

# Inspection Report on

**Glanffrwd Care Home** 

Glanffrwd Care Home Coychurch Road Pencoed Bridgend CF35 5LP

# Date Inspection Completed 04 May 2022

04/05/2022



# **About Glanffrwd Care Home**

Type of care provided	Care Home Service
	Adults With Nursing
Registered Provider	HC One Limited
Registered places	45
Language of the service	English
Previous Care Inspectorate Wales inspection	
mopositori	12 May 2021
Does this service provide the Welsh Language active offer?	Yes. The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

#### **Summary**

People receive personal care and nursing care from a team of nurses, nursing assistants and carers who are familiar with their needs. Nurses and care staff report they have enough information about new people before they arrive, and are proactive in learning more about them once they have moved in. New staff members have been recruited and therefore general staffing levels have improved. People would benefit from more interaction and stimulation and an additional activities co-ordinator post is being recruited to help with this. Personal plans are detailed and contain people's preferences. They are reviewed regularly and include feedback from people and their relatives. Supplementary charts are completed inconsistently. All staff receive regular supervision and annual appraisals, and complete required mandatory and need-specific training courses. Facilities and equipment are serviced and maintained to ensure they are fit for purpose. There are arrangements in place for oversight and monitoring of the quality of care being provided at the home, by a temporary nominated person in place whilst a new responsible individual (RI) is being registered. The manager reports feeling supported in their role. The service provides an active offer of Welsh language. Residents are asked their preferred language of communication; a couple of staff members are Welsh speakers and there is a small area in the home with Welsh language media.

#### Well-being

People are treated as individuals and are offered input into the care they receive. Care files contain a person's social history and their preferences. We saw staff members interacting with someone who had just moved in the previous evening, having conversations about themselves and what they would like whilst they were at Glanffrwd. Kitchen staff have notes on not only type of diet but also preferred portion sizes and meals. We observed lunchtime and saw some warm interactions between care staff and people during their lunch. One person had not eaten much of their meal and so were offered a plate of the other option, or their preferred snack, instead. More time needs to be spent encouraging interaction and engagement between people in the home. Relatives or representatives can leave online reviews of the home and formal feedback questionnaires are distributed annually. People and relatives report communication with management is good. There is a complaints process in place should anyone wish to raise a formal complaint.

People are supported to be as healthy as they can be by getting the right care and advice as soon as possible. We saw evidence of nursing staff liaising with GPs and specialist health professionals about a variety of medical concerns. Care documentation reflects the guidance given, although supplementary charts could be completed more consistently. Medication is administered as prescribed and tracked via an electronic system.

There are systems in place to protect people from harm or abuse. Risk to individual health and safety is included in care documentation and reviewed regularly. There are policies in place to give guidance on safeguarding and whistleblowing if needed, although the safeguarding policy requires some updates. Most staff are up to date with safeguarding training and feel confident raising concerns with the manager or deputy manager. We saw evidence of appropriate referrals being made to external agencies, and accidents and incidents are monitored for patterns or trends.

Care staff and nurses have enough detailed information to be able to provide people with the right care at the right time. Personal plans and risk assessments contain relevant and detailed information. They are regularly reviewed, with analysis of any events that may have affected progress towards outcomes. If the individual is not able to give feedback, relatives/representatives are also contacted at regular interviews to contribute to reviews. Referrals are made to external health professionals when required and guidance noted in the file and implemented by nurses and care staff. There is a handover at the end of each shift, with notes taken and stored for staff members not in work, to ensure that everyone is up to date with people's current needs or issues. Medication is stored safely and administered as prescribed. An electronic recording system is used to minimise medication errors, and policies and guidance are in place for all aspects of storage and administration of medication. We observed an emergency alarm being sounded by one of the care staff due to a potentially risky situation, and a rapid response from both nurses and management in the home. Supplementary charts are in place to monitor people's day to day care activity. These are mostly completed; however, repositioning charts need to be filled out more consistently in order to record the steps being taken to minimise risk of pressure damage to people's skin. Kitchen staff have record of any special diets and food preferences and make as many food options available to people as they can.

