



**Inspection Report on**  
**Pride in Care ltd Glandoverly house**  
**Tredegar**

**Date Inspection Completed**

31/01/2024

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## About Pride in Care Ltd Glandoverly house

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	pride in care ltd
Registered places	5
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">[This is the first inspection under the Regulation and Inspection of Social Care (Wales) Act 2016]</a>
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

Glandoverly is a new service which has been running for less than a year. The Responsible Individual (RI) for the service is also the manager while a new manager is registered and inducted into the role. There is an operational manager as part of the management team who also supports the running of the home and implementation of best practice models.

The care staff team are also newly established due to the period the service has been running, however staff feel they have supported well by the management team and have developed into a team. One member of care staff is fluent in the Welsh language and others have some Welsh language skills.

People have an extended and thorough transition when they move into the service.

People's strengths, what matters to them, and their personal outcomes are a priority within their transition. People receive a high standard of care from trained and supported care staff.

The environment is maintained to a high standard and peoples' bedrooms are decorated to their preferences prior to them moving in. Specialist equipment is in place as needed and there are safety measures in place throughout the home and garden.

## Well-being

People have a robust and high-quality transition into the service. The transition process is person centred, and considers what is important to the person, their preferences, and strengths as well as their support needs. The service has developed an extended transition period of 12 weeks to enable meaningful relationships to develop between care staff and the person. This relationship focused support enables people, with the help of care staff, to identify their personal outcomes. Care staff promote peoples' rights and enable them to have control over their day to day lives. Staff understand people's communication styles to be able to discuss options and choices with them.

Care staff encourage people to take part in activities and to have new experiences. We saw one person singing the Welsh national anthem with staff, and another using an interactive tablet. Care staff told us they follow exercise videos with people and access the community together. There are activity plans in place for people, however people can choose to change how they spend their time and care staff promote people's autonomy and their right to make their own decisions.

People are supported to maintain relationships important to them and to develop new ones. Relatives told us communication with the home is good and they are always kept up to date. Care staff make daily records in relation to the person and how they have spent their day, along with the care which has been provided. Care staff often make notes in relation to how the person has been supported to work towards their personal outcomes. These can then be referred to when the person has a review.

The service works with health and social care professionals to ensure they continuously provide people with the right support. People have been supported to register with a local GP. Care staff support people to follow the advice given and people are supported to take their medication as prescribed. Both the operational manager and a relative told us how a person's health condition significantly improved since they moved into the service.

The environment supports people's wellbeing and there is specialist equipment in place where needed. The environment is appropriately secure from uninvited persons and we were asked to show our identification and state the purpose of our visit prior to entering the service. Items which could be hazardous to health are stored securely, as is medication. Processes to check the temperature medications are stored at was put in place on the day of inspection.

## Care and Support

People receive high quality care and support which focuses on supporting them to develop their skills and achieve meaningful personal outcomes. The process of assessing a person's needs, abilities and personal outcomes starts prior to them moving into the service. People who move into the service are supported via an enhanced 12 week assessment and transition process. Feedback from professionals in relation to the transition and assessment process is very positive. We were told; *"The move was fantastic, from first making contact with the service to the transition taking place, and afterwards, 100% brilliant"*. Relatives gave equally positive feedback on the transition, and we were told; *"they went above and beyond to help them settle in. They asked lots of questions to us as a family and to the staff where they were living, to make sure they knew their own unique ways."*

The service completes care plans with the person, which are reviewed regularly and updated as needed. Processes are in place for reviews to take place a minimum of 3 monthly, however the service is aiming for monthly reviews to take place. The service is developing the reviewing process to ensure it is inclusive and meaningful for people and considers their personal goals and outcomes. Care staff support people in line with their individual care plans. Interactions between people and care staff are warm and friendly, and we saw people and care staff smiling and laughing together. We also saw people using specialist equipment to engage with care staff.

People are supported to take their medication as prescribed, and accurate records are kept to evidence this. Care staff were not recording the temperature medications are stored at, however, upon this being identified, the operational manager immediately implemented a change to the recording process to rectify this.

The service ensures peoples preferences are included within the menu and we saw people enjoying a home cooked meal together with staff. Care staff told us they enjoy sharing mealtimes with people as this is an opportunity to spend meaningful time together.

## Environment

People live in a home which is comfortable, warm and maintained to a very high standard. The service is appropriately secure against uninvited persons accessing the home and we were asked for identification, and to confirm our reason for visiting, prior to entering. The environment is clean and uncluttered with space for people to spend time together. There are appropriate facilities and equipment in place to support people achieve their goals and personal outcomes. The kitchen is located centrally to the living and dining areas. There are appropriate safety measures in place to keep people safe while also allowing them to experience, observe, and if appropriate, participate in meal preparation. There is a four-star Food Standards Agency (FSA) rating which means kitchen hygiene standards are good. There is enough space within the dining area for people to enjoy their meals together.

The conservatory provides a quieter area for people to use and acts as a place to meet privately with visitors. The lounge area is spacious and multifunctional, and we saw people using it to take part in activities, as well as using it to relax. We were also told people use the space to exercise.

People have their own bedrooms which are personalised to their own tastes and preferences. The service decorates and prepares a person's bedroom before they move into the service, to help them settle in and to feel at home. The bedrooms are large and are furnished to a high standard.

There is an outside area which is accessible to people and also locates a staff office. There are additional outside grounds on an elevated level, however these are not accessible. The provider has implemented a barrier to prevent people from using the steep steps. There are processes in place to ensure the environment is safe for people to use. Care staff make sure that items such as cleaning products are stored securely, as are medicines. Facilities within the home are maintained and serviced in line with requirements. Some servicing has not yet taken place as the service has been operational for less than a year at the time of inspection. However, we saw arrangements had been made for these to take place when due.

## Leadership and Management

This is a newly established service and there have been changes in the management team since opening. The RI is currently acting as the manager and they are qualified and registered to do so. The RI is supported by an operational manager, who is heavily involved in the development of the service and implementation of best practice.

The service makes sure a suitable number of care staff work at the service. The number of care staff needed is based on people's needs and ongoing risk assessments. One member of care staff speaks Welsh fluently, and some others have basic Welsh language skills. The management team assured they would recruit more Welsh speaking care staff if this was a person's preferred language.

The RI visits the service regularly to consider the quality of care provided and they complete the necessary reports. The quality-of-care report was overdue at the time of inspection and the RI gave assurances this report would be completed as a priority.

Care staff receive formal supervision from a member of the management team. Overall formal supervision meetings take place every three months. Monthly spot checks are also completed with care staff either by an experienced member of care staff or a member of the management team. The operational manager intends to develop the supervision process and model its use in practice with the new manager, once they are in post. Annual appraisals have not yet taken place as care staff have not been in post a year at the time of inspection. The RI and management team have given assurance's these will be completed.

There are safe recruitment processes in place, and staff files are kept to a high standard. We saw all care staff have a DBS check and are either registered with, or in the process of registering with Social Care Wales, who is the workforce regulator.

Care staff complete the required training to enable them to provide good safe care. We saw evidence of this on a training matrix, and in staff files, in the form of training certificates. Care staff are aware of their responsibilities in relation to safeguarding people and know what to do if they have concerns of this nature. There is a safeguarding policy in place to guide staff on this process if needed.

### 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

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