

Inspection Report on

Trem Y Glyn

Trem-y-glyn Residential Care Home Park Avenue Glynneath Neath SA11 5DW

Date Inspection Completed

27 October 2022



About Trem Y Glyn

Type of care provided	Care Home Service
	Adults Without Nursing
Registered Provider	Pobl Care and Support Limited
Registered places	30
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

Trem Y Glyn residential care home is a welcoming and homely service set in the valley town of Glyn Neath. People living in the service are treated with compassion, dignity and respect by a consistent and dedicated care team who know them very well. Many of the care team have worked at the service for many years as well as a well-established manager who is visible in the service daily. People have up to date personal plans which are designed in consultation with them. Care workers receive regular training and have good support from the management team. People are happy and comfortable in the service, which is clean, homely and well maintained. The manager is well-respected and has good auditing tools in place to ensure the smooth running of the service. The responsible individual visit's the service routinely and engages with people, relatives, and staff to obtain their feedback and experiences of the service and this feedback is utilised to drive improvements in the service. Regulatory reports are completed as required. There is a real sense of belonging in the service, and this is echoed in the town itself as we heard how the whole community pulled together to support the service during the covid pandemic. All feedback received about the service was positive and words used to describe the service included "excellent", "superb" and "exceptional".

Well-being

People have a voice and are treated with dignity and respect. People are involved in the writing of their care plans from the point of assessment where possible, with relatives assisting when required. A resident of the day system is in place to ensure that personal plans are reviewed routinely and updated as required. Personal plans give a good overview of the person and their care needs. Feedback from people and relatives was very positive: with comments such as "they are extremely well looked after. Kept clean. Well stimulated and treated very respectfully" and "staff are brilliant with the residents, they always involve them in everything going on".

People are protected from harm and neglect. Most care workers are up to date with safeguarding training and have a clear understanding of their roles and responsibilities to report any concerns about those they support. There is a safeguarding policy in place that reflects the Wales safeguarding procedures. There are good maintenance arrangements in the service to ensure it is safe and comfortable for people. The service is kept clean and tidy with good infection control practices in place to minimise the risk of cross infection.

People's physical, mental health and emotional wellbeing is promoted. People are supported by a well-established staff team who know them well. As a result of this care staff can recognise any signs of ill health quickly and seek additional support in a timely way. There are robust systems and procedures in place for medication management in the service, and as good monitoring tools in place to monitor people's health and care needs. There is a programme of activities in place for both groups and individuals to encourage people to remain socially active. People are encouraged to participate in activities that give them a sense of purpose and belonging.

There is good oversight of the service. There is a well-established manager in post who is well respected in the service and visible daily. There are systems in place to ensure that paperwork and care provision is observed and audited as required. The RI visits the service routinely and engages with people, relatives, and staff for feedback to drive improvements in the service. Regulatory reports are completed at appropriate intervals and reflect what the service do well and areas of improvements identified with time scales for completion.

Care and Support

eople are supported and encouraged where possible to be involved in the planning of their care to ensure it meets their needs. We looked at three care files and saw personal plans in place reflect people's current needs and give a good overview of what is important to the person. Personal plans are written from the persons perspective and are accompanied by appropriate risk assessments, all of these are reviewed routinely as part of a 'resident of the day' system which ensures all files are reviewed routinely in rotation at timely intervals. Signed consent forms are visible in care files and feedback from people and their families about the care and support received was excellent, comments included: "every individual living here is treated equally and provided with good care and support" and "It's a very good home which delivers excellent care".

People are supported to participate in activities that they enjoy. Trem Y Glyn has an activities programme in place which changes weekly and is influenced by key dates, i.e., Halloween, Christmas etc and by people's likes and dislikes. We saw one to one activities taking place with people who preferred this over group activities, people were engaged in reading, knitting, folding laundry and craft. A group activity of pumpkin carving also took place during the visit. Feedback from people and their relatives regarding the activities provided in the service was very good and included "there's always plenty going on to enjoy" and "everyone is very well stimulated".

People's health and well-being are promoted. There are safe systems in place for the management of medication in the service and to maintain people's health. The service has a designated air-conditioned medication room which is kept locked when unmanned and appropriate temperature checks in place. As the service is divided into 3 separate wings, there are three separate medication trolleys, one for each wing. We looked at three electronic Medication Administration Record (MAR) charts and found these to be completed correctly. There are good procedures in place for ordering medication and disposing of unused medications and good records of this were seen. Most care workers in the service have been in post several years and know people very well. They can recognise any signs of ill health and seek medical advice promptly for people. Records of appointments with the GP for medication reviews and medical appointments were seen in care files.

