



## Inspection Report on

**Glasfryn House Limited**

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

## **Date Inspection Completed**

24<sup>th</sup> August 2022

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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	
Does this service provide the Welsh Language active offer?	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

This was a focused inspection, on this occasion, we only considered well-being, care and support, leadership and management. Improvements have been made since the last inspection. These include ensuring all care staff now have a current Disclosure and Barring Service, check in place. Positive progress has been made in relation to ensuring care staff have access to both core and specialist training. The provider has a plan in place to continue with this and ensure all care staff are appropriately trained in relation to their care and support roles. Improvements have also been made in other areas including medication administration and storage, staffing levels and support planning. Positive feedback was received about the standard of care and support provided.

## Well-being

As this was a focused inspection, we have not considered this theme, in full. People are treated with dignity and respect. We saw positive interactions between care workers and people throughout the inspection. People gave us consistently positive feedback about care workers and managers during the inspection. We also spoke to a relative and visiting professional who both gave positive feedback about the care and support provided in the service.

There are adequate staffing levels in the service. This has improved since the last inspection. We spoke to care workers as part of the inspection who gave positive feedback about the support they receive from managers and improved access to training. The deputy manager told us there has been a focus on improving the range of core and specialist training available to care staff. We saw a staff training matrix that clearly showed this. Disclosure and Barring Service checks are now in place for all care staff as required by regulation.

Support planning processes are robust and thorough. Regular audits are completed by managers to ensure personal plans are kept up to date and remain accurate. Personal plan reviews are completed regularly. Medication administration and storage processes have been improved in the service.

## Care and Support

As this was a focused inspection, we have not considered this theme, in full. As part of the inspection, we completed an audit of two people's support files. We saw generally comprehensive and thorough documentation including personal plans and recordings. The deputy manager told us since the last inspection they have introduced support file audits, where personal plans are checked regularly by managers to ensure they are up to date. We spoke to people throughout the inspection. One person told us: *"It's lovely here with tremendous staff and absolutely no complaints or concerns"*. Another told us; *"staff are really nice and supportive, no complaints or concerns with care"*. A relative stated; *"people are looked after well and I have no concerns about the care provided whatsoever"*.

Procedures in relation to medication storage and administration are safe and appropriate in the service. The Integrated Medicines Management Team from Swansea Bay University Health Board have recently completed a full audit in the service. The provider has acted on all practice recommendations and advice given. This has improved and enhanced medication administration and storage arrangements in the service.

Care staff are receiving both core and specialist training to support them in their roles. Improvements have been made since the last inspection. Care staff told us they have attended recent training in relation to core and specialist subjects including dementia care and safeguarding. The deputy manager told us there is a plan to continue ensuring staff receive appropriate training. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Care staff now have Disclosure and Barring Service (DBS) checks in place as requested at the previous inspection.

## Leadership and Management

As this was a focused inspection, we have not considered this theme, in full. Since the last inspection, the provider has introduced a measurable and documented tool to determine the number of staff required for the safe provision of care and support in the service. The manager told us this has been fully discussed and agreed with the responsible individual. Staffing levels have improved recently through successful recruitment. The deputy manager told us there is currently a full staff team in place which includes, nurses, care workers, domestic, kitchen and maintenance staff. We spoke to five care workers during the inspection. One told us; *“good support here, very friendly and approachable. Brilliant support from nurses and managers”*. Another told us; *“manager is a very good support and very supportive. Understands workload”*. Care workers also confirmed they had received a range of training recently and this is improving in the service.

### 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
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36	Core and specialist training is not complete for all care staff.	New
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