People living at the Glanffrwd gave us mostly positive feedback: "I like it very much", "I have plenty to eat and drink", "I can choose what I want when I want" and "I did have one issue but [deputy manager] dealt with it straight away". However, there was mixed feedback regarding how quickly care staff were able to attend to people. Some said: "I feel like there are enough carers, they come and help me quite quickly" and others said: "Sometimes when you ring the buzzer it takes a long time for anyone to come". The service supports people to see their families and friends. Visiting is being facilitated in line with current Welsh Government guidelines, however a system is still in place to monitor the footfall of visitors into the home. One relative told us: "It's been a bit better since I can stay longer and come more often". There are some opportunities for interaction and stimulation within the home, however this could be increased. One resident told us: "There doesn't seem much time for them (care staff) to come and sit with you", and care staff commented: "I think some residents, especially the new residents, would like more going on" and "sometimes I think the residents sleep a lot if there is nothing else to do". We discussed this with the manager who advised that wellbeing and activities has become a priority for the home and recruitment of new staff will reflect this.

There are systems in place to promote infection control and good hygiene. An infection control policy is in place, including measures to minimise spread of COVID 19. All staff complete regular COVID 19 testing, and we saw personal protective equipment (PPE) being used appropriately by staff throughout the day. Visitors also complete lateral flow tests prior to entering the service. Domestic and laundry staff have cleaning schedules, and on the day we visited the home appeared clean.



Care and support is provided in a location and environment with facilities and equipment that promotes achievement of people's outcomes. The home is secure from unauthorised visitors, and rooms such as the sluice and laundry room are not accessible to people living in Glanffrwd to minimise risk to individuals' health and safety. People's bedrooms contain personal items, and all have ensuite toilet facilities. Some people choose to stay in their bedrooms or receive most of their care in their bedrooms, however both floors also have a dining room and lounge as communal areas. There is a visiting room downstairs should people wish to use it; however, visits are now able to be facilitated in other areas of the home. There is a large, safe, accessible outdoor space for people to use. The manager told us that this will be used to host family events in the summer as none were able to be held for the last two years due to the pandemic. There is a lift to enable people to access both floors.

There is a schedule of servicing and maintenance in place to ensure equipment and aids, such as hoisting equipment and the call bell system, are functional and safe to use. The onsite maintenance worker has recently left, and a new person is being recruited. Whilst that is ongoing, maintenance repair requests can be made to the service provider, who will provide the home with a contracted worker for the job. The manager has arranged for fire alarm and emergency lighting checks to be completed by a different staff member in the interim. There are personal evacuation plans for each individual that can be accessed in an emergency.

At the time of the last inspection, it was identified that staffing levels were insufficient. On the day we visited, the number of staff on duty was in line with the target outlined in the service's Statement of Purpose. We saw that there were four newly recruited care staff in post and were told by the manager another three were currently completing their general induction training before beginning to shadow shifts in the home. Feedback from staff was: "Today we are fully staffed and it makes such a difference", "it's good here, sometimes it's stressful but I like it", "we've got some quite dependent residents. We answer the call bells but sometimes it takes us time to get there if we're with someone else" and "a lot of days we're fully staffed now, I do feel it's more pressure if we're not fully staffed". Recent staff rotas show staffing levels are consistently close to target and so we feel that sufficient progress has been made in this area.

Staff are suitably recruited and vetted for their roles and are given appropriate training and supervision to facilitate their professional development. We looked at a sample of staff personnel files and found they contained all the necessary information, including photo identification, references and disclosure and barring (DBS) checks. Not all files we sampled noted the reason for any gaps in employment history and the manager advised staff files would be reviewed in light of this. Staff members receive a mix of online and face to face training and the manager has oversight of how many staff have training overdue. Care staff have the opportunity for further learning and progression both in the home and for the service provider as a company. Management had previously not been completing annual appraisals for some staff, however we saw evidence that all staff now receive both regular supervision and their appraisal to identify strengths and weaknesses and address any areas of personal or professional development. Care staff and nurses told us they feel supported by the management in the home and would be confident to raise any concerns or queries with them. The deputy manager also completes shifts in the home as a nurse, and so is able to identify any care management issues and bridge communication between staff and management.

There are processes in place for oversight of the care and support being delivered in the home. The responsible individual (RI) for the home left their post before a new person could be registered, so there is a temporary arrangement to fulfil RI duties whilst the registration process is ongoing. We saw evidence of quarterly monitoring visits and biannual quality of care reports. These consider analysis of significant events in the home, staffing changes, audits of documentation and feedback from people, relatives/representatives and staff members. The manager reports feeling supported by her line manager and the service provider as a company.

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

## **Date Published** 31/05/2022

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