The provider has mechanisms in place to safeguard the people they support. The consistency of care staff and low staff turnover in the service enable care workers to build relationships with the people they support and get to know them really well. Care workers are aware of the procedures to follow ifthey are concerned about someone they support, and we saw that most care workers are up to date with safeguarding training. There is a safeguarding policy in place which has been reviewed to include the Wales Safeguarding procedures. We also saw that up-to-date Deprivation of Liberty Safeguards (DoLS) are in

place for people who do not have the capacity to make decisions about their accommodation, care, and support and these documents were stored appropriately in individual care files.

Environment

The provider ensures that individuals' care and support is provided in a location and environment with facilities and equipment that promotes achievement of their personal outcomes. Trem Y Glyn has several outdoor areas that people can enjoy in warmer weather and there is seating available for people to spend time outdoors should they wish. There is parking available at the service for staff and visitors. The service is a single storey building which is divided into three wings, each wing has its own communal lounge area with some dining space and kitchen facilities, separate bathrooms, and bedrooms. We saw that all communal areas are clean, homely, and decorated for Halloween. Furniture seen was in good state of repair. People appear comfortable and content in the service and have good relationships with each other and the care team. Bedrooms are personalised with peoples own things and photos of family and friends on display.

The service provider has procedures in place to identify and mitigate risks to health and safety. There is a maintenance person in post who carries out general duties and required routine checks within the service. We looked at the maintenance file and saw that all environmental and equipment checks are carried out appropriately, these include water temperatures, fire safety equipment and lighting. We saw certificates in place for annual servicing of utilities which includes, gas, electric and portable appliance testing (PAT). The manager carries out monthly health and safety audits in the service and reports these back to the provider for any issues to be addressed. Overall, the service is in a good state of repair and is very clean. Feedback about the environment included: "the rooms are comfortable and homely" and "There are nice surroundings here".

The service promotes hygienic practices and manages the risk of cross infection. All visitors coming into the home are requested to follow the up-to-date guidance for visiting care homes following the covid-19 pandemic. Care staff wear appropriate Personal Protective Equipment (PPE) when carrying out personal care with people to minimise the risk of cross infection. There is a good stock of PPE available. The service is clean and tidy and domestic staff work efficiently to maintain the cleanliness of the service. The service has an infection control policy in place and continue to follow the government guidelines appropriately.

Leadership and Management

There are good systems in place to support the smooth operation of the service. We saw policies and procedures in place that are reviewed routinely and updated as required to reflect any changes in legislation. The services statement of purpose (SOP) is up to date and continues to reflect the service well. The manager conducts audits of paperwork in the service on a regular basis. The provider also carries out routine checks to ensure all documentation in the service is up to date, we saw reports from the manager and provider which evidenced this. The manager in the service is very supportive of the care team and is valued by people in the service and comments included: "manager is always supportive and to both staff and residents", "this home is well run and very professional" and "I cannot praise X (manager) and team enough!".

There are good systems in place to recruit, train and support care staff. We looked at four staff files and found them in good order with all required pre-employment paperwork and checks are in place. We saw Disclosure and Barring Service (DBS) checks are in place and updated every three years as required however the newest certificate reference and expiry date is not always visible in the files but are available electronically. We viewed the training matrix and spoke with care staff who confirmed that they receive a good amount of training to enable them to fulfil their roles efficiently. Care workers told us they feel valued and have opportunities to develop themselves in the service. Care workers feel supported and routine supervision and appraisals takes place. Almost all feedback from care staff indicated that there was excellent 'teamwork' ethic in the service and a strong feeling of 'family'.

There are arrangements in place for the effective oversight of the service through ongoing quality assurance. The RI visits the service regularly and during these visits speaks to people, their relatives and the care team to gain their experiences of living, visiting and working in the service. Reports are completed to convey this feedback, give an oversight of the service's performance and any improvements that can be made as well as any outstanding issues from previous visits. There are ongoing arrangements in place to ensure that the service continues to deliver the best possible care to people, and this was seen in the bi-annual quality of care reports.

The service provider has oversight of financial arrangements and investment in the service. The service is well maintained; however, the provider is restricted to what it can do due to improve the environment due to the contract of care only recently extended to 2024. Staffing levels on the day of the inspection and on rota's seen, appear to be appropriate for the support required by people. Feedback from staff regarding staffing levels was mixed, with some feeling that additional staff would be beneficial from time to time. There is good stocks of food available at the service and a budget for activities.

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	N/A
	inspection	

Date Published 30/11/2022