



## Inspection Report on

**Gnoll Nursing Home**

**Gnoll Nursing Home  
27 Gnoll Park Road  
Neath  
SA11 3BT**

**Date Inspection Completed**

02/02/2023

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## About Gnoll Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Serenity Homes Limited
Registered places	29
Language of the service	English
Previous Care Inspectorate Wales inspection	
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 and their relatives are satisfied with the care and support provided at Gnoll Nursing Home. They live in a pleasant and homely environment that is warm and suitable to meet their needs. There is information available for staff to understand how to best meet people's care and support needs.

Staff are available in sufficient numbers to provide support to people. Care workers are knowledgeable, respectful, and caring.

Safety equipment is in place and health referrals are made when necessary to promote people's health and well-being. There are opportunities available for people to take part in activities but community participation should be strengthened.

Improvement is needed with care and support with person centred information and measurement of achievement of outcomes. The nurse attention call alarm, community participation and dining experience also require improvement. It is also needed with quality of care and the outcome of audits and their accuracy and consultation with people and their families. Improvements to health and safety reporting and recording including ensuring bedroom doors are fitted with locks to ensure privacy and sensitivity.

Priority action is needed with staff recruitment and pre-employment checks, such as employment history, support and development of staff with supervision and appraisal and ensuring accuracy of the written guide to the service.

## Well-being

People are protected from abuse and harm. Gnoll Nursing Home has a safeguarding policy in place and staff receive training in the safeguarding of adults at risk of abuse. The interim Service Manager has an understanding of the legal requirements and understands when a safeguarding referral needs to be made to the Local Authority.

People told us they get on well with staff and commented, "*the staff are great.*" A relative commented "*it's lovely there, she so relaxed now*" and another commented "*on the whole, it's been good.*" Records show people are offered choice to make everyday decisions. The RI told us they regularly speak with people who live at the home and their families which was supported in discussions with relatives during our inspection.

Improvement is needed with the right care and support. Records show referrals are made to a variety of healthcare professionals such as psychiatrists and community nurses. This is confirmed by comments from visiting professionals who told us they are satisfied with the care at Gnoll Nursing Home. However, improvement is needed with developing person-centred information such as what is important to a person, how best to support the person and recording life history in care files. Outcomes and the measurement of achievement of these were not clearly identified. This is discussed later in this report.

Improvement is needed for people to do the things that matter to them when they want to do them. We saw there are a range of activities available which are meaningful to people. Throughout the inspection visits on both days, we observed activities taking place facilitated by an activities coordinator and care staff. People told us they enjoy taking part in a variety of activities such as chair exercises, visiting entertainers and having a singalong. However, community participation was not seen in records or by us at the inspection and needs to be strengthened.

Improvement is needed with the accommodation to ensure it supports and encourages people's well-being. People's bedrooms contain items of their choice and are suitably furnished but would benefit from being more personalised and having appropriate locks on their doors. They have facilities which encourage their independence. The environment is a little cluttered. The system of monitoring and auditing of maintenance require improvement such as reporting and recording of faults and action taken in response to equipment failure.

Priority action is required with staff recruitment as pre-employment checks and supporting and developing staff with supervision and appraisal.

## Care and Support

Improvement is needed with care and support. We examined a sample of care files, which contained initial assessments and personal plans. Referrals for advice and professional help regarding health services are sought as needed. However, improvement is needed with person centred information in care records such as life history, what is important to people and how best to support them. Outcomes for people is not clearly identified with no measurement of achievement of these. The nurse attention call alarm is not fit for purpose as there is no control panel on the first floor to alert staff. This results in the call alarm being on longer and is uncomfortable for anyone on the ground floor where the alarm is situated. Residents and staff told us this can be distressing for people continually sitting through the loud alarm. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

People can mostly do the things that matter to them when they want to do them. We saw there are a range of activities available which are meaningful to people. There was photographic evidence and written documentation as well as observations of people undertaking activities that matter to them. People indicated to us they enjoy taking part in a variety of activities. Records show there has been limited access to local community facilities and no community activities were observed during the visit. A visiting professional told us *“People would benefit from more engagement in community participation seeing as they have a prime position in the centre of Neath.”* We discussed this with the manager who agreed to address this as a matter of importance.

People sometimes enjoy a positive dining experience. We observed people during a lunchtime meal and saw the care workers assist people in a relaxed and dignified way. Most people ate their meals at cantilever tables by their armchairs. Some people ate their meal at the dining table. However, this was limited in number as the dining area situated in the conservatory had reduced space as staff had developed a serving area which limited the seating available for people. Staff assist people in a respectful and warm way and are aware of people’s dietary requirements. There was a menu displayed for people to choose what to eat but this was on a white board on the wall in a corner of the lounge. This was not easy to see for people. People told us they were satisfied with the food at the home. Recording of food and fluid intake for residents is not consistently done such as using the All-Wales Food and Fluid Record Charts.

The service has safe systems in place for medicines management. There is an appropriate medication policy and procedure in place with regular audits completed by senior staff. Medication administration records (MAR) are accurate. We saw that medication was kept in a secure cabinet in a locked room. We discussed with the manager the need to ensure MAR charts are printed rather than hand-written to avoid mistakes.

