



## Inspection Report on

**Glan y Felin**

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

## **Date Inspection Completed**

24/10/2023

**Welsh Government © Crown copyright 2023.**

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk)*  
*You must reproduce our material accurately and not use it in a misleading context.*

## 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	12 September 2022
Does this service promote Welsh language and culture?	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

Glan y Felin is a small service for seven people with needs associated with mental health. People are well supported and cared for by dedicated, committed and well trained care workers and a supportive management team and responsible individual (RI). All feedback gathered as part of the inspection was very 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 planning their care. We saw people have made clear progress in relation to outcomes which are detailed in their support plans. Staffing levels are appropriate and align with people's needs and outcomes. Support planning information is well documented, thorough and regularly reviewed. There are robust personal plans aligned with risk assessments. There are detailed and regularly reviewed policies and procedures to guide and inform staff. The current statement of purpose (SoP) is reflective of inspection findings.

## Well-being

People are treated with dignity, respect and receive a good standard of person centred care and support at Glan y Felin. People gave positive feedback regarding their experience of living in the service. A relative also made positive comments about the care and support provided. People are consulted regularly about their care and support needs and outcomes. Personal plans consider people's needs, interests, preferences and outcomes. Risk assessments are in place to promote people's safety along with specialist assessment and monitoring tools in relation to mental health. Staff know people well. Where a person needs help to make their voice heard, people's families and representatives are supported to do this and consulted. Care is provided in accordance with protocols covering capacity and restriction of freedom. People are supported to develop and maintain their personal living skills. People are encouraged and where needed supported to regularly access the local community.

There are systems in place to help protect people from abuse and harm. The home is secure and access is monitored by staff. Policies and procedures support good practice and can assist staff to report a safeguarding concern. Care staff understand their responsibilities around safeguarding procedures and told us they feel confident raising an issue with the manager and feel it would be responded to. Staff pre-recruitment and on-going employment checks are robust and regular supervision supports continued development. Incidents and accidents are logged, reported and we saw appropriate actions are taken by the service. The service is proactive in identifying potential risks to people or staff and how to manage these.

The environment is well maintained, safe and provided in accordance with the objectives defined in the 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.

There is good oversight of the quality of care provision from managers and the RI. The RI completes regular visits to the service and we read detailed reports evidencing this. 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. Care staff spoke positively about the support they receive from managers.

## Care and Support

People receive a good standard of person centred care and support at Glan y Felin. A person told us; *“I like it here, it’s much better than where I lived before. I can leave when I want and often go out. I am regularly in touch with my family. Good staff and get on well with them all”*. A relative told us; *“pleased with everything and have no complaints or worries at all”*. Care staff know the people they support well and provided detailed information about their needs, which corresponded with information in people’s care files. We observed a relaxed, supportive and open culture in the service throughout the inspection.

Care staff have up-to-date knowledge of people’s needs. People’s ability to be involved in care planning is considered and the appropriate legal measures are in place to safeguard them. Personal plans are individualised and detailed. Risk assessments are in place covering areas specific to the person’s needs. The service also uses specialist support planning documentation in relation to mental health and recovery. Recording of support given is detailed and evidences that’s people’s 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 people’s 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 such as improving independent living skills and participation. We saw activity plans are in place and people access the local community with support as appropriate.

People live in a home that provides appropriate numbers of knowledgeable, competent and skilled care workers. Care workers confirm that staffing levels are appropriate and based on the needs of individuals living in the service. Many of the 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 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 and TV. There is a large well maintained and presented kitchen. We saw people enjoying and engaging in a craft activity sitting at the kitchen table. 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 found some items which could pose a risk to people were not appropriately stored in the locked cupboard available. The provider assured us this would be actioned. 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. There are plans to change a current meeting room into a games room following requests from people living in the service. We saw people had their own personalised items in their bedrooms and rooms viewed were comfortable and well maintained. There is a self-contained flat which we were told helps promote the individual's independent living skills. There is a secure office area where files are stored appropriately. There is a safe outside area where people can smoke and relax. Since the last inspection this area has been improved and re-decorated by people living in the service. To the front there is a gravel driveway and hedging. Although improvements have been made this area would benefit from some development 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. New care staff complete an induction programme. Care staff are registered with the workforce regulator, Social Care Wales. The overall staff training matrix was provided and we found all staff mandatory training requirements 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 told us they attend safeguarding and whistleblowing 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 are complimentary of the training and support they receive. Comments include *“very good managers here. Very approachable and receive regular supervision”*.

The provider has quality assurance processes in place which enable effective governance and oversight of the service. We saw the thorough and very detailed 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. The manager told us since the last inspection a new deputy manager has been appointed. 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 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 issues.

### 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
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 inspection	N/A
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.	Achieved

### **Was this report helpful?**

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

**Date Published** 20/11/2023