



Inspection Report on

Glan y Felin

**3 Commercial Road
Rhydyfro Pontardawe
Swansea
SA8 4SL**

Date Inspection Completed

12TH September 2022

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About Glan y Felin

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Accomplish group ltd
Registered places	7
Language of the service	English
Previous Care Inspectorate Wales inspection	22nd June 2021
Does this service provide the Welsh Language active offer?	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 are happy and settled. There is a newly appointed manager in post and a supportive and actively involved Responsible Individual (RI) who visits regularly. There are good governance and quality assurance measures in place. All care workers told us they receive regular formal and informal support. People are well supported and cared for by dedicated, committed and well trained care workers and a supportive management team. All feedback gathered as part of the inspection was extremely positive about the culture in the service and people informed us, they are happy and feel safe. There are good processes in place to help maximise people's engagement in support planning. We saw people have made clear progress in relation to outcomes detailed in support planning documentation. Staffing levels are appropriate and align with people's needs and outcomes. Support planning information is generally well documented and regularly reviewed. Improvements need to be made in relation to risk planning information which is not sufficiently detailed or documented currently. The manager told us they would be addressing this shortly.

The environment is well maintained, clean and in accordance with the objectives detailed in the statement of purpose (SoP). Some external areas would benefit from better maintenance. The service structure promotes independent living and outcome focused care and support. Safety checks and service schedules are completed in-line with current requirements. There are good infection control and Covid 19 preventative measures in operation. There are robust recruitment checks in place and care workers receive a thorough induction and training to perform their roles competently.

Well-being

People are treated with dignity and respect. We saw positive interaction between care workers and people throughout the inspection. People informed us they feel safe living in the home and that they are consulted and involved in their support needs. People are supported to maintain and develop skills. People told us they complete a wide range of independent living skills such as cooking, cleaning and laundry with support as needed. People access their local community with support in line with risk and support plans. We spoke to care workers and viewed staffing rotas all confirmed there are appropriate staffing levels currently ensuring people's needs are fully met. The manager told us new staff will be recruited to fill a vacant post and as needed should another person move in to the service.

There is good oversight of the quality of care provision from managers and the RI. The RI completes regular visits to the service and a previous area for improvement in relation to this has been achieved. Personal plans are clear, informative and detailed, they are outcome focused and relate well to care staff recordings. We saw not all risk assessment planning is sufficiently detailed and documented currently. A new manager has recently started in the service and told us they will be completing support file audits shortly to ensure this is addressed. The service uses specific assessment tools to measure progress in relation to mental health and recovery. We saw people are making good progress and are benefitting from living in the service. Care workers and managers receive a wide range of appropriate training to ensure they are fully able to meet people's needs and outcomes. Care workers also receive regular planned supervisions and appraisals.

The environment is well maintained, safe and provided in accordance with the objectives defined in the statement of purpose (SoP). People benefit from a service that promotes and supports independent living. People are safe and routines such as fire checks, gas and electric safety certificates were viewed on inspection. Administration and storage procedures for medication are safe, appropriate and in line with guidance. People are protected from neglect and abuse as care workers know what to look out for and how to raise concerns. Care workers are trained in safeguarding and there are clear and regularly reviewed procedures and risk plans to guide them. Care is provided in accordance with protocols covering capacity and restriction of freedom. Some external areas would benefit from better maintenance.

Care and Support

The provider has current and up to date plans for how care is provided in order to meet support needs. Personal support plans demonstrate what matters to the person and how best to support them to achieve their identified goals. The service also uses specialist support planning documentation in relation to brain injury and goal planning/monitoring. Risk assessments are in place to correspond with support plans. However, we found these need improvement and more specific information regarding people's current presentation and needs. The new Registered Manager has recently started working in the service and told us support file audits and reviews are currently taking place to ensure all information is thorough and robust. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

People's ability to be involved in care planning is considered and the appropriate legal measures are in place to safeguard them. Recording of support given is detailed and evidences that's peoples identified needs are monitored and reviewed when necessary. There are detailed health records and associated actions where necessary. We saw external community services have been consulted and involved recently in relation to changing needs. We also saw regular planned reviews which include feedback from people on progress being made. We saw progress is being made by people against outcomes detailed in support plans such as independent living skills and participation. We saw activity plans and people accessing the local community with support as appropriate. We spoke to people living in the service who all told us they are happy, settled and get on well with staff. We spoke to a relative who stated; *"looked after really well and no concerns"*. Another relative told us; *"very good care and support provided"*.

