



## Inspection Report on

**Glaslyn Court Nursing Home**

**Glaslyn Court Nursing Home  
Crickhowell Road  
Gilwern  
Abergavenny  
NP7 0EH**

## **Date Inspection Completed**

04/11/2024

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## About Glaslyn Court Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Glaslyn Retirement Homes Limited
Registered places	82
Language of the service	English
Previous Care Inspectorate Wales inspection	01 July 2024
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

Glaslyn Court is split into three individual services: Glaslyn Court, Caleb's Court, and The Lodge. Each service has a Registered Nurse available 24 hours a day. Glaslyn Court and Caleb's Court are currently being closely monitored and supported by the local authority commissioning team and health board.

People are happy and told us communication has improved. The service provider has developed the way they engage with people to obtain feedback on things of importance to them. Relatives told us personal care is provided and people are supported to be clean and well presented. Activity and visiting arrangements support people to do things of importance to them, including spending time with people they choose. Mealtime experiences are much improved.

Significant improvement is required in the oversight of care delivery to ensure people receive the right care when they need it. Some people told us support provided is not always timely. Personal plans are revised and updated. The oversight of the service by the provider has been strengthened. There is a new experienced manager in place, who is well-organised and keen to drive service development and improvement. Medication systems are safe and more robust. Recruitment, training and supervision practices have all shown good levels of progress. This inspection has found the majority areas for improvement and priority action notices have been met, however CIW have re-issued a priority action notice due to concerns observed in care and support and have told the provider what actions are required to meet regulatory requirements.

## Well-being

People are happy and their emotional well-being is promoted. There is a good rapport between people living in the home and care staff. We saw staff engaging with people with respect and kindness. The dining experience has vastly improved. Staff were attentive of people's needs during mealtimes and music playing was 'era' appropriate. We saw relatives visiting people, promoting and supporting people's emotional well-being. There are opportunities for people to engage in activities. We saw examples of arts and crafts made by people with the support from staff.

Care documentation and care delivery does not always reflect people receive the required support when they need it in order to maintain their physical health. People and their relatives we spoke with were mostly happy with the care and support. The service is developing the way they involve the person and/or their representatives in the review of care. However, we were told and observed support with people's continence needs is not always delivered in a timely manner.

Personal plans are revised and identify people's support requirements. However, we found significant gaps in supporting people where they are at high risk of skin breakdown. We observed a care worker pushing a service user whilst they were sat on their walker with their feet unsupported. This moving and handling aid is not designed for this purpose and is unsafe practice. On one occasion we care staff wearing personal protective equipment (PPE), however this was not removed and disposed of following personal care. These failings are placing people at risk. We found similar failings at previous inspections; therefore, we have re-issued a priority action notice to the service provider for these matters to be addressed.

Systems in place support the service to be delivered in line with the providers statement of purpose (SOP), including staff recruitment and workforce development. The management and leadership at the home has changed recently with the new manager giving staff clear guidance and support. There is oversight by the responsible individual (RI). RI reports show service delivery is reviewed, opinions are sought, and people are consulted. Regular meetings have been held with people and their relatives and people told us communication has improved. Systems in place to ensure care workers are safely recruited, supported and suitably trained have shown good improvement.

## Care and Support

People do not always receive support in a way they need it in order to promote their dignity and maintain their overall well-being. We observed one person waiting a prolonged amount of time to receive support with their continence needs. They told us they are not always supported in a timely or sensitive manner. We spoke with another person who told us they can be waiting for support to use the toilet as staff are not always around to help. We reviewed care records for three people over a set period of time who have skin at high risk of breakdown. We found significant gaps in pressure relief support being recorded.

Personal plans are in place, these cover the core areas of an individual's care and support and details how staff can support them safely, they identify peoples likes, interests and preferences. Plans have been revised and the manager is in the process of supporting people and their relatives to be involved in the review process. This remains an area for improvement, and we will follow this up at the next inspection.

Mealtime and activity arrangements provide people with an opportunity to socialise and enjoy things of importance together. People were observed engaging in organised activities and appeared to be enjoying this experience. Relatives told us they are happy with the care and support provided, including the organised activities. One relative told us, *'(X) is always well presented, clean and tidy. There has been a large turnover of staff, but the care is good.'* We saw some kind and caring interactions from care workers. The recording of activities is not always evident, and the provider told us they are trying to recruit an additional activity co-ordinator to support the arrangements already in place.

The dining experience was relaxed and unhurried. We observed the engagement between care staff and people during breakfast and whilst lunch was being served. Staff respected people's wants and wishes, and we saw people's independence was promoted. We observed people having general conversations with each other over the dining table, they were seen foot tapping and head nodding to the music playing in the background.

