



Inspection Report on

Glasfryn House Limited

**Glasfryn House Ltd
228-230
Cockett Road
Swansea
SA2 0FN**

Date Inspection Completed

27/09/2023

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About Glasfryn House Limited

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Glasfryn House Limited
Registered places	34
Language of the service	English
Previous Care Inspectorate Wales inspection	28th June 2023
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

In June, we had significant concerns about the care and support provided in the service. We took urgent enforcement action, and found at this inspection, the provider has made many improvements. Despite this there continues to be concern in relation to personal plan and risk assessment reviews and updates to ensure appropriate and safe care and support is provided. Also in respect of staff not receiving regular planned supervisions and appraisals. We also observed poor medication administration practice during the inspection. The interim manager and responsible individual (RI) are fully aware of these concerns and are keen to ensure positive progress is maintained. There are clear and detailed plans in place to drive this change and improvement.

Well-being

There are continued concerns regarding the standard of care people receive. Since the last inspection the provider has made significant improvements in many areas. These include improved staffing levels, environmental repairs and updates, manual handling practice and equipment, leadership and management, infection control, reporting of incidents etc. We also received positive feedback from staff about the support and training they receive and improvements made. Despite this we found personal plans and associated risk assessments are not always current, regularly reviewed and updated as required by regulation. Also; care staff are not receiving regular planned supervisions and appraisals. We also observed poor practice in relation to medication administration in the service. The interim manager and RI are aware and motivated to ensure improvements continue in the service. We spoke to people and relatives and generally received positive feedback about their experiences of living in and visiting the service.

Since the last inspection improvements have been made to the environment. These include repair and refurbishment of a communal shower room, repair of a sluice and new floor covering and furniture in a dining/lounge area. The provider is currently working through a list of work required to improve fire safety measures and this is nearly all completed. New fire evacuation and manual handling equipment has been purchased. The service is clean and clutter free throughout. There are future plans to continue improvements both internally and externally. A new cook has recently been recruited. The food hygiene standards are rated as five "very good". We received many positive comments regarding the food quality and choice.

There are oversight and governance arrangements within the service. The interim manager and RI are accessible and supportive. The RI has strengthened management oversight by contracting with an external consultancy agency and recruiting an interim manager. A new permanent manager has been recruited and will be starting over the coming weeks. Policies and procedures are thorough and reviewed regularly. The statement of purpose (SoP) is reflective of the service provided and has recently been updated.

Care and Support

People are provided with support that considers their health and care needs. The service uses an electronic online support planning system. We completed an audit of three people's support files. At a previous inspection we found inadequate personal support planning processes and documentation. The provider has been working to improve this by introducing improved scrutiny, oversight and delegated staff responsibility in relation to care planning. Despite this we found some people's personal plans have not been reviewed within regulatory timescales and some information is not consistent with people's current needs. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

We saw positive and supportive interactions between care workers and people. We spoke with people living in the service. One told us; *"I Feel things have improved and have no concerns or worries regarding care and support"*. A relative stated; *"we feel involved – we are kept up to date and have attended a few meetings..our relative has thrived since coming here"*. Another relative told us; *"Things have improved massively since the new (interim) manager has been in post. The new manager is really transparent and always acts on any information shared"*. We spoke with the new cook who showed good knowledge of food preparation in respect of people with swallowing difficulties and dietary needs. We saw people being supported to eat a cooked meal for lunch and were told by them the variety and choice is good. We observed appropriate and safe manual handling practice in the service throughout our inspection.

Since the last inspection the provider has increased staffing levels in the service. The provider uses a system to work out appropriate staffing levels. This has been reviewed due to concerns raised (following an inspection by Mid & West Wales Fire & Rescue Service) regarding lack of effective fire risk prevention and evacuation procedures. The provider has made good progress in relation to this and nearly completed all fire compliance measures requested. The manager told us they currently use agency care staff and nurses to ensure adequate staffing levels are maintained. Also, recruitment for new care staff is on-going and as this improves reliance on agency staff will lessen.

We completed an audit of medication administration and storage procedures in the service. This is because of previous concerns regarding medication practice. We observed poor practice in relation to medication administration for a person. This was fully discussed with the interim manager who immediately completed an investigation and took appropriate measures. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Environment

Since the last inspection we observed improvement in many areas. A communal shower room has been repaired and refurbished along with a sluice room. New flooring has been installed in the lounge and dining areas. New dining room furniture, manual handling equipment and fire evacuation equipment has been purchased and installed. The RI told us a completely new fire alarm system is also due to be installed. Many areas have now been cleared and de-cluttered. The interim manager told us there are future plans to improve the dining area and experience for people, also to landscape outside spaces. The environment is clean throughout and we saw good practice in relation to infection control including care staff washing their hands regularly and changing personal protective equipment.