People live in a home that provides appropriate numbers of knowledgeable, competent and skilled care workers. Care workers confirmed that staffing levels are appropriate and targeted to the needs of individuals living in the service. Many of the existing care staff team have worked in the service for many years.

There are safe systems in place for the management of medication and people's health is promoted by good practice. We saw medication is stored securely in a locked cupboard. Records of daily temperature checks were seen to ensure safe storage of medication. Medication Administration Records (MAR) are completed appropriately with signatures of care workers present. There are good processes in place for the ordering and auditing of medication in the service which minimises the risk of error. Staff assisting people with medication are trained and deemed competent to do so.

Environment

The provider ensures that people's care and support is provided in a location and environment with facilities that promote people's well-being and safety. There is a large lounge area with pool table where we saw people relaxing and enjoying. There is a large kitchen with a current food hygiene rating of four which is good. The manager told us there are future plans to create a window in the kitchen to allow for more natural light. There is a separate locked laundry room with locked storage cupboards for the safe storage of control of substances harmful to health products (CoSHH). We were told people are fully involved in relation to household activities such as cleaning and clothes washing. We looked around the service and found communal areas homely, clean, comfortable and well maintained. The service is structured over four floors with a communal stairwell and stairlift in situ. We saw people had their own personalised items in their bedrooms and rooms viewed were comfortable and well maintained. There is a secure office area where files are stored appropriately. To the rear of the property is a secure yard where people can smoke and relax. We were informed there are plans to make this area more homely with planting. To the front there is a gravel driveway and hedging. This area would benefit from upgrading and improved maintenance.

We saw mandatory fire safety checks take place routinely and certificates for gas, fire detectors, fire extinguishers, electricity and electrical equipment are all up to date. Monthly external contractor water temperature checks are taken and documented. Personal emergency evacuation plans (PEEP's) are in place for people. We saw fridge temperatures are taken regularly and documented appropriately. Also there are facilities such as coloured chopping boards and mops/buckets to promote good food hygiene and cleaning procedures. We saw detailed cleaning schedules and the service was very clean and uncluttered throughout.

Leadership and Management

People are supported by a dedicated team who have been recruited safely and are well supported in their roles. We looked at two staff personnel files and saw appropriate pre-employment and recruitment checks are in place. References and up to date Disclosure and Barring Service (DBS) checks are on file. The training matrix was seen and we found all mandatory training requirements of the provider are up to date. This includes infection control, safeguarding, health and safety, fire awareness. Also specialist training including; mental health, personality disorder and positive behavioural support. Care workers spoken to confirm they attend safeguarding training and understand their responsibility in relation to this. There are detailed and thorough safeguarding policies and procedures in place to guide care workers. We saw staff receive routine formal supervision and an annual appraisal. Care workers spoken with are complimentary of the training and support they receive. Comments include: *“I feel well supported. Trustworthy team we all get on and work well together. Good support from managers”*. Also; *“very well supported. Really good staff team. Always feel like I can go to anyone”*.

The provider has arrangements in place for the effective governance and oversight of the service through ongoing quality assurance processes. We saw the recent bi-annual quality of care report. The report includes feedback from people and staff in the service. The report indicates what the service is doing well and includes further improvements for the future. We saw the RI is in regular contact with the service. We saw policies and procedures have been reviewed and where necessary updated. The service's SoP has been reviewed and accurately reflects the service. There is a detailed and clear guide to the service for people and relatives. All policies and procedures are available in the Welsh language as requested. The manager told us the service is settled and they are currently recruiting for one care worker. The service is not currently full and the manager stated staffing levels can be adjusted when a new person moves in. The appropriate agencies including Care Inspectorate Wales (CIW) are notified where necessary of any significant issues affecting people or the service. The manager told us there are no current concerns, complaints or safeguarding concerns.

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 full CIW inspection took place on 12th September 2022. As part of this an audit took place of personal support files. Some risk assessment and review information is insufficient in relation to personal outcomes, care needs and planning.	New
	Regulation 20: Service Agreement	Achieved

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