People have access to appropriate advice and support when required to promote their health and emotional well-being. Referrals are made to external professionals, and the service liaises with the relevant health and social care professionals. People have regular access to GPs and the community nurse when needed. Improvements have been made to the management and storage of medication. We examined a small sample of medication administration records and found they are mostly completed accurately. Medication is stored safely and there is regular auditing of medication by the management team.

## Environment

People benefit from a safe, clean and spacious environment. The entrance to the home was secure on arrival, our identity was checked, and we were asked to sign-in to record the reason for our attendance. Security at the main entrance of the service has been strengthened. We saw communal areas adorned with seasonal decorations to celebrate the time of year and lift people's spirits. The layout of the home, together with the provision of aids and adaptations, helps promote independence. The lighting within the main area on the court is not always conducive to people who may have sight impairments. We asked the provider to consider this and feedback to people living in the home.

Domestic staff were seen to be busily cleaning the home whilst keeping their chemicals safe and close to hand. PPE such as gloves and aprons are situated tidily throughout the home, to support good hygiene practices, although consideration needs to be given to infection control practices in some areas. Potential environmental risks are assessed, and measures put in place to manage the identified risks. We saw people spending time in different parts of the service. One person was relaxing in their bedroom watching the television, whilst other people were observed in the main areas reading newspapers or doing puzzles with family and friends. Some people were also observed to be making festive cakes with the activity co-ordinator.

Some furnishings and carpets in the home require replacing or refurbishment, this includes the kitchen area within the Lodge, to ensure this is fit for purpose. The service has a Food Standards Agency (FSA) rating of five, meaning hygiene standards are 'very good.' The dining experience provides people with an opportunity to socialise and enjoy a choice of meals. Lifting equipment is regularly serviced. Fire drill participation has improved, and records reveal many care staff have now been involved in fire drill practice. External areas are large and well kept.

## Leadership and Management

The SOP describes what people can expect from the service and the service reflects its contents. Governance, auditing and quality assurance arrangements are in place that support the operation of the home. These systems help the service to self-evaluate and identify where improvements are required. The RI maintains oversight of the service. They complete the required visits to the home and quality assurance reviews. The quality-of-care review contains detailed analysis of the service and identifies areas for development and improvement.

The service provider notifies CIW of events as required and a detailed safeguarding log is maintained. Complaints are responded to; however, a clear audit trail or log is not kept. Relatives told us communication has improved. Satisfaction surveys used to obtain the view and opinions of people receiving a service and care workers have been undertaken. Survey analysis reflect certain aspects of the service are improving. However, the SOP does not demonstrate how the provider considers people's language and communication needs, including provision of the Welsh Language 'Active Offer.' This has been highlighted across multiple CIW inspections.

There is a new manager in post who is registered with Social Care Wales (SCW). SCW are the workforce regulator. The manager is well-organised and demonstrates good leadership skills, supporting care staff and monitoring aspects of service delivery. Improved lines of communication and consultation with staff supports them to carry out their role ensuring key information is shared.

Mechanisms are in place for safe staff recruitment, support and development. Care worker meetings are held to share information and keep staff informed. Staff receive one-to-one supervision with their line manager and told us they feel supported. The service has a staff recognition scheme in place, recognising and rewarding staff's achievements at the service. We were told care staff recently recruited are working their way through an induction that is reflective of 'All Wales Induction Framework.' We examined four weeks of staff rotas. The provider told us staffing levels are consistently maintained and monitored taking into consideration peoples assessed needs. Staff files contain appropriate references as required, SCW registration details and mostly include the relevant identification. Employment histories need to be given specific attention during the recruitment of new staff. We will follow this up at the next inspection.

### 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
21	The service provider must ensure care and support is provided to each individual in a way which protects, promotes, and maintains the safety and well-being of individuals in accordance with the personal plan.	Not Achieved
34	Ensure at all times a sufficient number of suitably trained, skilled and competent staff are deployed at the service having regard to the care and support needs of the individuals.	Achieved
6	The service provider must ensure the service is provided with sufficient care, competence and skill, having regards to the statement of purpose.	Achieved



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 inspection	N/A
16	Ensure the individual and any representative are involved in the three monthly review of the personal plan	Not Achieved
57	Ensure all staff undertake fire practice drills at least annually and clear records are kept of staff attendance.	Achieved
35	Ensure any person working at the service has a recently issued DBS certificate and provided full and satisfactory information or documentation, in respect of the matters specified in Part 1 of Schedule 1.	Achieved
58	Ensure arrangements are in place to ensure that medicines are stored and administered safely.	Achieved
36	Ensure all staff receive three monthly supervisions and receive and an annual appraisal	Achieved
26	Ensure the service is provided in a way so that individuals are protected from abuse, neglect and improper treatment.	Achieved

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