



Inspection Report on

Garnant House LLP

**75 Cwmamman Road
Garnant
Ammanford
SA18 1ND**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

01/02/2022

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About Garnant House LLP

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Garnant House LLP
Registered places	21
Language of the service	Both
Previous Care Inspectorate Wales inspection	Manual Insert
Does this service provide the Welsh Language active offer?	Yes. The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

People and their families are happy with the care and support they receive at the service. The care staff demonstrate a good understanding of each person's care needs and are respectful and caring. People and their family or representatives are regularly updated and informed of any changes to care and support needs.

People are provided with opportunities to participate in activities both in and out of the home however due to the pandemic these are currently limited.

The home is warm and comfortable and people are cared for in a safe environment. Systems are in place to ensure the premises and equipment is suitably maintained and any issues are addressed as they arise.

The manager and care staff feel supported by the Responsible Individual (RI) who visits the home regularly. The RI continually seeks to maintain and improve the experiences and well-being of people who live at the home.

Well-being

People have choice and control over most aspects of their day-to-day life. Detailed care plans inform care staff on how to care and support people to ensure their needs are met. Prior to a person moving to the service senior management will gather information from the person and their family to ensure care staff have a good understanding of the person. Care staff use a variety of methods to help people to make their preferences known. For example picture menu cards are used so ensure individuals with communication difficulties eat meals of their choice. We were told by people living at the service that the food is lovely. One person told us *"The girls are good, I like me tea not too sweet with not too much sugar. I ask them sometimes for a sandwich and they are good they do it."* A level 5 food hygiene rating was awarded during the last inspection.

People's independence and autonomy is valued and they are encouraged to do things that they enjoy. This can be activities within the home or supported and empowered to attend local shops and recreational places that interest them. Some people choose to spend time socialising in communal areas of the home whilst others prefer to be alone in their room.

People's language and culture is respected. Many people working and living at the service speak Welsh and every effort is made to enable people to use the Welsh language, which puts individuals at ease. One relative told us *"the staff speak welsh to him and this comforts him, he settled very quickly"*. Other languages are also recognised and personal files have been translated into Arabic and German in addition to Welsh.

People have been able to stay in contact with their families during the pandemic. The RI has understood the importance of contact and has been proactive in enabling this. The Wi-Fi network has been updated and digital equipment purchased to facilitate contact between people and individuals who are important to them via 'FaceTime' and 'zoom'. Relatives of people living at the home told us they are very pleased with the care their family members receive. One person told us *"We couldn't wish for better"*.

Care and Support

People are happy with the care and support they receive. We saw positive and natural interactions between care staff and people living at the home with banter and laughter. One person told us *"I'm happy here it is very clean and fresh. She (manager) is very good"*. A family member told us *"Mum is very well looked after she has been in this home since July. Since she has been here she has put on weight and is looking much healthier, she has rosy cheeks again"*.

Senior staff members undertake assessments on prospective residents prior to them moving to the home. We saw up to date, detailed and person centred care plans with information gathered from other health care professionals, the person and their family where possible. Care plans include a social history of the person with old photographs that are meaningful to the person and are used to prompt memories and discussions. We saw up-to-date risk assessments promoted people's well-being by empowering them to be as independent as possible. Families are kept informed and are updated of any changes to care and support needs by telephone and regular newsletters and are encouraged to visit at any time. A relative told us *"I speak to them all the time"*.

Daily recordings are completed however they are not very detailed and do not capture a full picture of the person's day-to-day activities. We are informed by the RI that from March an online care planning system will be used that will allow staff to update daily care records electronically via a tablet. The RI hopes that this will make it easier for staff to write more detailed daily care records.

The pandemic has impacted on group activities and outings however, care staff continue to provide opportunities for individuals. The activities coordinator recently took one person to the local bookshop and another person to do some shopping. They also visit the local cinema during silver screen days and local coffee mornings organised by the Alzheimer's support group. Other activities provided in the home are Dobble, balloon activities (for hand eye coordination), singing and arm chair tai chi.

Mechanisms are in place to safeguard people from the risk of harm and abuse. Staff have good knowledge and understanding of safeguarding, and the process of reporting any concerns they have to protect people.

There is an effective system in place to administer medication. Records looked at were correct with no gaps and each had a photo of the person on their medication file. Controlled drugs are stored in a safe however, this was not secure and could be removed from the medication room. This has been discussed with the RI and manager and they inform us that a chain has been ordered to rectify this.

Environment

People are cared for in a clean, warm and comfortable home. The layout of the home enables people to move around freely and safely which helps to maintain people's independence. A new lift has recently been installed.

People choose to spend time in their room or to sit in the communal areas. A recently completed extension provides a large entrance foyer, an additional light and airy lounge area and two additional bedrooms. Some areas would benefit from redecorating however; improvements are ongoing. Work planned includes; new flooring downstairs to match the new lounge and reception area, all lounge chairs to be replaced with new ones and redecorating and replacing ground floor bathroom and shower facilities. An LED lighting system will also be installed throughout the home to replace the current one.

People are encouraged to decorate their bedrooms with personal belongings and items of furniture of their choice. One bedroom had a sofa and coffee table as the person prefers to spend time relaxing in her room. A well maintained outside garden with seating area is used during warmer weather.

Maintenance records show that checks are routinely undertaken around the home to identify and address any issues and a comprehensive checklist is displayed in the manager's office. The RI and maintenance worker attend to day-to-day, weekly and monthly controls and any work requiring trade knowledge is completed by competent individuals known to the home.

Infection control procedures are in place and care workers use all necessary personal protective equipment when providing personal care. People are safe from unauthorised visitors entering the building. All visitors have to ring the front door bell before gaining entry and record their arrival in the visitor's book when entering. Hand sanitiser and PPE is available to all staff and visitors throughout the home.

Leadership and Management

The provider regularly reviews the quality of care and support. The RI statutory quarterly report demonstrates that he speaks to people living at the home and will act upon what people say. This has included moving an individual to a different room. People who live and work at the home confirm they speak to the RI and find him approachable. The manager values the support of the RI and his wife *“anything we need we just ask and they will get it. The families and staff all know the owners; he (RI) is really good he makes a point of introducing himself to families and any new residents.”*

Staff are happy and feel supported by each other and senior staff. A member of staff told us; *“The staff are all really good, we have a great time and most of us have been here a long time”*. *“The manager is so easy to talk to I know I can go to her about anything”*. Another staff member said, *“The management make the home the place it is, having good management is key to a great home like this”*. Care staff are competent and records confirm that they are appropriately trained to support people living in the home. Care staff spoken with demonstrated a good understanding of safeguarding procedures.

Robust recruitment procedures are in place. Staff files looked at had the appropriate references, ID and contract in place. Care staff told us they have many training opportunities; *“I have done my induction and a lot of online training which has been great.”* The RI completes the same training as the staff and also attends additional training. Training records however show that some staff are not up to date with their relevant training. The manager states that all staff have been registered with the Local Authority E learning and the required training will be undertaken over the coming year to ensure staff are up to date.

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
N/A	No non-compliance of this type was identified at this	N/A

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