



Inspection Report on

Glanmarlais

**Glanmarlais Care Home
Maes Piode Llandybie
Ammanford
Carmarthenshire
SA18 3YS**

Date Inspection Completed

01/08/2022

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About Glanmarlais

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	PADDA CARE LTD
Registered places	72
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	Yes. The service provides an 'Active Offer' of the Welsh language and promotes the use of the Welsh language and culture.

Summary

Glanmarlais Care Home is a large home that has recently merged with Llandybie Nursing Home, the adjacent home which was owned by the same provider. There is currently a lack of nurses available to support people with nursing needs, so the home is changing to a residential service only.

We saw care workers treating people with dignity and respect and most people say they are happy in the home. However, people with nursing needs are having to move out and because of this, some people and their families are worried about future plans for their loved ones.

Most care workers say they feel well supported by senior staff. All employees attend training relevant to their roles and say it helps them to support people appropriately. The Responsible Individual (RI) regularly makes himself available to people, relatives and staff members. Prompt referrals are made to healthcare professionals where necessary.

People can choose where to spend their time, be it in their own rooms or with others in a choice of communal areas in the home and in the gardens. During the pandemic, people have maintained contact with family members when they were not able to visit by the use of online video calls. Most relatives praise the home and are happy for their family members to be there.

Well-being

The staff team listen to people's opinions about their care and support and are aware of the importance of each person's well-being. Most people's personal plans contain details of their life, and information about individual preferences, family and friends who are important to the person. Relatives say they are consulted about their family member's support arrangements and are invited to take part in reviewing their care plans. One person told us, *"I always try to, it's important to keep on top of things."*

People receive a copy of the service user guide when they arrive at the home: this provides details of the complaints process should they need to use it. Most people and relatives say they are confident to raise anything they want to discuss with the manager. One relative said, *"We have spoken to the manager in the past when we have had questions."*

Care workers encourage people to make choices and decisions about how they spend their time, but some people told us there is *"nothing to do"* or *"little on today."* There is a varied menu available, and people say they like the food on offer each day and say there are always alternatives if they change their minds. One person said, *"The food is very nice."*

The home provides the Active Offer of the Welsh language: this means being proactive in providing a service in Welsh without people having to ask for it. Although signage around the premises is not bilingual and there is little to differentiate between doors in long corridors, which could cause some confusion for anyone living with dementia, there are people in the home who are Welsh speakers, and several staff members speak Welsh. Documentation about the service is available in Welsh, and the home offers Welsh classes to any employee who is interested.

Care and Support

The senior staff team considers a range of information to ensure they can meet people's needs before admission to the home. This includes obtaining information from social workers, previous placements and hospital discharge documents. Care records contain monitoring and assessment forms, including pressure area prevention charts and Moving and Handling assessments for people with poor mobility. There is guidance for the staff team on all aspects of the person's support needs: including nutrition, communication, pain, oral hygiene. Charts to ensure people are turned in bed to stay comfortable are being completed as needed. From our observations, people receive support as described in their care plans. There is good sharing of communication within the team and senior staff make prompt referrals to healthcare professionals when necessary.

As there have been restrictions on activities and trips out during the pandemic, care workers adapted their support to meet Public Health Wales guidelines, with a range of indoor, individualised activities arranged throughout the period. A relative told us, *"We had good contact with x during the lockdowns. It was hard but had to be done."*

As far as possible, people are safe and protected from abuse. Care workers have been through the provider's rigorous recruitment process. All employees can access policies and procedures to understand their responsibility to protect vulnerable people. They have regular safeguarding training updates and tell us senior staff members are always available for advice if necessary.

The home has detailed policies and procedures to manage the risk of infection. There are good hygiene practices throughout the home and care workers can refer to infection management policies when necessary. All measures are in constant use to ensure people are safe from Covid-19 infections, including the monitoring and testing of all visitors to the home and regular use of personal protective equipment (PPE) by all care workers.

Environment

Glanmarlais is a large home, comprised of the original building which has merged with the adjacent home, also owned by the provider. The home is warm and clean, and people say they feel comfortable and happy. Bedrooms are personalised to reflect the occupant's taste and interests, with items such as ornaments, soft furnishings, photos and items of furniture.

Facilities and equipment promote each person's independence as much as possible: the corridors throughout the premises are wide and help people with reduced mobility and accommodate the equipment people regularly use, such as hoists and standing aids. The décor has been refreshed throughout. But communal areas are sparsely decorated, with few pictures and ornaments to make it more homely. In addition, there are corridors with large, patterned areas of wallpaper that could be confusing for people living with dementia. Externally, there is a range of all-weather areas for people to socialise with each other and their visitors.

The environment is safe. Fire exits are free of obstructions. All COSHH (Control of Substances Hazardous to Health) materials are stored correctly, in line with the COSHH Regulations 2002 and there are clear instructions displayed in the home on what to do in the event of a fire.

People are safe from unauthorised visitors entering the building, as all visitors have to ring the front doorbell before gaining entry. Care records, employee personnel records and Deprivation of Liberty Safeguards (DoLS) records are securely stored in a locked office and only available to care workers who are authorised to view them.

The RI, manager and deputy manager have regular contact with peoples' family members and healthcare professionals involved in their care. The RI records the quality of the service offered to people in six-monthly quality reports and people and/or their relatives may complete surveys to ask for their opinions on the quality of support they receive. Employees discuss any issues they wish to raise in three-monthly confidential supervision meetings. But people and their relatives told us about issues regarding the oversight and monitoring of people's care and support. For example, the RI is responsible for ensuring people know how to provide criticism and feedback but not all people and relatives know how to make a complaint. One person said, *"No, I wouldn't know who to turn to."* We also spoke to relatives who recently brought some concerns to the manager's attention. They told us, *"We spoke to people in the office, but they haven't done anything about it."*

As far as possible, the provider takes appropriate steps to safeguard people from neglect and abuse. The staff team ensure they protect all private and personal information. The home's safeguarding policy and procedure is in line with current legislation and local safeguarding procedures. Senior staff ensure all care records clearly state any risks to people's well-being and detailed risk management plans help to keep people safe and as independent as possible. Care workers recognise their personal responsibilities in keeping people safe. They are aware of the whistleblowing procedure and are confident to use it if the need arises. They would approach the manager or RI but would contact external agencies such as the local safeguarding office if they thought they needed to.

Most care workers say senior staff support them well. However, some employees spoke of the confusion caused by the different support they had received from the clinical lead nurse and the manager, which has led to nurses leaving the service this year. The provider ensures there are knowledgeable and skilled care workers to provide the right support for people. Pre-employment checks take place before new employees start work: these include reference checks and Disclosure and Barring Service (DBS) checks. The staff induction programme links to individual learning outcomes. Care workers undertake training relevant to the people they support.

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
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Date Published 01/09/2022

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