



Inspection Report on

Glyn Rhosyn

**Glyn Rhosyn Care Home
Pen-y-maes Road
Holywell
CH8 7UH**

Date Inspection Completed

1st February 2022

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About Glyn Rhosyn

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Mental Health Care (St David's) Ltd
Registered places	16
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	Yes. 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

People are happy, can do what they want to do and are involved in making choices and decisions about their lives. They are supported by a staff team who work well together and feel supported in their roles. Staff are very positive about the management of the service, the improvements being made and changes in culture. The manager and person applying to be the Responsible Individual work well together and are available at the service for people and staff to speak with. The environment is suitable to meet people's needs, their rooms are personalised and they are involved in plans to improve the décor and furniture. Improvements are needed regarding information in staff files and notifying CIW of events. Personal plans do not always contain important information for staff to provide the right care and support and keep people safe, this is not in line with the regulations.

Well-being

People have control over their day-to-day life, they are listened to and support provided is person centred. People told us about their interests, what they like to do and each person has an activities planner in place to follow. Meetings are held every morning with people to discuss their individual plans for the day and any concerns they may have. The activities coordinator told us about opportunities to do voluntary work or work experience. People are supported to develop their skills at home with baking and looking after their living space. They can access the local community, go shopping and develop their social skills and engagement with others. House and key worker meetings also take place to discuss what people want and their suggestions are listened to. People are able to make choices and are involved in decisions about their lives including plans to move on from the service.

People are supported with their physical, mental health and emotional wellbeing. Staff promote healthier eating and exercise. People can go swimming, to the gym, for walks and bike rides. Health checks are completed once a week and provide an opportunity for people to talk about how they are feeling. Health is monitored, people are supported to attend appointments and professionals are contacted as needed for advice. People are able to speak with staff if they have any concerns and are offered reassurance. Staff told us about how contact is maintained between people and their families.

People are not always protected from the risk of abuse and neglect because Information about Deprivation of Liberty Safeguards (DoLS) are not included in people's plans about what this means for people and staff supporting them. Also, positive behaviour support plans lack detail and are not consistent with other information recorded in people's files. A person told us they felt safe living at Glyn Rhosyn. There are policies for safeguarding and whistleblowing and staff feel able to raise any concerns they have with senior members of staff or management. They also complete training in safeguarding and physical intervention.

People live in accommodation which suits their needs. There are communal areas for people to socialise in as well as places to spend time on their own. There is an activity area and kitchen for people to use and build their skills and independence. Outdoor space is also available which we saw people making use of. People are being asked to contribute to how their home looks and encouraged to make choices about décor and furniture.

Care and Support

People are provided with care and support which they are involved in but important information is missing from plans. Staff speak fondly and positively about people and the relationships, they have with them. We asked staff what is good about the service and their comments include *“all focused on individuals”*, *“care of residents”*, *“making a difference in resident’s lives”* and *“everyone has their own voice”*. People spoke with us about what they think about the service, what they like to do and the choices they make. People’s health and wellbeing is monitored and professionals are involved as and when needed. People have opportunities to meet together and voice their opinions during house meetings as well as in one to one key worker meetings. Communication passports are in place and staff told us they receive training in specific areas to meet people’s needs. Staff told us that information is being reviewed and updated constantly and we saw that, following incidents, information had been updated straight away. Person centred plans, positive behaviour support plans and risk assessments are in place but we found there is a lot of information in files for people. This meant that some information is missed and therefore not consistently recorded on documentation. Information about behaviours and DoLS is not always clear about what this means for the person or staff supporting them. We have issued a priority action notice for this.

Hygienic practices are promoted and the risk of infection is being managed. On arrival to the home visitors are asked to provide evidence of a negative Lateral Flow Test (LFT) and have their temperatures taken and recorded. There are Personal Protective Equipment (PPE) stations at the entrance of the home and in different areas around the buildings. Staff told us they received training, have plenty of PPE available to them and we saw them wearing this appropriately. There is a Covid risk assessment, policy and Public Health Wales (PHW) guidance available for staff to follow.

Environment

People are supported in an environment, which meets their needs. The service is homely and nicely decorated and furnished. There are plans to update and improve the way the environment looks. Staff told us people are being asked what sofas and other items they would like in their home. Two people showed us their rooms, which are personalised and reflected their particular interests and preferences. There is a dining area for people to use at different times. A maintenance person is employed to carry out work needed. There is a maintenance plan in place for work to be completed. The manager told us about a recent environmental audit carried out. We looked at this and it identifies what improvements are to be made over the next year.

Leadership and Management

Governance arrangements are in place to support the operation of the service and improve the quality of care and support people receive. Policies and procedures are in place for staff to follow and these are kept under review. The person applying to be the Responsible Individual (RI) has good oversight of the service and visits the service. They complete three monthly visit reports as well as a quality of care review report. These reports show that information is being looked at; people and staff are spoken with and actions taken to improve the service. Management told us they feel well supported in their roles. We discussed the role of the nurse and the need to review this to ensure they have the time to complete tasks effectively. We found an incident had not been notified to CIW and there had been a delay in some notifications being sent following incidents. We discussed this with the manager and person applying to be the RI and identified this as an area for improvement.

People are supported by staff who are suitably fit and have the knowledge and skills to provide care and support but there is a high use of agency staff. Staff told us they receive supervision and plenty of training to support them in their roles and to fulfil their responsibilities. There is a clear staff structure in place, which all staff are aware of. We asked staff what is good about the service and they talked about positive cultural changes, having the right staff with the right attitudes and staff supporting each other. Management and staff told us about the amount of agency staff being used. Staff gave positive feedback about this and how it is being well managed by block booking staff who are familiar with people, including them in the rotas and making them feel part of the team. Recruitment is ongoing to increase the numbers of permanent staff. A staff member told us about how a person had been involved in the recruitment process. Staff files contain application forms, two forms of identification, Disclosure Barring Service (DBS) checks and two references. We found that further exploration was needed around some gaps in employment and from whom references had been obtained. We discussed with the manager and the person applying to be the RI and identified this as an area for improvement.

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
15	They have not ensured that all staff and agency staff have the right information which is clear about the care and support people need. Ensure that information in personal plans, positive behaviour support plans and risk assessments is correct.	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
35	Staff files did not provide all the necessary information in respect of references and gaps in employment. Ensure references include the last employer and an explanation of any gaps in employment.	New
60	Not all events have been notified to CIW as required. Ensure all notifications are made as required in Schedule 3.	New

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