



Inspection Report on

Glangarnant Care Home

**Glan Garnant
Neuadd Road
Ammanford
SA18 1UF**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

11 May 2022 & 12 May 2022

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About Glangarnant Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Arkash Management Consultants Limited
Registered places	43
Language of the service	Both
Previous Care Inspectorate Wales inspection	11 November 2021 & 22 November 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

Glangarnant Care Home has a new manager who has made some positive changes since being appointed in January 2022. Staffing levels have increased, allowing care workers to supervise residents more closely and provide more timely assistance when needed. Staff have adapted well and are committed to new ways of working. People enjoy regular contact with care workers, and socialising with others during mealtimes and group activities. The service has significantly improved its management of medication.

Although people's basic care needs are being met, they do not always receive care that is appropriate to their individual needs. Care workers do not fully understand the measures in place to help protect people from harm. The service needs to prioritise improving its care planning and review process. Staff require additional training and support to help them better understand people's needs, including how to manage ongoing risks.

People live in a clean, well-maintained environment. The service has temporarily stopped using surveillance cameras within communal areas, as people had not been consulted about their use and the service's CCTV policy was not being followed. Action is being taken to address this. There are systems in place for monitoring the quality of the service, although the responsible individual (RI) needs to supervise the management of the service more effectively.

Well-being

The service strives to deliver person-centred care that enhances people's quality of life. Details of people's care preferences and routines are set out within their personal plans. People are involved in discussions about their care, although the service needs to ensure it documents care reviews that consider whether people's personal plans are still appropriate. People's privacy and dignity has been compromised due to internal CCTV monitoring within communal areas. The service needs to ensure that people are properly consulted about CCTV use within the home and follow the principles set out within its CCTV policy.

People experience emotional well-being through their positive interactions with care workers and other residents. The service is developing its programme of activities and making changes to improve people's dining experiences. Staff attend regular meetings with health professionals, where they can provide updates about people's health and well-being and share any concerns. The service manages people's medicines effectively. However, immediate action is needed to ensure people receive appropriate care and support, as set out within their personal plans. Personal plans need to be reviewed more carefully and updated following any change. The recent turnover of staff has impacted on the overall skill mix of the team. Care workers do not fully understand people's particular care and support needs and would benefit from additional training to support their practice. Although care workers receive informal support, management need to ensure they also receive formal supervision every three months and annual appraisals.

The service has systems in place to help protect people from abuse. An up-to-date safeguarding policy clearly explains the All Wales Safeguarding Procedures. The service carries out the required checks when employing new staff. Staffing levels are reviewed and adjusted as needed. Care workers are visible and responsive to calls for assistance. They have completed training in relation to safeguarding adults at risk and understand how to report concerns. However, care workers do not have a full understanding of the specific risks relating to people's safety, and these are not always accounted for within risk assessments and personal plans. The service needs to take immediate action to address this. Standards at the service are regularly monitored, although the RI must supervise the management of the service more closely to ensure the home runs smoothly.

The home is secure and decorated and furnished to a good overall standard. People can access private and communal areas safely. The layout and presentation of the lounge-diners have been improved to enhance people's daily experiences. The home and its facilities are kept in a good state of repair through routine health and safety checks and the servicing of equipment. The service promotes a good standard of hygiene and infection control.

Care and Support

People experience warmth and kindness from a hardworking, committed team of staff. We saw people having regular contact with care workers and other residents as they spent time in private and communal areas. Care workers recognise when people need support and provide this in a considerate, respectful way. The manager has made some positive changes to improve people's daily experiences, such as removing distractions and protecting mealtimes to allow people to eat in a calmer, quieter environment. We saw care workers giving people time and maintaining people's dignity when assisting them with their meals. There are plans to develop the home's range of activities and purchase sensory-based equipment to support individual activities. A 'Resident of the Day' scheme is also being introduced, which will focus on all aspects of an individual's care on a rotational basis.

The service regularly involves people, their representatives and professionals in discussions about people's health, care and well-being. However, a system needs to be implemented for recording care reviews, which consider the suitability of personal plans and the extent to which people's goals are being met. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

The service does not always protect and promote people's safety and well-being. We found that people do not consistently receive care and support in line with their personal plans, and these are not being reviewed and updated in a meaningful way. There have been occasions when care workers have not followed the guidance within people's plans, or the advice given by safeguarding and commissioning teams. For example, we found that people had been given unsuitable foods and their pain and diabetes had not been monitored appropriately. Care staff do not have a full or clear understanding of people's needs, including the safety measures implemented in response to safeguarding concerns. These issues are placing people's health and well-being at risk, and we have therefore issued a Priority Action Notice (PAN). The provider must take immediate action to address this. The service has recently experienced a high turnover of staff, which is likely to have contributed to these issues. The manager is monitoring practice closely and providing additional training and support. All care staff will now attend shift handovers, so they receive important information and updates about people's care.

At the last inspection, we found that the service was not managing people's medicines effectively, putting their health and well-being at risk. We issued a PAN requesting that the provider take immediate action. During this inspection, we found that significant improvements have been made and the service is now compliant in this area. Medicines are stored securely and at suitable temperatures. The service receives a timely supply of medicines and good support from a new pharmacy. Medication records show that people receive their prescribed medicines at the appropriate times. The manager carries out

regular medication audits to identify any administration or recording errors. Staff responsible for administering medicines are required to check records at the end of their shifts, to ensure they have given and signed for all medicines as needed. We saw that staff do not consistently sign to confirm that prescribed creams have been applied. The manager is reintroducing topical medication charts for this, which will be included in routine audits.

