



Inspection Report on

Glanbury Care Home

**2 Intermediate Road
Brynmawr
Ebbw Vale
NP23 4SF**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

05/05/2021Date_Last_Inspection_Completed_Donot_Delete

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About Glanbury Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Brynmawr Care Village Ltd
Registered places	40
Language of the service	Both
Previous Care Inspectorate Wales inspection	03/10/2019
Does this service provide the Welsh Language active offer?	Not reviewed as part of this inspection.

Summary

We undertook an unannounced focused inspection comprising of a short physical visit to the service with other aspects of the inspection undertaken on a virtual basis. The service was affected significantly by the recent pandemic, occupancy levels, staffing levels and changes in management structures are now stabilising.

We saw staff were not consistently attentive or kind when delivering the care people need. Staffing levels should remain under review during busy times. Activity arrangements are in place to support people's well-being. Overall, relatives told us they are happy with the care and support at the home, although some felt communication and arrangements for visiting their relatives could be better. Visits have resumed in a phased manner with restriction on the length of indoor visits based on the provider's assessment of risk. Staff support and development require improvement. Comprehensive policies and guidance are available, which staff do not adhere to consistently. Systems to manage the administration of medicines require improvement. Notifications to the regulatory body require improvement. Systems are in place to ensure oversight of the service. The statement of purpose (SOP) is fundamental in setting out the vision for the service and is a key document, which, is currently being revised to reflect restructuring of the service.

Well-being

People are not consistently supported to do things that matter to them. Care documentation contains people's preferences, likes, dislikes, and social histories. Care staff appear to know the people they support. The home provides dedicated well-being leads who organise group activities, individual activities and support engagement and communication with family and friends. Recording and monitoring of peoples' engagement and participation require improvement. Due to restrictions, physical visits to the home halted for a significant period. Visits have resumed in a phased manner with restriction on the length of indoor visits based on the provider's assessment of risk. It is important for the promotion of people's rights and wellbeing that restrictions placed on indoor visits are proportionate and based on people's individual circumstances. We saw people returning from brief pod visits with loved ones. Relatives said, "*Communication and organising calls and now visits has been difficult*". The introduction of fortnightly communication with families to inform of processes and any changes to visiting may improve this. People's individual rights wishes and feelings should be considered as part of any risk assessments to ensure people have choice and indoor visits follow current Welsh Government guidance.

The homes atmosphere was at times very busy; we saw care staff responding to people's needs as quickly as they could. We observed a mealtime and saw staff have little time to interact with people during this busy period. At times, we saw a lack of dignity afforded when supporting people with their meals. We heard staff shouting across the room to one another and at times insensitive comments made resulting in a poor dining experience for some people. The deployment of staff affects the timeliness of meeting people's individual needs in a respectful and sensitive manner and requires review.

People receiving a service are safeguarded from harm. There are systems in place to record accidents and incidents. Audits of people's care delivery and health and safety monitoring is in place. Where there are necessary restrictions made in people's best interests to manage their safety, these appear proportionate. Improvements in recording people's involvement in making best interests decisions are required. Character and suitability checks of staff to undertake their roles before providing care are completed. Staff complete safeguarding training and regular refresher training. The provider has a comprehensive safeguarding policy and guidelines for staff to follow. Staff we spoke with are familiar with the types and indicators of abuse and told us what action they would take.

The service requires further strengthening of its infection control practices. Comprehensive policies and guidelines are in place for all staff to follow and are up to date with current guidance however; guidelines are not being followed consistently. For example, face masks not fully covering the mouth and nose, visitor checks not completed fully.

Care and Support

Personal plans are person-centred. Each plan covers the core areas of an individual's care and support and details how staff can support them safely. For example, supporting a person at risk of falls or skin damage. Individuals care and support is routinely monitored which supports referral to other professionals as and when needed. People have a personal profile explaining what matters to them. Routine personal plan reviews are completed. Due care and attention is required to ensure documentation does not contain contradictory information. For example, differing times for positional change to prevent pressure damage. Evidence of people's involvement in care reviews and decision-making processes require improvement and we will consider this at our next inspection.

