

# Inspection Report on

**Glasallt Fawr Care Home** 

Glasallt Fawr Llangadog SA19 9AS

## **Date Inspection Completed**

01/03/2023

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# **About Glasallt Fawr Care Home**

Type of care provided	Care Home Service
	Adults Without Nursing
Registered Provider	Glasallt Fawr - Camphill Centre
Registered places	29
Language of the service	English
Previous Care Inspectorate Wales inspection	24/11/2021
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

### Summary

People are happy living in Glasallt Fawr and the opportunities the service offers them. The dedicated managers and staff within each of the four houses have a good understanding of the needs and preferences of the people they support. Care records are person centred and regularly reviewed with the person or their representative.

The Responsible Individual (RI) has very good oversight of the service through their internal audits, Regulation 73 visits and by being based on site. Managers and staff receive regular supervision and training to support them in their roles. There are robust staff recruitment processes in place.

The service provides a safe environment for people to live and enjoy a wealth of opportunities within the 90 acres of useable land of the farm and in the wider community. There are infection prevention and control measures in place in line with current Public Health Wales guidance. Overall, the service is well maintained with plans in place to improve some areas that need attention.

#### Well-being

People are encouraged to make choices and to do things that are important to them. People participate in meaningful group and individual activities within the farm and out in the community. People's individuality is supported, and this is seen with the choices people are provided with about what they want to wear, décor and furniture for their own living areas and activities they participate in. Independence is promoted and supported and involvement within the community is enabled with people participating in work and educational activities as stipulated in their support plans.

People receive the right care and support to meet their needs. People (where possible) and their representatives are involved in reviewing and updating their plans. People are treated with dignity and respect. Care workers speak warmly about the people living in the service and have a good understanding of the person, their needs and how to meet these. Care workers interact with and support people in a caring and thoughtful manner. Care records and risk assessments are detailed and give a good sense of the individuals. External professionals are actively involved in the individual's health and wellbeing. Staff receive appropriate training and have the skills and knowledge to meet individual's needs. Policies and procedures are in place to support staff in their roles.

#### **Care and Support**

People are supported by staff who understand their needs and preferences. The staff we spoke with and through observations during the inspection demonstrate they have a good understanding about the people they support and their individual needs. The care workers we spoke with were able to provide good details about the individual, their needs and families. The information provided by staff is corroborated in people's records. Interactions between staff and people are caring and supportive.

Care workers told us how much they enjoy working in Glasallt Fawr and with the people living in the service, including *"It's great here, I get a great sense of achievement working with the residents*" and *"the residents are at the heart of all we do, its very rewarding*". People also told us about living in Glasallt Fawr, including *"it's lovely, the staff are great",* and *"I really like it here, its homely and the staff are so friendly*".

Care records are detailed and provide a good picture of the individual, their needs and how best to support them. The care records include the use of a range of communication tools. The care plans and associated risk assessments are reviewed regularly and involve the individual (where possible), their representatives and commissioning authorities. There is also documented evidence of health services and professionals being involved in supporting people in their health and wellbeing.

People participate in regular meaningful group and individual activities which are important to them. We saw two people in the arts and crafts studio being supported and encouraged by the art therapist and a care worker to produce pictures using a range of materials and techniques. Neither of the people can communicate verbally but both staff members encouraged and supported the individuals using verbal and non-verbal communication. Both people were seen to be very involved and appeared to be enjoying the activity.

We also joined five people being supported by staff in preparing the ground for a new bed to grow potatoes. All the people involved were working enthusiastically and one person told us how much they enjoy working in the garden "*its lovely being able to eat what we grow*", *It's hard work but I love being in the fresh air…and look at the beautiful views, what could be better*". All the people participating in the activity were wearing gloves, warmly dressed and wearing boots or wellingtons.

Produce from the gardens are used to provide meals for people. We saw people enjoying home made parsnip soup during an inspection visit.

#### Environment

The environment supports people to achieve their personal outcomes. People enjoy living in comfortable surroundings with access to farmland and far reaching views across the countryside. There are four houses within the service plus offices, a community hall, outbuildings and workshops situated in a total of 120 acres. The layout of the service enables people to use the facilities available to them safely. People's bedrooms are personalised with choices of colour scheme, items of furniture, ornaments, photographs and artwork. Communal areas have items displayed which reflect the people living in them. This adds to the homeliness and the sense of belonging for people living in the service.

During a tour of the grounds, we were shown some of the facilities available to people who enjoy gardening. These include greenhouses, a labyrinth that had been developed during the Pandemic to ease people's boredom during that time, vegetable beds and a sensory garden area.

The environment supports people's safety. Exits are clearly signed and free from obstructions. Substances hazardous to health are safely and securely stored. Firefighting equipment are serviced regularly and window restrictors in place where needed. Personal Emergency Evacuation Plans (PEEPS) are individualised and readily available in emergencies. Infection prevention and control measures are in place in line with current Public Health Wales guidelines.

There are maintenance checks, servicing of equipment and audits in place. Communal living facilities and equipment have been improved in one of the houses that add to making it feel homely. Tiling in communal bathrooms and toilets in one of the houses are in need of repair. This was discussed with the manager and RI at the time of inspection and assurances have been given that these will be addressed. The environment is clean and free from malodours.

### Leadership and Management

People are supported by care workers who are well-supported and trained. Staff told us "*I* can speak to [manager] and [deputy manager] whenever I need to, they're very supportive", "managers are great – very approachable" and "I really enjoy working here, its great waking up in the morning and looking forward to coming to work". There are policies and procedures in place to support staff in their roles. These are reviewed and updated regularly.

Staff records show there are robust recruitment processes in place. The records we looked at held all the required checks and clearances including references and Disclosure and Barring Service clearance (DBS). Staff have an induction and receive regular documented supervision and an annual appraisal. A range of training is undertaken, and this has been confirmed by reading the training matrix and the staff we have spoken with. The managers we have spoken to and the records we have seen confirm they are receiving regular documented supervision which was not always happening at the time of the last inspection.

The RI has good oversight of the service. They have undertaken Regulation 73 visits and completed reports on these. Staff and people told us they regularly see the RI and that she spends time talking with them. Managers feel well supported by the RI and told us *"[RI] is very approachable, she has an open door policy"* and *"[RI] is knowledgeable and professional, and always helps if needed"*. People told us *"[RI] is lovely I see her regularly"* and *"I like the [RI] she's very kind"*. There are a range of monitoring tools and audits undertaken by the RI and management team. The RI reports to a Board of Trustees. The service operates within its Statement of Purpose.

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	

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		

N/A	No non-compliance of this type was identified at this	N/A
	inspection	

#### Date Published 24/04/2023