## Environment

The accommodation is comfortable and benefits from sufficient quality decor but some furnishings are looking tired. We also observed clutter in various areas throughout the home. We saw people sitting in the lounge on the ground floor, sitting in the comfort of their bedrooms, relaxing or asleep in bed. Bedrooms lacked personalisation and any signage on doors for people to orientate themselves. One bedroom was in the process of work being carried out in the en-suite bathroom so the water had been turned off. The manager confirmed this would be completed urgently. The service provider has recently started keeping chickens in the rear garden area of the home which consequently limits the amount of space to relax in for people. We suggest that the service provider review this activity to consider the appropriateness of this.

There is a system of monitoring and auditing, which supports a planned maintenance schedule and renewal programme for the fabric and decoration of the premises, which is managed by the maintenance officer at the home. However, improvement is needed with reporting, recording and taking action with regards to a recent small electrical fire in the kitchen in which this was not done at the time. Also, of the sample of four bedrooms viewed all did not have a bedroom door which was lockable. To ensure that individuals are treated with respect and sensitivity they should have lockable bedroom doors. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

The laundry room is well organised and has entry and exit doorways. Appropriate systems are in place and all laundry equipment is in working order. There is an area with cupboards with shelving for linen storage and ironing facilities. There is an organised storage area for household waste and clinical waste bins. The storage of substances which have the potential to cause harm was sufficient because we found that materials used for cleaning were stored in an appropriate locked cupboard.

Policy, procedure, and application of hygienic practices are in place to reduce risks of infection. Staff demonstrate an understanding of infection control and the use of personal protective equipment (PPE). Staff wear appropriate PPE such as face coverings and follow correct procedures. The home is clean and tidy. Staff maintain appropriate standards of hygiene.

## Leadership and Management

The service provider has governance arrangements in place to support the smooth operation of the service. The service is provided in line with the objectives of the updated Statement of Purpose, which is regularly reviewed. We saw policies and procedures are in place and updated. However, priority action is needed with ensuring information about the service (Guide to Service) is reviewed at least annually. This was previously identified at the last inspection and has now been escalated. This is having an impact on people's health and well-being and placing them at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Improvement is needed with monitoring the quality of the service they receive. The RI visits the home regularly and meets with people and staff. We looked at documentation that confirmed the RI conducts quarterly visits to the home for regulatory purposes. We viewed the latest quality monitoring report, however, the provider failed to provide evidence of the previous report. We saw inconsistent evidence that the RI has oversight of the service to ensure quality care is provided such as audits of food and fluid intake and care processes. We also found that there was no evidence of records of consultation with the relevant parties on the quality of care and support provided and how this can be improved. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

The service provider has oversight of the financial arrangements and investment in the service. The RI assured us the service is financially sustainable to support people to be safe and achieve their personal outcomes. The RI told us of plans to invest in employment law support and person-centred care records software.

Priority action is needed with staff recruitment as safe pre-employment checks are not completed sufficiently prior to employment commencing. Staff are not having consistent supervision and appraisals. This has been escalated from previously being identified as areas for improvement as they have not been achieved. Staff employment history were not sufficiently available in some of the files seen by us and supervision and appraisals did not meet the frequency required. This is having an impact on people's health and well-being and placing them at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

### 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
35	The service provider has not ensured that staff have an up to date DBS certificate and satisfactory information regarding work history.	Not Achieved
36	The provider has not ensured that staff receive the appropriate amount and frequency of formal supervision and appraisal.	Not Achieved
19	The Provider has not ensured that information about the service (Guide to Service) is reviewed at least annually and updated as necessary.	Not 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
25	The sample of 4 bedrooms did not have a bedroom door which was lockable. Ensure that individuals are treated with respect and sensitivity by having lockable bedroom door.	New
57	Timely repairs, reporting and recording of electrical safety issues were not completed appropriately. Ensure that all maintenance issues are reported, addressed and recorded in a timely manner.	New
76	We found that there was no evidence of a records of consultation with the relevant parties on the quality of care and support provided and how this can be improved. Ensure records of consultation with the relevant parties are maintained at the service.	New
80	Quality of care report and consideration of the outcome of audits and their accuracy were insufficient. Ensure quality of care review reports are 6 monthly and include the consideration of the outcome of audits and their accuracy.	New
21	We found the following that all 4 files seen by us lacked sufficient detail with regards to person centred information such as life history, what is important to the person and how best to support the person; little explicit inclusion of family and the person in developing plans; community participation/involvement; insufficient dining experience and nurse attention call alarm is uncomfortable to hear and is ringing for long periods. Ensure that personal plan records contain person centred information and other information as outlined above.	New
56	The provider did not ensure that staff adhere to appropriate infection control practice with regards to face coverings.	Achieved
58	The provider has not ensured that staff adhere to good practice with medicine storage and administration.	Achieved

7	The Provider has not ensured that the Statement of Purpose is kept under review and revised when needed.	Achieved
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**Date Published** 02/03/2023