



Inspection Report on

Glasfryn House Limited

**Glasfryn House Ltd
228-230
Cockett Road
Swansea
SA2 0FN**

Date Inspection Completed

09/09/2024

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About Glasfryn House Limited

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Glasfryn House Limited
Registered places	34
Language of the service	English
Previous Care Inspectorate Wales inspection	[18th December 2023]
Does this service promote Welsh language and culture?	This service is making a significant effort to promote the use of the Welsh language and culture or is working towards being a bilingual service.

Summary

Glasfryn House is a homely and welcoming service that provides care to adults who require support with nursing or personal care needs. There are up to date personal plans in place which reflect the person well. The service employs a skilled staff team who are appropriately trained to meet people's needs. The Responsible Individual (RI) visits the service regularly and speaks to people, families and staff to inform improvements of the service. The management team have a strong presence in the service and support staff through formal and informal supervision.

People told us they are happy at Glasfryn House. We saw people are able to do things that matter to them, and people looked relaxed and comfortable in their surroundings. We saw staff contributing to the wellbeing of people through warm and sensitive interactions. There has been significant investment made to improve the property since the last inspection. Bedrooms are personalised according to people's individual tastes and preferences. There is an outside area people can use if they wish to. There are ongoing plans in place to continue to improve and refurbish the service.

Well-being

People have a voice and are treated with dignity and respect. During our visit, we spoke to people about their experiences of living at Glasfryn. People said they are supported to make decisions about their daily lives, including what to eat and what to wear. We saw positive interaction between staff and people and choices consistently offered. People told us *"It's wonderful here, I've seen a lot of changes in the last 2 years. There have been lots of good changes recently"*. Families spoken with were happy with the care provided and told us *"X seems very content here, the staff are lovely and very careful"*. We saw documentation that details people's individual likes and dislikes, and this is referenced in personal plans.

People's physical and mental health, along with emotional wellbeing is promoted. There is a nursing team employed at the service who are led by an experienced manager and clinical lead. There is a qualified nurse on duty day and night to attend to any nursing needs. Where needed, assistance is sought from other healthcare professionals such as GP's, speech and language therapists, and mental health practitioners. We saw records of people being supported to attend healthcare appointments. People are consulted about their preferences, choices and support needs. There is a range of planned activities that people can get involved with if they wish.

There are measures in place to protect people from harm. Staff receive safeguarding training and those spoken with are aware of their responsibilities to report any concerns they have about people they support. The provider has policies and procedures in place to ensure the safe running of the service. The service is very well maintained and secure, and visitors are managed through use of a visitors' book. The service is clean and clutter free and measures are taken to identify and reduce hazards as much as possible.

People live in an environment that promotes their well-being. The provider is continually investing in the service and making positive changes internally and externally. People have the opportunity to access well maintained external grounds and work is currently underway to improve these areas. There are robust environmental, and health and safety checks completed by the management team and a dedicated maintenance person.

Care and Support

People can do things that matter to them and make them happy. Personal plans include detailed documentation about people's preferences and hobbies and there are opportunities for people to be involved in activities of their choice. This promotes people's happiness and contributes to their overall sense of well-being. The service employs an enthusiastic activities co-ordinator who ensures there is a range of activities available for people to get involved with if they wish. People told us "*they keep me active with different activities*".

People have a personal plan which is individualised and detailed. The personal plan is completed using information gathered from an initial needs assessment with involvement from the person and their families or representatives. Each plan seen was accessible to staff and clearly informs them how to provide care and support on a daily basis and in the way people want to receive it. Personal plans are outcome focussed. People and their families told us that they were involved in the review and updating of these plans. People told us "*I am involved in my care plan, they ask if I'm happy with it and we work as a team*". The involvement of people and their families or representatives was not fully captured in the documentation seen and was discussed with the manager of the service. They agreed to record all involvement from people and their families in future reviews.

There are systems in place to safeguard people using the service. Care workers receive safeguarding training and those spoken with have good knowledge of their responsibilities and how to report concerns they may have about people they support. There is a safeguarding policy in place which is reviewed as required. Deprivation of Liberty Safeguards (DoLS) are in place and up to date for people who do not have the capacity to make decisions about their accommodation, care, and support.

