



Inspection Report on

Glain House

**Glain House
77-85 Newport Road
Cardiff
CF24 0AE**

Date Inspection Completed

08 November and 09 November 2021

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About Glain House

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Glain House Ltd
Registered places	72
Language of the service	English
Previous Care Inspectorate Wales inspection	Glain House has not previously been inspected under the present ownership.
Does this service provide the Welsh Language active offer?	The service is working towards providing an 'Active offer' of the Welsh Language and intends to become a bilingual service or demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

Care staff at Glain House provide good care in a respectful manner. Independence is encouraged. Medication management is considered safe. People's health care is a focus; this is well organised. Documents lack evidence that people are represented if they are unable to agree and review their care plan. People enjoy taking part in activities and are happy living at the home.

The environment is safe and meets the needs of people living at Glain House. Indoor space is good but outdoor space is limited. Some indoor and outdoor areas are tired and are in need of refreshing. A new service provider is aware of this and has plans for a phased refurbishment of the home. Necessary equipment is in place, serviced and maintained.

Policies and procedures along with other necessary documentation is in place. Management oversee the service, including a responsible individual appointed by the provider. The service has sufficient staff who are recruited safely and undergo appropriate training.

This inspection takes place 20 months after the start of the Covid-19 pandemic. The service follows guidelines with regards to infection control. Health professionals confirm this.

Well-being

People living at Glain House receive health and social care in a setting that suits their needs. People are observed taking part in activities of choice. A favourite activity of many people in the home is attending the cinema room. Equipment and facilities are available to support good care. The environment is satisfactory and meets regulatory safety requirements. A phased refurbishment plan is being proposed by a new service provider that will improve the environment for people.

The service provider offers people the opportunity to voice their opinions to help the service to develop. People have access to information about the service to support decision making, including deciding to live at Glain House. Applications are made to relevant bodies to ensure people who cannot represent themselves have access to an advocacy service. Residents' meetings have not taken place during the current pandemic, but people have opportunity to raise issues through various systems if they wish.

People are kept as safe as possible. The service provider has good systems in place to manage the environment. Policies and procedures are followed around medication administration and infection prevention and control. Appropriate checks are undertaken when staff are recruited. Nurses and care staff receive supervision and appraisal meetings to review their practice. The manager ensures that any issue raised is investigated and addressed. There is good organisation and record keeping around health care which is audited by clinical leads and area managers. Individuals who are able to, are supported to access the community independently if safe to do so.

Care and Support

Care is delivered in a sensitive and respectful way by care staff who know people well. When health care professionals are required from outside the service, this is arranged. Routine checks, including weight are conducted. Records are kept and used to help show if people need additional support. Staff levels are observed to be sufficient. People receive well organised support around skin care. People's wish to remain as independent as possible is respected by care staff, but care staff remain aware of people's needs and offer discrete support when required. We observed one person going to an appointment outside of the home by themselves; this had been assessed and considered safe. Where people lack capacity, family or representatives are consulted to help put in place care that is in the person's best interest. Decisions made in advance about the care people wish to be delivered when they are no longer able to express their views are recorded, including decisions around resuscitation. One family member has been supported to become a voluntary member of staff so they help provide essential care for their relative. People living at the home report care staff "*do their best*", and family members tell us care staff are "*friendly and very caring*". While the service is not fully offering a service in Welsh, communication is individualised and every effort is made to understand and communicate with people who express their needs in a variety of ways.

The service has robust policies and procedures in place regarding medication. Arrangements are made to order, acquire and store medication appropriately. People are helped to take their medication as prescribed by the GP. Recording systems are in place to show this is done safely. We found good practices and records for medication that requires extra care when storing and administering. Medication that is prescribed "*as and when necessary*" is administered with due care and clear notes kept to show if the medication has been effective. Medication audits take place.

Detailed health care support requirements are outlined in personal plans. Time frames of how often a person needs support is missing; this has been identified by the service provider who intends to ensure this improves. Information captured as part of an assessment is not always used in personal plans to identify goals the individual finds important. When an individual lacks capacity, evidence is missing to show family members or advocates are formally involved in agreeing personal plans. Daily notes that record how and when people are supported are task focussed. Choices and outcomes for people are not always recorded in the daily notes. Care plan reviews are being completed but do not always involve the individual or their representative. While there is no immediate impact on people, this is an area for improvement and we expect the provider to take action around personal plans, records and reviews.

