



Inspection Report on

Glencoe Villa

Penmaenmawr

Date Inspection Completed

17/10/2023

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
You must reproduce our material accurately and not use it in a misleading context.

About Glencoe Villa

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Inspired Homes Network Ltd.
Registered places	3
Language of the service	English
Previous Care Inspectorate Wales inspection	
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

Since the last inspection, people's personal plans have been improved to provide more information for care staff. People are settled and comfortable with care staff, who know them well and give consistent care.

People can do things that matter to them and are able to participate in activities both within and outside of the home. People are encouraged to maintain contact with family members and friends.

The environment is safe with systems in place to protect people's health and safety. People live in a home that is spacious, attractively decorated, comfortable and welcoming. The home has a much-loved dog, which contributes to the family atmosphere.

There are effective quality assurance processes in place to assess the quality of the care provided and maintain standards.

Well-being

Each person has a personal plan, which includes what is important to them and what care staff will do to support them. People have family and social workers to advocate for them and they also have access to an independent advocacy service.

Good support is provided to promote people's physical and mental health. Personal plans record people's health care needs and how they should be met. The manager and care staff seek professional health advice, when required, and appointments are sought on people's behalf, when appropriate. Arrangements are in place to administer medication safely and in accordance with people's prescriptions and care staff undertake medication training. The manager oversees the management of medicines within the service.

Overall, people have positive relationships with care staff supporting them. We saw care staff spending time with people, listening, and providing support with day-to-day activities. People are supported to do the things they enjoy, which enhances their sense of well-being. People's interests are known to care staff and are recorded within people's personal plans. People go out together and individually when the manager or deputy manager are present in the home. Additional care staff on shift would enable people to have one to one support so that they can attend activities individually, but currently the local authority does not fund this.

Systems are in place to safeguard and protect people from harm. The home has an updated safeguarding policy available to care staff, and they attend safeguarding training. The service provider completes suitable vetting checks prior to employing new care staff.

People live in an environment which supports their well-being. Care and support are provided within a suitable and homely environment which promotes people's sense of belonging. Overall, the home is kept clean and tidy. The home offers people privacy or the opportunity to engage with others in communal areas.

Care and Support

At the last inspection, areas for improvement were identified regarding the processes to be followed when new people move into the home. This was unable to be checked at this inspection as nobody new has moved into the home.

People are cared for in a home where there is a consistent care staff team. People have good relationships with the care staff supporting them. During our inspection we saw people were comfortable expressing their views and feelings with the care staff supporting them, and care staff responses were positive. We saw care staff communicate effectively with each other during shifts to ensure continuity of care.

Personal plans provide care staff with information about how to meet people's care and support needs on a day-to-day basis and are reviewed every three months. Care staff know people's daily routines and how to support them to meet their well-being outcomes. Planned support is provided to enable people to stay connected with their friends and families. A relative described the care their family member receives as excellent and praised the management and care staff team.

People's physical and emotional health is prioritised and well supported. Appointments with health professionals are facilitated, which enable people to stay as well as possible. A social worker described this as a particular strength of the service, and stated the care staff team are very good advocates and make considerable efforts to seek the correct support in relation to a person's health needs.

The service provider reports safeguarding matters to the local authority when required. There are good systems in place to ensure safe management of medications. Deprivation of Liberty Safeguards (DoLS) applications are made, and risk assessments are updated as required.

The manager speaks Welsh fluently and is aware of the Welsh Government's '*More than just words follow on strategic guidance for Welsh language in Social Care.*' However, there are currently no fluent Welsh care staff employed at the home and people cannot receive a service in Welsh.

Environment

The premises are suitable and consistent with the description in the service's statement of purpose. Each person has the use of one floor of the premises, providing them with their own rooms for sleeping, ensuite bathrooms and a living room. A communal kitchen is located on the ground floor. The service provider has made resources available to use another room as a sensory room. People's personal spaces are decorated to their taste; furniture and equipment are made available to support individual needs. There is a communal kitchen/diner, which is suitably equipped. People have their own spaces available for private discussions with care staff, family or visiting professionals, and care staff have access to an office.

There is a small garden to the rear of the property, which people can use when weather permits and is secure. The system for monitoring and auditing on-going works is effective. The maintenance of the property and any repairs required are completed promptly.

Procedures are in place to ensure confidential information is stored securely. There are regular health and safety checks as part of the daily routine of the home, including fridge and freezer temperatures and fire safety equipment. The boiler and electrical equipment are checked annually. There is a fire risk assessment in place and regular fire evacuation drills are conducted. The service provider promotes hygienic practices and manages risk of infection.

Leadership and Management

The service provider sets out how the home will meet the needs of people in the home's statement of purpose. The manager of the home is registered with Social Care Wales and oversees the day-to-day running of Glencoe Villa and another of the service provider's care homes. Clear lines of accountability enable efficient working, and consistent staffing arrangements provides security and stability. Care staff were positive about the level of support given by management.

Suitable checks are conducted before care staff are employed at the home. People are supported in line with commissioning arrangements; and the staffing levels reflected this on the day of inspection. Any shortfalls in staffing numbers are covered by the permanent care staff team. Care staff attend relevant training, which is mostly delivered on-line. Care staff receive individual supervision meetings with a line manager and attend regular team meetings to discuss practice and people's needs. This promotes consistency of practice among care staff to ensure positive outcomes for people.

Quality assurance systems are effective. The RI visits the home at least every three months and takes time to speak with people and care staff, and to check records. The service provider has sought feedback from people, care staff, family members and social workers, which has been positive, and completes a review of the quality of the care provided at the home every six months. The reports of the reviews shows where the home is effective in helping people to achieve positive well-being and identifies areas for further development.

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

18	Regulations require that services complete a provider assessment within 7 days of the start of any placement. This assessments is to be made available and reviewed and updated if there are significant changes. The service had not been completing provider assessments for the individuals living at the home.	Reviewed
14	The service provider has not documented and evidenced that pre-admission assessments have been completed. They have failed to evidence they have assessed the individuals needs and conclude how their service will be able to meet the needs of the individual. They have failed to consider how the admission is compatible with individuals already resident at the home.	Reviewed
16	The inspection found that Personal Plan's were not being reviewed every 3 months as is required be regulations. The service was failing to review whether individuals had achieved their personal outcomes, and plans were not being updated to reflect their current situation.	Achieved
79	The service provider has not reviwed and updated policies and procedures to make sure they are relevant and current for the service.	Achieved

Was this report helpful?

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

Date Published 30/11/2023