Environment

The service has failed to fully uphold people's right to privacy and dignity. This is because surveillance cameras have been installed within communal areas without proper consultation with people. The use of internal surveillance cameras is not reflected within the service's statement of purpose and concerns have been reported to CIW about how CCTV footage is accessed. The service has a CCTV policy, although it has not been shared with residents or staff and its principles have not been followed. We saw that the cameras impact on people's privacy and compromise their dignity as they provide live views of people as they move along corridors and spend time in communal lounges. We have therefore issued a Priority Action Notice to the provider, who must take immediate action to address this issue. The service stopped its internal CCTV monitoring during the inspection and has begun consulting with residents, staff and other stakeholders.

The service has suitable infection control measures in place. We found all parts of the home to be clean and hygienic. Care workers wear appropriate personal protective equipment (PPE) to reduce the risk of cross infection. Staff carry out regular lateral flow testing in line with current guidelines. Staff also ensure visitors have completed a negative lateral flow test before allowing them into the home. We found PPE and hand sanitiser to be available and accessible, along with appropriate waste bins. Records confirm that staff are required to complete training in relation to infection control. Arrangements are in place to refurbish bathrooms where damage from general wear and tear has made them more difficult to keep clean. Extra housekeeping staff are being used to support the home's deep cleaning programme.

Environmental upgrades are underway to improve the service's accommodation and facilities. The paintwork in corridors is being renewed, a new phone line with internet connection is being installed and some radiators are being replaced. The manager told us bedrooms will be refurbished as they become vacant. We saw photos displayed outside rooms to help people orientate to their surroundings. The kitchen and dining area used by nursing residents has been redecorated and furnished to a good standard. The layout of the second lounge-diner has also been altered to encourage people to eat together around tables. The manager told us this has significantly improved levels of social interaction. The service has a new maintenance officer who works every weekday and provides on-call cover in an emergency. We saw that specialist bathing equipment has recently been serviced to ensure it is safe for use. The manager has a system for monitoring the completion of call bell, water temperature, fire safety and other health and safety checks. Records show that staff are required to complete training in relation to health and safety, fire safety, Control of Substances Hazardous to Health (COSHH) and food hygiene.

Leadership and Management

The service uses a dependency tool to help determine safe staffing levels, which are kept under review by the manager and RI. Care workers are visible throughout the home. They respond promptly to call bells or sensor alarms and are generally available to assist people when needed. The service has recently experienced a high turnover of staff. This has affected the overall skill mix and impacted on daily workloads due to the extra time needed to support and train new staff. Care workers told us they sometimes struggle with their workload during staff absence, although things have improved with the recent increase in daily staffing levels. The service is continuing to recruit nursing staff due to shortages, which have impacted on the manager's and clinical lead's ability to drive up standards.

The new manager has developed good relationships with staff and is working to improve overall standards of practice. We found that the service has quality assurance systems in place to help drive improvement. These include formal visits by the RI, six-monthly quality of care reviews and monthly management reports that include a review of records, resources, complaints and other incidents. We noted that the records relating to the RI's formal visits and the report from the latest quality of care review do not refer to feedback gathered from people using the service, or the outcomes being achieved. The RI agreed to address this in future reports. The vision for the service is set out in its statement of purpose and written guide. However, these documents include some inaccurate and out-of-date information, which needs to be updated.

Staff are safely recruited. Records confirm that the service carries out the required pre-employment and Disclosure and Barring Service (DBS) checks. Care workers described their induction and training as "good" and said they are provided with any extra training they request. Records show that staff complete a range of relevant training, including moving and handling, safeguarding, dementia awareness, the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff need further training in areas such as nutrition, skin integrity, electronic care planning and risk assessing. The manager is providing ongoing training to staff, on an individual basis if needed. Training courses provided by the Local Health Board have also been booked.

Staff work well as a team and are passionate about making a positive difference to people's lives. Staff told us they feel comfortable approaching managers or senior staff and are confident they would deal with any issues. Although staff receive informal support and direction, they do not consistently receive formal supervision and appraisals as often as required. We also found that the manager's views about how the home is run have not always been sought or considered by the RI. Records confirm that the manager has not received formal supervision or an appropriate level of training since being appointed. The RI must supervise the management of the service and ensure resources are available for the home to run smoothly. While no immediate action is required, these are areas for

improvement and we expect the provider to take action. The RI assured us that the service is committed to addressing all compliance issues identified within this report.

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
25	The service installed cameras within communal areas without proper consultation with people, compromising their privacy and dignity. The service should encourage people to contribute their views about how the service is run.	New
43	The service's CCTV policy has not been adhered to. The service installed cameras within communal areas without consulting with people.	New
21	Care and support is not being provided in accordance with people's personal plans. The service is not being provided in a way that protects and promotes people's safety and well-being.	New

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
16	There is no evidence that reviews of personal plans are being carried out which consider the extent to which people's personal outcomes are being met and include the individual, their representative (if applicable) and the placing authority.	New
36	Staff are not receiving three monthly supervision and annual appraisals.	New
66	The responsible individual has not made suitable arrangements to ensure the manager receives the required supervision and training to assist them in their role. Challenges in relation to the recruitment of nursing staff have impacted on the management team's ability to effectively implement systems that support in the delivery of a good quality service that complies with the Regulations.	New

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