored. We found some gaps on MAR charts with no written explanation and note an excessive stock of some medicines in the service. This is an area for improvement, and we expect the provider to take action.

Environment

The systems and processes in place to identify and deal with risks to people's health and safety have improved. The entrance to the home is secure; people's identity is checked, and visitors are required to sign-in and record the reason for their attendance. Door sensors are in place where required to enhance people's safety. Applications are submitted to the local authority to confirm support arrangements are proportionate and in people's best interests. Infection control practices have improved. Appropriate arrangements to deal with an outbreak of coronavirus are in place. Personal protective equipment (PPE) and hand sanitiser is available throughout the home, and we saw it was used effectively by all staff. Domestic staff were seen cleaning areas of the service during our visits. Bathrooms have foot operated bins for disposal off PPE and continence materials. Laundry is managed safely.

Glaslyn Court is split into three individual services. Glaslyn Court, Caleb's Court, and The Lodge. We found some areas of The Lodge require refurbishment; this includes the kitchen and dining areas. The service provider added these areas to an ongoing maintenance plan. Health and safety checks and assessments are undertaken to promote people's safety. Regular fire checks on equipment and in the environment are recorded. We found two shower chairs require either deep cleansing or replacing. We also found some areas were not as clean as they should be. We were given assurance by the service provider shower chairs are being replaced and a lead housekeeper is due to commence employment at the service to improve standards of cleanliness. We note not all staff had been involved in a fire drill within the last 12 months. This is an area for improvement, and we expect the provider to take action.

Leadership and Management

The provider maintains oversight of the service. The service provider has appointed two new managers who are suitably qualified and registered with Social Care Wales. The RI has a presence at the service and completes a quality of care review and three monthly reports as required. Improvements have been made to the RI regulatory reports. The RI engages with people and considers their opinions on service delivery. Regular meetings have been held with people living in the home and their relatives/ representatives. We saw examples of the service provider regularly communicating with relatives. Complaint management has improved.

The service provider is mostly clear about its aims and objectives; however, service documentation requires further detail. The SOP provides an overall picture of the service offered, although this does not clearly demonstrate how the provider consider people's language and communication needs, including provision of the Welsh 'Active Offer.' We received assurance from the provider this would be acted on. We saw policies and procedures are in place to support practice. The safeguarding policy requires review to ensure this is in line with national and local guidance.

Systems in place to monitor staffing levels require improvement. The service provider needs to clearly demonstrate how they have determined the number of staff required for the reliable provision of care. The SOP does not accurately reflect the current staffing arrangements at the service. We reviewed staffing rotas over a set period of time and found there were occasions when the service has run below what the provider deemed as safe staffing levels. This is an area for improvement, and we expect the provider to take action.

Staff receive the relevant training; however, supervision practices are weak. We spoke with staff, some gave positive comments about their experiences of working in the home, but some felt standards of care and support could be better. Training statistics indicate staff receive refresher training in key areas, such as manual handling, dementia, and safeguarding. Most staff files contain induction records for new staff; however, these are not always completed consistently. We found staff do not receive regular formal supervision and annual appraisals in their roles. This is an area for improvement, and we expect the provider to take action.

Recruitment practices require strengthening. We viewed four staff personnel records. We note contracts of employment are present on file and DBS checks completed. However, not all legally required information was present to support robust and safe recruitment practices. This includes full employment histories, references from previous employment, and identification.

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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16	Ensure the individual and any representative are involved in the three monthly review of the personal plan	New
36	Ensure all staff receive three monthly supervisions and receive and an annual appraisal	New
57	Ensure all staff undertake fire practice drills at least annually and clear records are kept of staff attendance.	Not Achieved
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.	Not Achieved
21	Ensure care and support is provided to each individual in accordance with their personal plan.	Not Achieved
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.	Not Achieved
58	Ensure arrangements are in place to ensure that medicines are stored and administered safely.	Not Achieved
56	Ensure arrangements are in place to ensure satisfactory standards of hygiene in the delivery of the service.	Achieved
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.	Achieved
60	Ensure the service regulator is notified of the events specified in Parts 1 and 2 of Schedule 3.	Achieved
36	Ensure staff receive moving and handling practical training and receive refresher training in this area as required.	Achieved

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