



Inspection Report on

The Graylyns

**The Graylyns
Haverfordwest
SA62 5UD**

Date Inspection Completed

16/03/2023

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About The Graylyns

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	The Graylyns LTD
Registered places	14
Language of the service	English
Previous Care Inspectorate Wales inspection	20 April 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 inspection was brought forward following concerns raised about aspects of care, and also leadership of the service.

People, and their relatives are mostly happy with the care and support they receive at The Graylyn's.

The physical environment is clean and well maintained and there is a programme for ongoing refurbishment and redecoration.

Care workers feel they are part of a good team and feel valued by their colleagues and managers. They describe the service as like home from home, and this is corroborated by relatives, with those we spoke with having a high level of confidence in the service.

Improvements are needed to the care records and during the inspection, the manager and their deputy were considering ways to improve the quality of record keeping to reflect person-centred care.

Well-being

People are safe because staff know their responsibilities in respect of safeguarding and are confident their managers would take the appropriate action to safeguard people. The importance of reporting incidents has been discussed.

Most people; their relatives and staff speak fondly of the home, with one person telling us *“they are tops”* when describing those who care for them. Another described care workers as *“kind”* but said they are not happy in the service. One relative described the service as *“perfect”*, adding *“they love X”* and *“X couldn’t be anywhere better”*. Another relative described staff as *“kind, nurturing, warm and friendly”*. Care workers appreciate having time to spend with people and say they are never rushed. One described it as *“home from home”* and the manager wants the environment to be homely.

People receive person centred care, with care workers having a good understanding of dignity and respect. People can request assistance from either a male or female worker and, where possible, this is respected. Care workers feel they know people well, but improvements to the care records will develop this further.

The physical environment contributes to people’s well-being. The service is clean and comfortable with different areas to spend time either alone or with others. There are some very pleasant views from some of the rooms but limited outdoor space. The work to the new bathroom has been done to a good standard.

Care and Support

People's physical health needs are met. Care workers know how to recognise signs of pressure damage and seek specialist advice as necessary. There is enough pressure relieving equipment and no-one has any avoidable pressure damage. Care workers are confident repositioning takes place at the required times, and most records confirm this. However, there are some gaps in the records. A health professional describes staff as "*vigilant*" in carrying out repositioning.

One care worker told us how they had noted a change in a person which they discussed with a manager, and this has led to a reassessment by a health professional.

The provider has been reminded of the need to report incidents and as a result of this discussion a referral is being made to a specialist for advice and guidance.

A visiting health professional is positive about the service, saying they "*love it here*", and describing the atmosphere as "*calm*" and staff as "*kind*".

A dentist, optician, podiatrist, and hairdresser visit the service. Care records contain a section for oral care, and entries are generally made when people are unwilling to either meet their own oral hygiene needs, or to be assisted to have these needs met. But there are some gaps in records.

People appear well groomed, with attention paid to people's appearance.

Care workers find people's records helpful and have time to read them. Care plans contain information about a range of needs including mobility, hygiene, and diet. Although care workers feel they know people well, there is very little on record about what and who matters to the person, as well as information about the person and their history. One care worker is working on a single information sheet to be available in people's rooms with some of this information.

Care notes are not always a complete record of people's care and support and are not always reflective of person centred care. There are some omissions in relation to repositioning and well-being records do not provide evidence of meaningful engagement.

For example, opening a person's curtains and brushing a person's hair are recorded as well-being activities. We saw staff doing some colouring with a person and another care worker told us they had played draughts with one person but had not recorded these.

Another person told us they had their nails painted by a care worker.

Some people's records indicate care workers assist people with their personal care very early in the morning (between 5 and 6am) but there is nothing in the person's notes to say they prefer to have their care at this time. Some forms do not have the time of personal care recorded.

This is an area for improvement and will be followed up at the next inspection.

Care workers are responsible for cooking and there is some understanding of the importance of nutrition. People's views of the food is mixed with one telling us it is "*very nice*" and another said it is "*inedible*". Some meals are made using fresh ingredients, but there is a reliance on jars and processed food. Vegetarian options could be a frozen ready

meal. The lunch being prepared smelt appetising and did contain some fresh vegetables. Some staff would value a small selection of recipes they could make using fresh ingredients. There are some limits on people's choice. Managers told us people could have a cooked breakfast, but care workers said ingredients for this are not available and there were not any in the fridges. We were told people could ask for alternatives, but many of the people at the service are unable to make specific requests. We have asked the provider to consider ways to enhance people's dining experience.

People can do some things that are important to them. One person enjoys spending time in the kitchen and during the inspection was unloading the dishwasher and helping the staff. Another person was spending time with staff sorting out the laundry. Some relatives consider people would not benefit from planned activities but say care workers spend time individually with people as necessary. Improvements to record keeping are likely to lead to better outcomes for people with more person-centred engagement and activities.

Environment

People live in a service which is suitable for their needs. Accommodation is provided over two floors and there is a stair lift for people to use if needed.

There are lounges and a dining room for people to spend time with others, and bedrooms have room for an armchair if they prefer to spend time in their room. Some rooms have views over the countryside, with one person describing their outlook as "*beautiful*".

Most bedrooms have been personalised with photographs and ornaments and most have some ensuite facilities.

Efforts are being made to help make the physical environment more dementia friendly, with personalised notices on bedroom doors. We have asked the provider to consider other ways to enhance the physical environment through the use of colour and better signage.

There are good standards of cleanliness throughout, with one relative describing the service as "*spotless*". There are no malodours and staff are satisfied with the quality of cleaning products. A housekeeper is supported by care staff and say they have time to safely carry out all of their duties.

The kitchen has been awarded a score of four, out of a maximum five. It looks clean and in good order. People are able to help out in the kitchen, but it is kept locked when staff are not present, for safety.

There is a planned programme of refurbishment with one bathroom recently being completed to a good standard, and work in progress to complete another. Routine maintenance is carried out by the manager or a team of local professionals.

Procedures are in place to make sure equipment and services are checked. Records show fire safety checks are done weekly and hoists and other moving & handling equipment checked by approved professionals.

Leadership and Management

Care workers are appointed following a mostly safe recruitment process. Staff files contain photographic identification, and a record is maintained of DBS checks. All of the files, bar one, had references and during the inspection the manager arranged for the missing reference to be sent. Care workers whose DBS checks have not yet been received, work under supervision. Staff files are easy to navigate.

Care workers consider they have received the training they need to safely and effectively carry out their duties. Relatives consider workers to be skilled and care workers are able to articulate the ways they support and encourage people who are living with dementia. Most of the training is online and most staff are satisfied with the quality of the training. Some staff are doing additional courses to help further their professional development and some others are keen to do more training. A moving & handling course is booked to take place next week.

Supervision is carried out and records show this is generally up to date. Care workers say they get feedback on their work and feel able to discuss any issues or concerns they have. Staff meetings are also an opportunity for care workers to discuss any concerns and to share ideas.

There is oversight of the service. The RI visits regularly and has daily contact with the manager. Reports are written by the RI which shows they review the physical environment; look at care records and observe people. A quality assurance report has been written but this does not contain all the information required. The manager is supported by a deputy and care workers feel both valued and supported. They are able to speak to a senior if they have any ideas or concerns and are confident of getting a timely and helpful response.

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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21	A detailed personal profile is not available to inform and direct care and support. Some records contain gaps. Records do not always provide evidence of meaningful engagement.	New
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