



Inspection Report on

Glasfryn House Limited

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

Date Inspection Completed

18/12/2023

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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	27 September 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

This was a focused inspection and on this occasion we only considered care and support, leadership and management in detail. This is as a result of previous failings and compliance issues in multiple areas. The provider continues to ensure positive improvements are made and sustained in many areas including the care and support people receive. There are still some areas requiring improvement in relation to medication administration records and ensuring care provided is consistent with risk management plans.

Well-being

We spoke to people and relatives during the inspection and received positive feedback, including about care workers and communication with and from managers. We saw improvement in relation to activities for people in the service. All the people we spoke to told us they are happy and enjoy living in the home. Relatives confirmed standards of care and support have improved. We saw personal plans have been reviewed and are regularly audited by senior staff. Staff recordings regarding care given do not always align with care and risk plans. The manager told us this is a priority and will be addressed. Medication administration recording by nursing staff requires improvement. The manager told us this will be addressed. Staff spoken with as part of the inspection gave overwhelmingly positive feedback about recent improvements made in the home. We saw adequate numbers of staff working in the home and a motivated management team.

Care and Support

As this was a focused inspection, we have not considered this theme, in full. At the last inspection we found failings in relation to personal plan reviews not taking place. We completed an audit of four people's support files. New processes have now been introduced to ensure personal plans are regularly reviewed and where needed updated. There are also new auditing processes in place to ensure personal care and risk management plans are regularly checked, robust and thorough. As a result of previous failings Swansea Social Services issued an escalating concerns notice to the provider. This has now ended due to improvements in the standard of care and support provided to people. Swansea Social Services and commissioning continue to monitor this closely.

We saw positive and supportive interactions between care workers and people. We saw people enjoying an entertainer and participating in a Christmas party on the day of inspection. A full time activity coordinator is in post who has many positive ideas about the introduction of activities in the New Year. We spoke with people living in the service and relatives during the inspection. We received positive feedback regarding the standard of care and support provided. A relative told us; "*absolutely no concerns at all... great now a lot better, improved a lot*". We observed appropriate and safe manual handling practice in the service throughout our inspection.

We completed an audit of medication administration and storage procedures in the service. This is because of previous concerns regarding poor medication practice. We saw some gaps in signatures on medication administration record sheets. This was fully discussed with the manager who immediately completed an investigation and took appropriate measures. We were told people had been administered the appropriate medication as the medication counts were checked and found to be correct. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Staff have a good understanding of the safeguarding process. There is a clear safeguarding policy and procedures in place. All staff complete safeguarding training as part of their induction and follow up training is arranged. Staff feel they have the skills and knowledge to report issues. The relevant agencies are notified of any concerns.

Leadership and Management

As this was a focused inspection, we have not considered this theme, in full. Since the last inspection a new permanent manager has been appointed. The manager told us they feel very well supported by the responsible individual (RI) and an appointed management consultant who is in touch on a weekly basis. The RI was present at the time of inspection and reviewing progress with the manager. The management team have worked hard to ensure positive changes are taking place. These include improvements in care documentation, staff training, staffing levels, recruitment, and the environment.

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 spoke to four care staff in detail during the inspection. We received positive feedback about recent staff training provided which includes; fire safety, manual handling, first aid, dementia and safeguarding. The provider has also recently introduced a new online electronic training system which staff are currently working through and gave positive feedback about. A care worker told us; *“A lot of things have changed for the better over the last few months. I do feel if I raise any issues they will be acted upon”*. Another care worker stated; *“very well supported. Before we used to struggle but lately things have improved a lot and more progress. Also, training improved and makes a lot of difference”*. The provider has also introduced a new tool to ensure adequate staffing levels are maintained in the service. We saw appropriate numbers of staff working in the service during the inspection including; nurses, domestic staff, care workers, kitchen staff and a maintenance person. The provider uses a system for working out adequate numbers of staff based on people’s needs. A new administrator has also been recruited. We saw improved processes and record keeping in relation to recruitment and staff checks. Staff spoken with told us they had received a recent supervision. The provider also sent us a detailed overview of staff supervisions and appraisals. This shows nearly all staff have now received supervision.

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
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.	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
21	A focused CIW inspection took place on 18th December 2023. As part of this a personal care file audit took place. This showed that records of care provided do not always align with risk and care plans in place.	New
58	A focused inspection took place on 18th December 2023. 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.	Not Achieved
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.	Achieved

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