



# Inspection Report on

**Glangarnant House (YA)**

**Glan Garnant  
Neuadd Road  
Ammanford  
SA18 1UF**

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

**This report is also available in Welsh**

**Date Inspection Completed**

14/04/2023

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## About Glangarnant House (YA)

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Swanton Care and Community (Maesteilo Care Homes) Ltd and Swanton Care & Community Ltd
Registered places	9
Language of the service	Both
Previous Care Inspectorate Wales inspection	<a href="#">7 April 2022</a>
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

The team at Glangarnant House know the people they support well and maintain their dignity and individuality. Care and support is person centred with 'what is important to people' being the main focus. Personal plans are accurate and detailed. Improvements have been seen to the review process with people's representatives being given the opportunity to attend them.

The environment enables people to be as independent as possible. People are involved with personalising their living areas. Improvements have been made to the home as part of a maintenance programme. Glangarnant House has a 'family home' feel and is described as welcoming.

Quality assurance processes are in place with audits evident and quarterly visits completed by the Responsible Individual (RI). Recruitment is robust with improvements to the Disclosure & Barring Service (DBS) checks. Staff feel supported by the manager and deputy manager. Training is provided as required and staff receive regular individual supervision.

## Well-being

People are treated with dignity and respect. Staff know people well and know people's preferences. They know what works with their routines and abilities, to ensure people achieve maximum benefits from activities they participate in

People's individuality is respected and people are supported to make choices. We were told of how decision making is supported in various ways. This can include the use of flash cards when considering options for the days activities or enabling a person to safely use the internet when choosing their next holiday location. Family members told us *"They love activities and going out and about"*.

People are healthy and happy and do what is important to them. They have things to look forward to. This enables them to achieve optimum well-being with their physical and emotional health. Family told us about theme days the home organises and said, *"They are a creative bunch"*. We saw plans being made for people to enjoy a sporting event being viewed on television that weekend. The home was decorated and people were included in the planning of the event. People told us about holidays they have planned and showed us their weekly activity planners. People are supported to be part of their local and wider community and have opportunities to participate in arranged events.

Staff receive up to date safeguarding training and know what to do and who to contact if they have safeguarding concerns. Where people have reduced capacity to make decisions the required assessments are completed, and meetings are held to determine best interest decisions. Deprivation liberty safeguard (DoLS) authorisations are applied for where necessary and detailed risk management plans help to keep people as safe and independent as possible. Family feedback included *"We trust them – the main thing is X is happy"*.

People are kept informed and are supported to have a voice. People have access to information about the service with the updated statement of purpose and service user guide. Information is available in formats suited to the individual's communication abilities. They can access their newsletters showing activities they have participated in. People and their representatives/family are invited to attend quarterly reviews with ongoing monthly keyworker reviews taking place. Family members told us they feel informed and are kept up to date. We were told, *"We couldn't want for more"*.

## Care and Support

Support workers have access to detailed, accurate personal plans. Support is person centred; helping people to achieve individual goals and outcomes. Goals and outcomes are reviewed monthly within keyworker meetings. Staff told us how observations as well as feedback are considered as part of this process. Since the last inspection improvements have been made to the quarterly review process. Family members and representatives are given the opportunity to attend reviews. Family members told us they are involved in people's personal plans and the reviewing of these and help with setting new goals and outcomes. Family feedback included: *"We couldn't be happier"* and *"They are an exceptional bunch"*.

Referrals are made to professionals in a timely manner to ensure the right professional provides support when required. Meetings are held with multi-disciplinary team members with people's well-being being the priority. We saw medication reviews take place as required. Staff monitor effects of medications, and this is part of the ongoing review process.

Medications are stored and administered as required and in line with the organisation's policy. Daily and weekly audits are in place with measures to improve practice. Staff are up to date with training and ongoing competency checks. Staff are aware of safeguarding processes to follow if required.

Staffing levels are in line with the identified level of support required for people living in Glangarnant House. Rotas seen evidence this. We saw staff have time for people and show patience. There is an open-door policy at the home which ensures people visit the office whenever they want to. Staff told us, on the whole staffing levels are good and when unplanned absences occur these are mostly covered. The manager and deputy manager have allocated time for management responsibilities.

## Environment

Checks and testing of equipment take place regularly to promote safety within the home. This includes regular fire alarm tests and fire equipment checks. We saw records of fire evacuation practices. People have personal emergency evacuation plans (PEEPs) in place. Records of electrical installation checks and oil installation are in place. Individual staff have allocated responsibilities for audits and champion roles for specific areas such as infection prevention control. We noted all areas of the home are clean and fresh and people are

supported to ensure their bedrooms and living areas are clean as part of their daily routine. We saw people being supported to do their laundry.

Bedrooms and living areas are personalised and represent what is important to people. People have personal items and things of interest in their rooms that are accessible or managed within their individual risk assessments. If people require the use of communication/chalk boards these are in people's bedrooms. Photographs and items of interest and décor is chosen by the person where they wish to. Since the last inspection some windows have been replaced. Window restrictors are in place. People have access to communal areas around the home and grounds. Overall, the environment appeared safe and well maintained however we did note one bathroom did not have the required lamp fitting. This had been reported earlier in the year by the manager. The manager promptly followed up and this was replaced the following day.

Since the last inspection the service has been awarded a food hygiene rating of 5. We saw staff supporting people in the kitchen to make a home-made cooked dinner of chicken, leek and mushroom pie. People were participating safely and were very excited and proud of the dinner they made.

## Leadership and Management

Recruitment is robust with identification and reference checks made as part of the recruitment process. Disclosure & Barring Service (DBS) checks are completed. Improvements have been seen with this process which ensures DBSs are applied for and in place within the required timescales. Staff are registered with Social Care Wales as required.

New staff are supported with an induction programme in line with the Social Care Wales Induction Framework. A planned period of shadowing and regular one to one meetings form part of the induction. Whilst Glangarnant House has an established team of staff, recent recruitment has ensured they have a full complement of staff. Family we spoke to and staff told us; *"The core team is very established and a lot of staff have been at the home since it opened"*.

Staff told us they feel supported. *"We have great management support"* and *"Yes I am 100% supported and the RI and Regional director visit regularly"*. Individual supervision is provided to all staff quarterly in addition to an annual appraisal. Training is provided to ensure staff can safely support people living at Glangarnant House. This includes required training such as Food Hygiene, Health and Safety and Infection Control. A blend of online and face to face training is provided. Face to face sessions include Personal Behaviour Management and Epilepsy awareness. Overall training provision is very good. We did note

some staff are overdue Epilepsy Awareness training, but we were assured dates had been booked imminently for this training.

Quality assurance processes are in place to ensure people receive an improving service. The RI visits the home regularly and completes a six-monthly quality care review report. The manager allocates team members audit responsibilities and allocated staff are responsible to champion specific areas such as Infection prevention control and medication. Overall, the service strives for improvement with the aim of enhancing the lives of people living at Glangarnant House.

### 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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N/A	No non-compliance of this type was identified at this inspection	N/A
16	People's representatives are not being invited to quarterly reviews of care.	Achieved
35	Disclosure Barring Service (DBS) checks are not applied for and in place within the required three year time period.	Achieved

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