Safe systems are in place to support people with their medication. We completed a medication audit and saw good practice regarding medication management. Medication is stored safely in a designated locked room. We saw a good history of medication room and fridge temperatures being checked daily and these were within the correct range. There are appropriate medication policies and procedures in place which are reviewed annually. Medication is administered by Registered Nurses who told us they regularly update their medication knowledge through training and competency assessment. Medication audits are completed monthly by the clinical lead and any outstanding actions completed within appropriate timescales.

Environment

Care and support are provided in a location and environment that promotes achievement of personal outcomes. We viewed all communal areas of the service, including the lounge area, dining room, quiet area, bathrooms, kitchen and laundry room. We found all areas of the service to be nicely decorated, clutter free and homely. The communal spaces are bright and spacious, and we saw people making good use of these. We viewed a selection of bedrooms and found them to be personalised, clean and nicely decorated according to individual tastes and preferences. Externally there are accessible areas people can enjoy and spend time if they wish to. There are developments underway to improve these areas. We saw there is ongoing investment and refurbishment of the property. There is a maintenance person employed by the service who ensures routine checks and maintenance issues are completed. Adaptations and equipment are available where needed. We saw that manual handling equipment is available and regularly maintained and serviced.

The service provider has procedures in place to maintain the environment and mitigate risks to health and safety. The service has a secure entry system and a visitors' book. This is to ensure the safety of people is maintained and to comply with fire regulations. There is good oversight of health and safety and audits of the environment are taking place. Safety certificates for gas installations, electrical safety certificate, lift operation, fire alarms, hoists and slings, portable appliance tests (PAT) are in place and current. Monthly water temperature checks are taken and documented. Personal emergency evacuation plans (PEEP's) are in place for people, and some were visible in their bedrooms. We saw that a fire drill had taken place recently. The home has a current food hygiene rating of 4 (good). The kitchen staff demonstrated good knowledge of people's dietary needs and requirements. There is a dedicated laundry room located away from food preparation areas and a flow system is used, promoting good infection control. We saw appropriate storage and control of substances hazardous to health (COSHH). These were kept in a designated locked area and risk assessed. We saw good infection control and cleanliness measures are maintained throughout the service. Staff were seen wearing appropriate personal protective equipment (PPE).

Leadership and Management

The provider has good governance arrangements in place to ensure the smooth operation of the service. The RI visits the service regularly and speaks to people, their families and staff members to gather feedback about what's working well and what needs improvement. This information is then used to inform any required changes or improvements to the service. This was seen in the quality-of-care reviews, which are consistently completed within regulatory timeframes. The RI is supported by a committed management team who work to implement improvements and ensure the smooth running of the service. We saw the management team complete monthly audits and address any actions raised promptly.

The service provider has oversight of financial arrangements and investment in the service. Refurbishment of the service is ongoing, and projects are either planned or in progress. The management team told us that staffing levels are kept under review as people's needs change. On the day of inspection, staffing levels appeared appropriate and staff had time to attend to people's needs. Staff told us that they feel there are sufficient staff on each shift to meet people's needs.

People receive care and support from a competent staff team who have appropriate knowledge and skills. Staff are offered a range of mandatory and service specific training including dementia care and communicating effectively. Training is a mix of online and face-to-face training. Moving and handling training is up to date and staff attend the All Wales Moving and Handling passport course. Additionally, moving and handling competencies are reviewed three monthly as part of staff supervision. Staff spoken with demonstrated a good understanding of their role and responsibilities. They told us they feel comfortable asking the management team for further training if they felt they needed it.

The service has a committed staff team who feel supported in their roles. We sampled five staff files and saw recruitment and background checks were in place. Two of the five files had gaps in employment history. This was brought to the manager's attention who agreed to action it immediately. Disclosure and Barring Service (DBS) checks are in place and renewed within the correct timeframes. We saw that staff are registered with Social Care Wales (SCW) or working towards this. Nursing staff have up to date PIN numbers. Staff supervision and appraisal are completed within regulatory timeframes. Staff meetings are frequently held. Staff spoken with told us these meetings are beneficial and everyone is encouraged to contribute. Staff spoken with told us *"there is good communication between the team" and "management are supportive and ready to listen"*.

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.

Area(s) for Improvement

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A

	inspection	
58	A focused inspection took place on 18th December 2023. As part of this an audit of medication administration was completed. This showed practice did not adhere to safe practice guidance. The provider must ensure medication administration practice is safe and adheres to good practice recommendations.	Achieved
21	A focused CIW inspection took place on 18th December 2023. As part of this a personal care file audit took place. This showed that records of care provided do not always align with risk and care plans in place.	Achieved

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