



## Inspection Report on

**Glynbargoed Care Home**

**Glyn Bargoed House  
Glyn Bargoed Road  
Treharris  
CF46 6AA**

**Date Inspection Completed**

21/09/2022

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## About Glynbargoed Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Roemmarsh Limited
Registered places	24
Language of the service	English
Previous Care Inspectorate Wales inspection	04 November 2021
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

Glynbargoed have a staff team who work well together and show genuine warmth and affection for the people they support. There have been improvements made in the content of personal plans, and these are reviewed regularly. Care staff work to engage and stimulate as many people as possible throughout the day, in group activities and conversation, and one to one time. The management team has been stabilised with a manager, deputy and administrative assistant working together to organise the staff team and ensure they are trained and supported. They are also building on relationships with external health professionals such as GPs and community nurses. Improvements have been made in the environment, and there are further plans for development. Incidents and accidents are referred to the appropriate agencies. The Responsible Individual (RI) has increased their presence and support to the manager and staff in the home and has improved the quality assurance processes in place.

## Well-being

People are supported to have control over their day to day life. Care staff support people to make decisions throughout the day, follow their chosen daily routines, and interact and engage as much as possible. Improvements have been made in the content of personal plans, and these contain personal preferences wherever possible. People are supported to access external health care and advice and put this advice into practice.

There are systems in place to protect people from harm or abuse. At the time of the last inspection, appropriate referrals were not being made to external agencies about incidents and events that had occurred in the home. However, since the current manager took up post, safeguarding referrals and notifications to the regulatory body have been made as expected. There is a safeguarding policy in place and safeguarding training completed. Management audits are now completed in a variety of areas to monitor any possible issues or risks and respond accordingly.

People appear comfortable and settled in the home environment, spending most of the day in the communal lounge and dining room areas. Care staff make effort to engage and include those people who stay in their rooms or receive care in bed. The home is clean and décor is personal and homely. Infection control processes are in place, including COVID 19 protocols that reflect current Welsh Government guidance. All areas of the home are now secure so people cannot access potentially hazardous areas. Routine health and safety checks, as well as regular servicing of equipment and utilities, ensures the environment is safe.

## Care and Support

Care staff know the people they support well, and interact and engage with them in a warm and friendly manner. Although there have been some changes in the staff team, many people working at Glynbargoed have done so for many years. We found there to be a busy and chatty environment in the home, with all staff engaging in conversation with people and encouraging them to interact with each other. There is a wellbeing co-ordinator in the home who sets up activities for the majority of people who spend their time communally in the lounge. They also go into people who need to, or choose to, stay in their rooms, for individual chats and activities. People also have technology such as laptops and ipads, which they are supported to use should they wish.

Care staff have an accurate and up to date plan for how care should be provided to meet people's needs. At the time of the last inspection, we found that personal plans did not always contain information that was pertinent or consistent with people's current needs. During this visit, we found the content of the plans we sampled has improved. Relevant and important information is included in the plan and detailed reviews reflect any changes that have occurred. Risk assessments are completed accurately and reviewed monthly. Daily notes and any required supplementary charts we sampled were also up to date.

People are supported to be as healthy as they can be. We spoke to a visiting health professional during our visit who spoke very positively about the care staff in the home and the care and support people living at Glynbargoed receive. Senior care staff contact GPs or community nurses whenever they have a concern and management are working to improve links between the home and local GP surgeries. Care staff support people to attend health appointments when required and changes to medication or treatment are implemented. Senior staff have a communication book and diary to ensure that requests from external professionals are fulfilled at the right time.

The service promotes infection control practices. There is an infection control and COVID 19 policy in place. COVID testing and use of personal protective equipment (PPE) are in line with current Welsh Government guidance. Domestic staff complete a thorough cleaning schedule and on the day we visited, the home appeared clean.

## Environment

People's care and support is provided in a location and environment that promotes achievement of their personal outcomes. The home is a large house, but is not a purpose built care home. At present there are stairs, with stairlifts, to access the first floor of the house, with most people's bedrooms. The RI advised that they have consulted with contractors to have a lift installed, to improve access for people who have limited mobility. Downstairs there are a few bedrooms, two lounges and a dining room, should people wish to spend time in the communal areas. There is also an outside space that can be used. An extension is in progress to provide additional communal space as the main lounge is a little cramped. People's bedrooms are personalised and the communal areas are decorated, with a homely feel.

Actions are taken to reduce risk to people's health and safety. Health and safety audits are completed, and the RI quality monitoring reports consider any issues or concerns with the environment. There is a maintenance man employed, who completes small repairs around the home and does regular fire alarm and equipment checks. External contractors complete larger jobs and a rolling schedule of servicing and maintenance of facilities and equipment. People living at the home have personal evacuation plans detailing the assistance they would need in event of an emergency.

## Leadership and Management

People have sufficient information about the nature of the service and what it provides. The home's Statement of Purpose reflects the service being provided. Since the last inspection, the manager has requested nursing assessments for people living at Glynbargoed for whom the service no longer meets their needs. Staff told us that the manager is equally as vigilant in ensuring people requesting respite at the home would be suitably placed.

People are supported by an appropriate number of staff who are suitably fit, trained and supported to provide the level of care and support required. The staff personnel files we sampled hold the required employment information and current Disclosure and Barring Service (DBS) security checks. Care staff have completed online training in core areas, as well as additional areas of interest. At the time of the last inspection, there was not sufficient evidence that care staff had completed mandatory in-person training, however good progress has been made in this area. We saw evidence of the manager having oversight of training due to lapse, care staff being booked on training courses, and their completion of the course being recorded. In addition, previously there had been a long gap where no staff had received supervision. However, at the time of this inspection, we saw a supervision matrix in place, management delegation of supervisions depending on role, and supervision sessions recorded in staff files.

There are arrangements in place for oversight of the quality of care and support being provided. At the time of the last inspection, the RI was not following quality assurance processes as required. However, since then, the RI has increased their presence in the home, both in person and over the telephone, offering support to both management and staff. The RI has also employed someone to offer hands on and practical support to the manager alongside regulatory RI visits. Monitoring visit reports and quality of care report have been completed as required. Some amendments are needed to the content of the next quality of care report, which the RI has agreed to make. The current manager has sought advice from the regulatory body to determine which events we need to be notified of, and has completed notifications as required.

### 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
36	Staff training (Regulations 36(2)(d) & 36(2)(e)): all staff must receive core and specialist training appropriate to the work they perform. Inspection Dec 2020 identified continued non issued NC in relation to this reg. No notice issued after discussion with LAR and lack of impact to people using the service.	Achieved
73	RI visits (Regulations 73(1) & 73(3)): The RI must visit the service and meet with staff and individuals at least every three months.	Achieved
74	Reg 74(1) & 74(2). RI oversight of the adequacy of resources (Regulations 74(1) & 74(2)): The RI must report to the service provider on the adequacy of resources available to provide the service in	Achieved



	accordance with Parts 3 – 15 of the Regulations on a quarterly basis.	
80	Regulation 80	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
N/A	No non-compliance of this type was identified at this inspection	N/A

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