



Inspection Report on

Gnoll Nursing Home

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

Date Inspection Completed

22/10/2023

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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 promote Welsh language and culture?	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 comfortable, homely environment that is warm, clean and suitable to meet their needs but needs updating. People living in the service are treated with dignity and respect by a dedicated care team who know them well. There is information available for staff to understand how to best meet people's care and support needs. People have personal plans in place which are reviewed regularly. There is a Responsible Individual (RI) in place and a manager who is registered with Social Care Wales (SCW).

Staff are available in sufficient numbers and have a mix of skills to adequately provide support to people. Staff work well as a team to ensure people's needs are met. Care workers are respectful and caring. Safety equipment is in place and health referrals are made when necessary to promote peoples' health and well-being. Medicines are managed safely.

Improvement is needed with support and development of staff with training. Improvement also continues to be needed with quality of care reviews and engagement with individuals and others to enable feedback on all aspects of service provision.

Well-being

People and their relatives are satisfied with the care and support provided. There is information available for staff to understand how to best meet people's care and support needs. People told us they get on well with staff and commented, "*They are wonderful*" and "*they're all a good laugh.*" A relative commented "*They are all great*" and "*They are very caring.*" Records show people are offered choices to make everyday decisions. The RI told us they speak with people who live at the home and their families about what is important and how to best support them and this was seen in records.

People are protected from abuse and harm. The service has an appropriate safeguarding policy in place and staff receive training in the safeguarding of adults at risk of abuse. The manager has a good understanding of the legal requirements and understands when a safeguarding referral needs to be made to the Local Authority.

People get the right care and support. Records show that timely provider assessments, personal plans and reviews are completed. Referrals are made to a variety of healthcare professionals when needed. The monitoring of people's fluid intake, which includes the recording of and ensuring people have adequate fluid should be reviewed and actions implemented, which is discussed later in this report.

People can do the things that matter to them when they want to do them. We saw there is a range of activities undertaken which are meaningful to people. Care staff undertake the role of facilitating activities alongside their caring role. Records showed that people can take part in a variety of activities on offer.

People live in suitable accommodation, which overall, supports and encourages their well-being. People's bedrooms contain personalised items of their choice and are suitably furnished. They have facilities which encourage their independence and enable them to have private time. However, the building interior requires updating and is described later in this report. Safety checks are completed when required. The service usually employs a dedicated maintenance officer for the home but this position is currently vacant. The environment is a little cluttered and hazards need to be reduced as far as possible.

Care and Support

People are provided with the care and support they need. Care files contain initial assessments and personal plans which are regularly reviewed. There is a care planning system in place providing personal plans for all aspects of the individuals' physical, mental, and emotional wellbeing needs. Person centred information is in place such as 'All About Me' electronic booklets but these contained limited information. We discussed with the manager the need to strengthen this valuable information. Referrals for advice and professional guidance regarding people's health needs are sought as needed. Monitoring of care activities is in place with information available to staff. We discussed with the manager that the electronic care records showed that the sample of care files did not meet the target for fluid intake which she agreed to address as a matter of urgency.

People can 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. However, there was no photographic evidence available and written documentation was limited. We discussed with the manager the need to ensure that future activities are displayed where people are able to see. We observed people undertaking activities that matter to them such as a quiz and bingo. Other activities include board games, arts and crafts and a pampering day. People told us they enjoy taking part in a variety of activities. Records show people have limited amount of access to local community facilities and entertainers. A relative commented, *"Dad can do all he wants to do"* and *"they seem to be having fun whenever I visit."*

People enjoy mealtimes which are a positive experience and, where required, individuals are supported sensitively to eat and drink. Healthy choices of food and drinks are available. People told us that mealtimes were a good dining experience. We saw that this helped enhance social interaction, build a sense of community and increase nutritional intake. People ate their meals at cantilever tables by their armchairs or at the dining tables which were laid with a tablecloth, cutlery, condiments and a centre piece.

