



## Inspection Report on

**Glanmorfa Supported Living**

**52-54 Station Road  
Kidwelly  
SA17 4UR**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

## **Date Inspection Completed**

13/03/2023

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## About Glanmorfa Supported Living

|  |  |
|--|--|
| Type of care provided                                      | Domiciliary Support Service  |
| Registered Provider  | Glanmorfa Care Home Ltd  |
| Registered places  | 0  |
| Language of the service                                    | Both   |
| Previous Care Inspectorate Wales inspection                | <a href="#">15 November 2021</a>   |
| 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 because there is no one using the service who speaks Welsh. |

### Summary

Overall, the staff team at Glanmorfa Supported Living endeavour to help people to live as they wish and to maintain their independence. People and their relatives are enthusiastic about the support they receive and say care workers support them well. Care workers are enthusiastic and want to make a positive difference to people's lives, focusing on each person's needs. They feel well supported by the management team. Good communication channels are evident throughout the service and there are robust systems in place to monitor the quality of care provided.

### Well-being

People and their relatives are very happy with the service they receive from Glanmorfa Supported Living. Care records reflect each person's support needs in detail, and care workers are aware of the importance of each person's well-being: they support each person as they wish and people and their relatives say the care workers are kind, caring, respectful and professional in their approaches.

Each person receiving support enjoys their own hobbies and interests every day: people know their local area, they party on holidays in a variety of places, enjoy concerts around Wales at top venues, and socialise and laugh with each other every day - and generally enjoy life. There are deep and genuine relationships between the staff team and people receiving support, with a great deal of humour evident.

People indicate they are safe with the care workers who support them. Relatives also say they are invited to be involved in all decisions taken regarding their family members. However, care records are being updated into a new format at the moment: this means that currently there is no documented evidence to denote peoples' agreement to their contents. But the manager will ensure this is evidenced by people or their family member/advocate to demonstrate their participation in the process. This gives each person reassurance that their needs and personal preferences are really understood.

People and relatives say they know how to make a complaint and are confident senior staff members would listen to them if they did. Each person's privacy and personal information is always kept secure.

This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people who use, or intend to use their service because although some staff members are Welsh speakers, no one using the service currently speaks Welsh.

Overall, the staff team ensure there are accurate plans in place that describe people's support and to help them achieve their best possible outcomes. The management team considers a range of information to ensure they can meet people's needs before their support is put in place. This includes obtaining as much information as possible from relatives and healthcare professionals such as social workers, occupational therapists and speech and language therapists. From this, senior staff develop care records that describe people's support arrangements, together with any specific requirements identified throughout the process. All care workers have access to this information to ensure each person always receives the right support. To remain current, all care records are regularly reviewed, more frequently wherever support needs change. People and their relatives are happy with the support they receive. One relative said, "*Oh yes, everything is lovely, we don't worry at all.*"

The provider has detailed policies and procedures to manage the risk of infection. Measures are in place to ensure people are kept safe from infection as far as possible. This includes the monitoring of all visitors and the appropriate use of personal protective equipment by all care workers. People and relatives say there are good hygiene practices throughout the service.

As far as possible, the service takes steps to safeguard people from neglect and abuse. Risks to people's health and well-being are clearly recorded and minimised so people can maintain their independence as far as possible. Care workers recognise their personal responsibilities in keeping people safe. They are aware of the whistleblowing procedure and are confident to use it if the need arises. They say they would go to the manager initially but would be confident to go to external agencies such as the safeguarding team if they thought they needed to.

Overall, the service is committed to developing a culture that ensures the best possible outcomes are achieved for people. The Responsible Individual (RI) and manager have regular oversight of the support provided to people every day, together with regular contact with peoples' families and healthcare professionals involved in their care. Detailed quality assurance reports monitor all aspects of people's care arrangements, and the RI completes three-monthly overall reviews of the service.

The provider ensures there are enough knowledgeable and skilled care workers to provide the right support for people. Pre-employment checks take place before new employees start work - these include reference checks, photo identification and Disclosure and Barring Service (DBS) checks. The staff induction programme links to the 'All Wales Induction Framework for Health and Social Care.' Training records show all employees are up to date with their essential training: care workers confirmed to us they have all the training they need to support people as they should.

As far as possible, the provider takes appropriate steps to safeguard people from neglect and abuse. The staff team ensure they protect all private and personal information. The safeguarding policy and procedure is in line with current legislation and local safeguarding procedures. Senior staff ensure all care records clearly state any risks to people's well-being and detailed risk management plans help to keep people safe and as independent as possible. In addition, employee training records evidence safeguarding training has been completed.

### 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 |
|------------|---------|--------|
|------------|---------|--------|

|     |  |          |
|-----|--|----------|
| N/A | No non-compliance of this type was identified at this inspection               | N/A      |
| 16  | There is no evidence that people are involved in reviewing their care records. | Achieved |

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