The new service provider has made improvements to choices of food. This is as a result of their own observations of mealtimes and responding to residents' comments. One person told us they would like to see more vegetable options but confirmed choices had improved.

We observed sufficient care staff are available to support people with eating and drinking. We also observed care staff taking time to encourage those who are reluctant to eat, giving them one to one attention to support good nutritional intake. Dietary needs are catered for. One family confirmed the service had met the dietary needs of their relative.

Environment

Glain House offers a warm and comfortable environment for people living there. Corridors and rooms are spacious and allow for use of equipment such as wheelchairs. Two lifts support people to move between the floors. We observed those who were able, using the lifts independently to access all areas of the home. Garden or outdoor space is limited. One garden provides social opportunities and offers pleasant surroundings. People are supported to contribute to the presentation of the garden if they wish. Other outdoor areas offer only a patio area but are not inviting as there is no furniture or plants. One floor of the home is unused at present and is in need of refurbishment. Floors that are in use are bright but these are tired in places and in need of refreshing. A new provider recently purchased the service. They explain surveys are currently being undertaken to establish the level of refurbishment required, and fully anticipate starting a phased programme of work to ensure problem areas identified are addressed. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Systems are in place to support auditing and routine checks of the environment and equipment. The environment was observed to be safe. Where certificates are required to evidence services such as gas and electric are tested; these are in place. Lifts and other equipment have the required certificates to evidence routine testing and servicing. Secure storage is available for items that would pose a risk to people, such as chemicals and medication. Staff follow procedures, making sure these areas remain locked when not in use. Cleaning schedules are in place. Thorough cleaning of kitchen equipment takes place. There are no unpleasant smells in the home. Laundry is carried out on site; care is taken to consider skin sensitivity when providing this service.

Infection prevention measures are being followed and the staff are observed to be following guidelines in relation to use of protective equipment. Visitors and care staff undergo checks to ensure they are free of symptoms of infection before entering the building. One district nurse recorded in writing, *“best home I’ve been in during the pandemic, staff follow protocols”*.

The service provides equipment in line with the statement of purpose, (SOP). Specialist pieces of equipment are sourced through commissioners of packages of care where required, to ensure safe care delivery. People are observed to have appropriate beds, seating, hoists and wheelchairs, with room for movement and storage. Equipment to support activities and a special area for creative activities is available. A cinema room with surround sound offers ample space for large wheelchairs.

Leadership and Management

The service has a new provider and new name but the manager and care team largely remain the same. The provider has appointed a responsible individual (RI) to oversee the service. They are undertaking visits to the service and developing reports of findings, as

required. Improvements around menus and dining experiences have been made as a result of RI's observations and consultation with people. Care staff tell us their working conditions have improved. The SOP is supported by a guide to the home which gives people detailed information about what the service can offer. These are current and reflect the new ownership. Up to date policies and procedures support care staff, these are very detailed, providing guidance on how to carry out work.

Staff are recruited safely and supported to develop. Personnel files viewed contain the necessary documentation including references and other checks to ensure care staff are fit to work in social care. Nurses have relevant registration and are supported to maintain this. Nurses receive clinical supervision which is a requirement. Other staff supervision has been maintained during the pandemic, but has focussed on infection control. Some supervisions are now being undertaken on a one to one basis, but this level of support for care staff needs to be sustained. The manager has a policy where care staff can approach them at any time to discuss issues; staff confirm this. One member of staff told us "the manager is very supportive". The manager fosters a positive culture. Residents benefit from this as care staff are observed to be friendly and supportive of one another. Staffing levels are appropriate and are constantly under review to ensure they meet the needs of the people. During the pandemic, whole staff meetings have not been undertaken, but meetings of department heads provide opportunities for care staff to raise any issues. Staff undergo induction training. Additional training supports care staff to undertake their role, including awareness of how to keep people safe and report concerns.

The provider supports a culture of openness. A complaints policy is in place and supports improvement of the service through issues raised from any source. There is a good audit trail in place of concerns. We saw improvements in menu choices as one person had raised this as a concern.

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
44	Some areas of the home present as tired and in need of decoration in addition unused areas needing	New

	refurbishment. Ensure all areas of the home are properly maintained.	
16	People or their representatives are not always involved in reviewing their care. Reviews do not consider personal outcomes as they are health and task orientated. Individuals or their representatives must be involved in reviews and be able to consider outcomes, other than those that are health based.	New
15	People's personal outcomes are not always recorded so it is not possible to know what support is needed for a person to achieve the outcome, and more difficult to know if a person's true desired outcomes are achieved.	New

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