The service has safe systems in place for medicines management. People are receiving their medication, as prescribed, which helps to manage their health conditions. There is an appropriate medication policy and procedure in place with regular audits completed by senior staff. Medication administration records (MAR) are accurate with discrepancies picked up in the regular audits. We discussed with the manager the need to ensure that the correct codes are used when completing the MAR charts and that medication returns records are signed by two staff. We saw medication was kept in a secure locked cabinet in a cupboard. A record is kept of the temperature which is monitored to ensure safe storage of medication.

Environment

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 and follow correct procedures. The home is clean and tidy. Staff maintain appropriate standards of hygiene. Oversight and auditing of infection control measures are in place. The home has sufficient stocks of PPE and we discussed with the manager then need to ensure face coverings were available in the PPE stations. There are an adequate number of clinical waste bins available around the home, but these should be pedal bins for hygiene purposes.

The accommodation is clean, comfortable and is in the process of the decor and furnishings being updated. We observed the environment to be cluttered in places. We saw people sitting in the lounge and sitting in the comfort of their bedrooms which were personalised to their tastes, hobbies and interests. Outside areas are sufficiently clean and tidy with flower beds and garden furniture for people to sit and enjoy when weather permits. However, there were some maintenance tasks that we identified and discussed with the manager such as guttering around the property and replacement of the stair carpet which was in poor condition. The manager explained that the home is currently in the process of recruiting a maintenance officer.

There is a system of monitoring and auditing in place, which supports a planned maintenance schedule and renewal programme for the fabric and decoration of the premises. This is managed by the manager until a new maintenance officer is recruited. With the home currently without a permanent maintenance officer, there is a need to ensure there is a suitably trained and qualified person in place to undertake the checks needed and have oversight of the ongoing maintenance of the service. However, measures are in place to ensure risks to people's health and safety are identified and dealt with. The oversight of health and safety is in place and audits of the environment are taking place. Maintenance records show equipment is regularly serviced to make sure people remain safe. People's personal records are held securely and access to the home is monitored by staff to help keep people as safe as possible.

Appropriate laundry systems are in place and all laundry equipment is in working order. There is an area 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 a locked cupboard.

Leadership and Management

The service provider has governance arrangements in place to support the smooth operation of the service. Arrangements for the oversight of the service are in place, such as systems for assessment, care planning, monitoring, and review to enable people to achieve their personal outcomes. The service is provided in line with the objectives of the Statement of Purpose, which is regularly reviewed. We saw policies and procedures are in place and updated when required. The service has recently updated the written guide to the service to ensure it is easy to read for people using the service.

Improvement continues to be needed to ensure that the service provider monitors the quality of the service people receive. We viewed the latest quality of care monitoring reports, which included limited amounts of feedback from people who use the service. These did not show people are involved in developing and improving the quality and safety of the service. Also, we continued to find that there was little evidence of records of consultation with the other relevant parties on the quality of care and support provided. We looked at documentation that confirmed the RI conducts quarterly visits to the home for quality assurance monitoring. 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 investments they had made, such as the implementation of an electronic care records system and other staff management systems which are to improve the effectiveness of the service provided to people.

There are enough staff on duty to safely support and care for people. Records show there is a stable team in place with a mixture of experienced and new staff available. This was seen during our inspection. People living at the home told us *“They are always around when I need them”* and a relative commented *“there are usually enough staff when we visit.”* Staff told us *“We have a supportive management team”* and *“It’s a lovely caring place to work.”*

Staff recruitment pre-employment checks are completed prior to employment commencing but staff training needs improvement. Staff files show training is not provided at the frequency and amount required. Training records are not up to date. We discussed this with the manager who agreed to address this immediately. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

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
35	The service provider has not ensured that staff have an up to date DBS certificate and satisfactory information regarding work history.	Achieved
36	The provider has not ensured that staff receive the appropriate amount and frequency of formal supervision and appraisal.	Achieved
19	The Provider has not ensured that information about the service (Guide to Service) is reviewed at least annually and updated as necessary.	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
36	Some staff did not receive core training at the required frequency and amount. Ensure all staff receive training when needed.	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.	Not Achieved
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.	Not Achieved
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.	Achieved
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.	Achieved
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.	Achieved

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