



Inspection Report on

Glasfryn Nursing & Residential Home

**Glasfryn Residential & Private Nursing Home
106 Felinfoel Road
Llanelli
SA15 3JS**

Date Inspection Completed

24/07/2024

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About Glasfryn Nursing & Residential Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Glasfryn Private Nursing & Residential Home Ltd
Registered places	24
Language of the service	English
Previous Care Inspectorate Wales inspection	11 July 2023
Does this service promote Welsh language and culture?	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

People living at Glasfryn receive care and support from experienced and patient care staff who know them well. The atmosphere is relaxed and happy with positive outcomes for people. There are opportunities for people to participate in activities within the setting and the local community. People's voices are heard, and they can make choices about matters affecting them.

Care staff are safely recruited to ensure they have the necessary skills, qualifications and character to undertake their role. Care staff and nursing staff feel supported and the manager is approachable and available to provide ongoing support and guidance.

The environment supports people living at Glasfryn and is well-maintained to provide a safe place for people to work, live and visit.

The Responsible Individual (RI) has good oversight and systems are in place to monitor the level of care and support provided.

Well-being

People are aware of their rights and their voices are heard. The manager and RI are approachable and proactive. A relative said, *"Anything you ask, if it's possible they will do it"*. Personal choices and preferences are respected and people are enabled to make choices regarding their daily lives. We saw some people spending time in their rooms and others in communal areas. A choice of breakfast and main meal is provided and if they want something different this is arranged. The cook told us if something is asked for that they haven't got they will get it.

Physical and mental wellbeing is promoted. A variety of activities is available and people are encouraged to do what matters to them. Organised activities have increased following feedback from people. A singer visits once a week, a weekly bus trip is arranged to visit local places and can include a meal, afternoon tea or shopping. Examples of organised activities include; art and crafts, reflexology, bingo and baking. A relative told us, *"She made a painting, she was so pleased, I have never seen her being creative before. She is having opportunities that she's never had"*. Care staff encourage and support people to visit the park opposite where they enjoy various events such as choirs and a ukulele band performance when the weather permits. Care staff will spend time with individuals that remain in bed to ensure they also have positive outcomes. One individual told us, *"It's a home where we are nursed, it is not a nursing home"*.

Staff retention is good and this provides continuity of care to people. They have developed trusting relationships with people. We saw positive interactions between care staff and individuals with humour and banter used effectively. The general wellbeing and happiness of people is fostered and the atmosphere is relaxed and welcoming. One person said, *"We have lots of fun, you're not just looked after, it's a really happy home, I can't fault it. I'm as comfortable as I can possibly be"*. Another person told us, *"The longer you're here the better it gets! We have a laugh and a joke"*.

There are systems in place and sufficient oversight to keep people safe. People feel safe and relatives are relaxed in the knowledge that their family members have the care and support they need to promote their wellbeing. One relative said, *"Knowing that she feels safe is everything to me"*.

Care and Support

People are happy with the level of care and support they receive and speak highly of the staff and management. One relative said, *"I am more than happy, I can't say anything bad about the staff. I have a good rapport with all staff, from the cleaner to the nurse". They bend over backwards to make mam comfortable".* An assessment is undertaken of care and support needs prior to admission to ensure people's needs can be met. Individuals and representatives are involved in their care planning and up to date personal plans inform care staff of their support needs. One representative said, *"You won't find a better home anywhere. She's always clean, they ensure her fluid intake is good/she eats well. Every aspect of her care".*

Personal plans are reviewed regularly and people and their relatives told us they are consulted and invited to participate in the review process. This was an area for improvement in the previous inspection and has now been resolved.

Staff retention is good and many have been at the service for several years providing continuity of care for people. Care staff know people well and notice any changes in care needs that may indicate a deterioration in health and referrals to health and social care professionals are completed in a timely manner. Copies of referrals and health care appointments are kept in people's personal files. People told us there are enough care staff and they receive help when they need it. The staff rota showed there are sufficient staff numbers to meet people's needs. One person said, *"We have lots of fun, you're not just looked after, it's a really happy home, I can't fault it. I'm as comfortable as I can possibly be. The tv is where I can see it, I have everything I need".*

The provider is working towards providing the Welsh active offer, meaning people can receive a service through the Welsh language without having to ask. Welsh speaking individuals are supporting staff with this and non-Welsh speakers are enjoying learning simple phrases.