There are processes in place to ensure checks are completed and documented. Safety certificates for gas installations, lift operation, fire alarms, hoists and slings are in place. We saw a file containing oversight of all maintenance, accidents, infection control and health & safety in the home. The service has a dedicated maintenance person who is responsible for completing the regular scheduled safety checks around the building. The interim manager or senior staff complete a daily documented environmental audit currently to ensure people are safe and any issues reported appropriately. We saw cleaning products are stored safely, appropriately and according to control of substances harmful to health regulations (CoSHH). There is a dedicated laundry room and soiled items are separated from clean observing good infection control. Fire alarm checks are completed regularly and documented accordingly. There is a dedicated medication room and we saw temperatures are taken daily and documented accordingly. The provider has recently employed a new cook who is in the process of improving standards.

Leadership and Management

Governance arrangements are in place to support and have oversight of the service. Since the last inspection a new interim manager has been appointed along with a new deputy manager and clinical lead. The RI has also appointed an external consultant to support the interim manager on a part time basis. The interim manager told us a new permanent registered manager has also been appointed and is due to start in a few weeks' time. An induction and handover period will take place to ensure the new manager is fully apprised of continuing actions to improve the service. The interim manager told us the RI is very supportive and has taken an active role in overseeing improvements and actions. Any incidents and safeguarding concerns are reported appropriately and as required by regulation. Policies and procedures are detailed and robust covering areas such as safeguarding, complaints and infection control. All policies viewed are thorough and reviewed regularly. The interim manager and RI acknowledged improvement continues to be needed in some areas and there is a detailed plan in place with actions to help achieve these. The SoP accurately describes the service provided, having recently been updated.

People are supported by a service that provides appropriate numbers of staff who are suitably fit and have the knowledge, competency, skills and qualifications to provide care and support. We completed an audit of four staff files. Staff records are kept in a locked filing cabinet in an office. Records indicate that new care staff receive an induction aligned with the All Wales Induction Framework (AWIF). Staff files generally contain the appropriate recruitment information and evidence of checks including Disclosure and Barring Service checks (DBS). We spoke with seven staff in different roles across the service during the inspection. We received positive responses in relation to their experience of working in the service currently. A care worker told us; *"amazing now – not as stressful, better staffing arrangements in place and agency support (they know people well). I love it now, able to speak freely now, open door policy, managers are far more responsive. Everyone knows what they should be doing and improved communication across the home. Better handovers taking place"*. Another care worker stated; *"the managers are really good and you can approach them with anything"*. There has been significant improvement in relation to staff training. Care staff we spoke with confirmed they have received recent training in relation to manual handling, infection control, fire training and safeguarding. We also saw an overall staff training log showing clear improvement. We saw a staff supervision log that showed nearly all care workers and nurses are not receiving regular structured supervision and an annual appraisal. We spoke to the interim manager who told us new supervision and appraisal processes are being introduced currently. This is still having an impact on people's health and well-being and placing them at risk. Where providers fail to take priority action, we will take enforcement 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
36	Staff are not receiving regular, planned formal supervisions and appraisals. The service provider must ensure that any person working at the service receives appropriate supervision and appraisal.	Not Achieved
21	Regulation 21.— (1) The service provider must ensure that care and support is provided in a way which protects, promotes and maintains the safety and well-being of individuals The service provider must ensure the service is responsive and proactive in identifying, responding to and mitigating risks. The service provider must provide the service in a way which ensures that individuals are safe and are protected from abuse, neglect and improper treatment. Staff are aware of their individual responsibilities for raising concerns to ensure the safety and well-being of individuals. - To ensure regulatory reporting arrangements are always	Achieved

	<p>followed, this will include Regulation 60 incident, RIDDOR and safeguarding reporting procedures. -</p> <p>To ensure staff disciplinary processes are instigated and followed within appropriate timescales and any short-term safeguarding arrangements are put in place to protect people. - The provider will instigate a comprehensive audit of all manual handling procedures in the service.</p>	
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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
58	A full inspection took place on 27th September. As part of this an audit of medication administration was completed. This showed practice did not adhere to safe practice guidance. The provider must ensure medication administration practice is safe and adheres to good practice recommendations.	New
16	A full inspection took place on 27th September. As part of this an audit of personal files showed not all personal plans have been reviewed and updated where necessary. The provider needs to ensure personal plan reviews are completed within regulatory timeframes.	New
44	The provider must ensure that systems and processes are in place which promote a safe and high quality environment in which the services are provided. Ensure facilities and equipment are well maintained and appropriate to the individuals using the service.	Achieved

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