People's experience of care and support can be varied. People we talked with spoke positively about their experience of living in the home and the support they receive. During busy times, we saw people had to wait for support and observed on occasion limited social interaction during our visit for people who are unable to express their wishes verbally. Relatives are complimentary of the direct care provided to their families. Staff we spoke with told us they enjoy their work at the service; however, some told us they did not feel they had enough time to complete all aspects of their caring roles and staffing levels contributed to this. Staffing rotas examined identify occasions where staffing levels appear to fall below the required level. Following our inspection, we were provided with additional information and told staffing levels are always at a safe level. Further review of staffing levels is required with a focus on busy times. For example, at meal times.

Medication systems are not as robust as they need to be. Secure arrangements are not always in place for storing medication. We noted the medication trolley was left open unattended in a communal area. We examined a sample of medication administration records (MAR's). Documentation to evidence the administration of covert medication require strengthening. For example, evidence of peoples involvement in decision-making process and agreement. Improvements are required and we will consider this at our next inspection.

The service provider is currently reviewing its aims, objectives and operational structure including management. The SOP is currently under review. The SOP is fundamental in setting out the vision for the service and is a key document that should clearly demonstrate the range of health and care needs the service will provide support for, including any specialist service/care provision offered.

Environment

As this was a focused inspection, we have not considered this theme in full. The premises, facilities and equipment appears suitable for the provision of the service. The home has a secure entrance. Inspector's identification was not checked before entering the home. We briefly walked around the environment and found it was clean and comfortable. We were shown the refurbishment work currently being undertaken on the first floor. People's rooms reflect their individuality with some possessions and keepsakes on display.

Leadership and Management

Governance arrangements are in place that support the operation of the service. Systems are in place that inform the responsible individual (RI) and management team of issues that occur. The RI carries out three monthly visits to the service. Consultation with residents and their relatives has been limited during the pandemic. The RI has completed the required quality assurance reviews that support oversight of the service. Regular monthly and weekly monitoring arrangements, which review service provision, are in place. We viewed a sample of internal audits. We have identified there were some notifiable incidents, which have not been reported to CIW relating to skin damage and alleged staff misconduct. We have discussed this with the RI and we will consider this at our next inspection. The SOP is currently being revised to reflect restructuring of the service and will be forwarded to CIW for review.

The service has sound recruitment practices. There are suitable selection and vetting arrangements in place to enable the service providers to decide upon the appointment of staff. We viewed staff files and found the necessary pre-employment checks have taken place. Employment histories are provided for applicants. Identification and references further support the individual fitness of staff to work at the service.

Systems in place to support staff and develop their skills require strengthening. The service provider recognises the pandemic has affected the support and development of staff. We viewed a supervision schedule for all staff. We found gaps within the supervision schedule and noted care staff supervision has not been completed consistently in line with regulatory requirements. Formal supervision in this sense relates to a confidential, documented one-to-one discussion between a member of staff and their line manager. Nurses now receive regular formal supervision. Gaps in refresher training for staff in relation to fire safety and infection control. We have discussed the above issues with the RI and we will consider this at our next inspection. Staff told us they felt equipped to carry out their duties and responsibilities.

Areas for improvement and action at, or since, the previous inspection. Achieved

The service provider must put in place personal plans which set out how a person's care and support needs will be met	
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Areas for improvement and action at, or since, the previous inspection. Not Achieved

None	
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Areas where priority action is required

None	
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Areas where improvement is required

The service provider failed to notify CIW of events.	Regulation 60(1)
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The service provider failed to ensure care staff receive regular formal supervision.	Regulation 36(2)(c)
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The service provider failed to ensure that medicines are administered safely.	Regulation 58(1)
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The service provider failed to ensure the policies and procedures to minimise the spread of infection were followed by staff.	Regulation 56(2)
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The service provider failed to ensure evidence of people and their representatives involvement in care planning.	Regulation 15(6)
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The service provider failed to ensure that people were treated with respect and sensitivity.	Regulation 25(1)
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The area(s) identified above require improvement but we have not issued a priority action notice on this occasion. This is because there is no immediate or significant risk for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection.

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