Systems are in place to promote safety and minimise the risk of harm, abuse and neglect. Care staff receive safeguarding training and know how to report any concerns they have. Medication is administered safely and the Medication Administration Records (MAR) we looked at were completed correctly. A recent medication audit has been undertaken by the local pharmacy and the provider has followed recommendations to provide best possible outcomes for people and help maintain peoples' safety and wellbeing.

Environment

Glasfryn is well maintained and is welcoming and homely. The location of the home supports people to engage in the local community and allows for easy access for visitors. The building is secure and visitors are required to be let in by a staff member following checking their identity and are expected to use the signing in book. It's position near the town centre enables people to easily access shops and amenities and a large park is in walking distance directly opposite the home. Bus trips are arranged to visit the nearby beach, shops and restaurants.

People's bedrooms are of varying size and are personalised and arranged according to individual taste and preference. One relative told us, *"I asked if her bed could be moved to the window as she likes to look out – they moved her straight away. Anything you ask, if it's possible they will do it"*. There are different communal areas and a well maintained garden is easily accessible for people to enjoy in the warmer weather.

Some areas would benefit from upgrading and there are ongoing improvements and areas of redecorating. Bedrooms are upgraded when they become vacant. A handyperson is employed and attends to any small repairs and maintenance as and when required. Tradespersons are sourced to undertake any other work. Regular checks, servicing and audits are undertaken to ensure equipment such as moving and handling, pressure relieving equipment and fire safety equipment remain in safe working order.

The home is kept clean and infection prevention and control (IPC) procedures are effective and ensure good hygiene is maintained. The provider has liaised with the IPC team to ensure risks to people's health are minimised and good systems are in place. The kitchen has been inspected and awarded a five star rating by environmental health, which is the highest rating available.

Leadership and Management

There is a strong management team in place whom staff feel are supportive and approachable. The provider is at the setting most days and plays an active role in the day to day running in addition to effective oversight of the service. Many of the staff members are long standing and have progressed in their career development to gain further qualifications within the service. Students are welcomed and receive support with their placement. A safe recruitment system is in place and the required checks and references obtained prior to staff commencing. The recruitment system could be strengthened further by obtaining a full job history and reasons for leaving previous posts. The manager has agreed to ensure this is implemented with future new members of staff.

An induction period ensures new staff have the necessary skills and knowledge to undertake their role. Most staff are up to date with mandatory training and any gaps are being addressed with training dates arranged. Staff receive regular one to one supervision sessions. This provides an opportunity to recognise strengths and any areas for further training or development. Staff told us they feel able to raise any issues with the manager and RI at any time and are confident anything raised will be addressed. Social care and nursing staff are registered with their regulatory bodies and up to date Disclosure and barring service (DBS) certificates are in place for all staff helping the provider maintain safety.

There is effective oversight of the service and the RI undertakes regular monitoring visits in line with legislation. People, staff and representatives are consulted during the visit and audits are undertaken. Information gained from the visits is analysed and forms the basis of the RI report. The two most recent reports evidence that the RI responds to the information collated and actions changes to improve the quality and safety of the care provided. This was an area for improvement during the last inspection and has now been addressed.

We looked at some key policies. Some minor amendments are required to ensure people can access the most recent up to date and correct information. The complaints policy is being followed and any complaints are recorded accurately along with any action taken and outcomes achieved. This was identified as an area for improvement at the previous inspection and has now been addressed.

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
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N/A	No non-compliance of this type was identified at this inspection	N/A
64	The provider has a Complaints policy in place however is not operating in accordance with the policy as no complaints have been recorded.	Achieved
80	The RI has not got sufficient systems in place to assess, monitor and improve the quality and safety of the service. The RI reports do not demonstrate any collation or analysis of complaints received or accuracy and completeness of records.	Achieved
16	The provider has not been involving the individual and/or their representative in the reviews of personal plans. Four representatives spoken with told us they were not aware of the reviews and had not been involved.	Achieved

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Date Published 16/08/2024