



## Inspection Report on

**Glanenig Residential Home**

**Glanenig Residential Home  
Bronllys Road Talgarth  
Brecon  
LD3 0AD**

## **Date Inspection Completed**

19/12/2022

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## About Glanenig Residential Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Glanenig Residential Home
Registered places	34
Language of the service	English
Previous Care Inspectorate Wales inspection	30 <sup>th</sup> May 2022
Does this service provide the Welsh Language active offer?	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

This was a focussed inspection to check the progress made by the provider with regards to areas of non-compliance identified during previous visits.

People are happy with the care and support they receive and told us they enjoy how they spend their time. Staff were busy but cheerful and caring exchanges were seen between staff and residents.

Improvements have been made to the oversight of the service with the manager and RI present on a regular basis to support staff and ensure the smooth running of the service. Reports evidence the involvement of people, families, and external professionals.

Risk assessments have been reviewed and updated but still require further development to ensure they provide accurate, detailed information for staff to follow.

## Well-being

People tell us they are happy living at Glanenig. Staff care about the people they support and deliver care with kindness and respect. People are supported to do the things they enjoy, participating in activities, having visits from families, accessing the community and having trips out. One person was recently supported to go and watch rugby in Cardiff. People have choice about how to spend their time. People can choose to socialise with other residents or spend time in quieter areas of the home or in their bedroom. The provider is considerate of people's physical and emotional needs and their bedrooms reflect this with ground floor rooms for people with mobility needs and quieter rooms for people who dislike noise and busy areas.

On the day of our visit, people were enjoying lunch in one of the two dining areas which was decorated for Christmas. People tell us they have recently seen an Elvis entertainer and have also been to the garden centre for Christmas lunch. People tell us they do activities and enjoy the movement to music. One resident continues to give Welsh lessons to staff and residents, providing key phrases which people say they enjoy.

People are kept safe at Glanenig by ensuring the environment is accessible. Support is sought from medical professionals and residents are cared for by staff who are suitable for the role and adequately trained. Risk assessments are in place but require further development to ensure they document risks to people and controls in place to keep people safe.

## Care and Support

As this was a focussed inspection, we have not considered this theme in full. This will be examined fully at the next inspection.

The provider has a good relationship with local health services with the district nurses attending daily. Staff identify when people require additional medical support and action this in a timely manner. People have input from external professionals such as occupational therapist, dieticians and the speech and language team. Treatment plans are documented in support files so staff can be confident in how to support people with specific health needs.

At the last inspection, there had been improvements to the support plans and the involvement of people and their representatives in the review process. At this inspection there was some improvement to risk assessments with specific guidelines from professionals detailed and evidence of people having choice and positive risk taking. However, risks identified within support plans do not have a risk assessment in place detailing the actions needed to minimise the risk to the individual. The management team and staff know people well, identifying and reducing risk during their daily practice but the provider must ensure that this is documented in detail within care files so that new or agency staff have the information needed to provide the right care and keep people safe. We expect the provider to take action and will test this at the next inspection.

## Environment

As this was a focussed inspection this theme has not been considered in full and will be tested at the next inspection.

People reside in a comfortable and homely environment at Glanenig. Communal areas are decorated with items of importance to people and promote socialising with separate, smaller areas for people to access. On the day of our visit the home was a comfortable temperature throughout and people told us they were warm. People are still able to access the conservatory which is used as a dining room and the view into the garden prompted conversation between residents.

Infection prevention measures are in place and the domestic team work hard to ensure the environment is clean and inviting. On the day of our inspection the service was clean and free from any odour.

We saw people accessing various areas of the home freely, mobilising independently or with mobility aids. Staff use equipment to support people with mobility issues and documents show there is contact with external professionals such as the occupational therapist to ensure people's physical needs are met and they are comfortable.

The manager informed us an environmental risk assessment has recently been put in place.

## Leadership and Management

As this was a focussed inspection this theme has not been considered in full and will be tested at the next inspection.

At the inspection in May 2022, while improvements were identified, improvements were still needed to the management and oversight of the service. At this inspection we saw evidence the manager is present in the service and is a source of support for the staff, working directly with the team and sharing knowledge of people who use the service.

The responsible individual (RI) visits the service on a regular basis and quarterly reports show people and staff are spoken with., One person told us *"It's nice to be involved."* The latest quality of care report summarises feedback from questionnaires, discussions in resident meetings, areas which are positive and areas which require improvement.

The manager has put processes in place to ensure that records are reviewed and updated, involve people and their representatives and staff are aware of peoples care needs and the associated risks. However, risk assessments still require improvement to ensure that risks are identified, staff know what to look out for and the measures to take to reduce risk to people and keep them safe.

### 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
15	Personal plans do not provide a clear guide for staff to follow including how to manage identified risks.	Not Achieved
6	There is insufficient oversight of the service to ensure the requirements of the regulations are met.	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. 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
N/A	No non-compliance of this type was identified at this inspection	N/A

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