Arolygiaeth Gofal Cymru
Care Inspectorate Wales

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

7 April 2022

07/04/2022

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	
Does this service provide the Welsh Language active offer?	Working Towards. The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People are supported to do what matters to them by a core team of staff that know them well. The team consists of a manager, deputy manager and support workers. Staff are kind and caring and have a good rapport with people they support. Personal plans are accurate and up to date with referrals to professionals as required. Improvements are required to the quarterly review process, with people's representatives being invited when it is in the person's best interest.

People are involved with redecoration projects within the home to ensure their living area is personalised and reflects what is important to them. A homely feel is apparent within Glangarnant House, with required measures in place to ensure people are safeguarded.

The Responsible Individual (RI) usually completes quarterly visits as required however this quarters planned visit is due to be completed virtually due to their circumstances and the COVID status of the home earlier this year. Additional supporting visits from the regional director have been made. A quality care review report is available, and improvements are made to the home and service provided to ensure people experience an improving service.

Training and pre-employment checks are in place to ensure staff are recruited safely. The provider's alert system in place to advise of renewal dates of Disclosure Barring Service (DBS) checks requires improvements.

Well-being

People are healthy and active and are supported to do what matters to them. We saw people participating in their daily activities around the home, such as their room cleaning routine, going for a walk or attending a health appointment. One person was being supported to attend the passport office to obtain an updated passport for a planned holiday. Encouragement and caring interactions were observed with staff supporting with activities for people.

People are supported to engage and contribute to their community and their social life. Newsletters are sent to family members and professionals every month. These newsletters are personal to individuals with photos of their events such as birthday parties and activities, such as beach days and valentines baking and a ‘takeaway’ night. The people and staff at Glangarnant House support charity events and have displays in the home to show the events and fund raising completed. People are supported to keep in touch with family. Regular visits are arranged to family members and visits are facilitated within the home according to current guidance around COVID 19. People are spoken to in Welsh if this is their first language.

People are treated with dignity and respect. Staff are patient and respond to individual needs and requests by prioritising what is important to people. A ‘family feel’ is evident in Glangarnant House, with one person seen hugging a member of staff and saying goodbye before going out shopping. People and staff access the office when they wish to with an ‘open door’ policy in place. People have a feeling of belonging. Feedback includes “*Feels like a family – everybody is just so friendly”.*

Information about care and support opportunities is available to people. An updated service user guide is in a suitable format, with an easy read guide for complaints and admissions to Glangarnant House. People had a pictorial explanation of works taking place in the home and how this would affect them. Records of monthly keyworker meetings that people contribute to are in care files. Improvements are required to the quarterly review process and involving people’s representatives. This will allow people’s voice to be further represented and their outcomes being met.

The provider ensures there are sufficient knowledgeable, competent and skilled care workers to provide appropriate support for people to achieve their personal outcomes. Recruitment processes in place ensure people are safeguarded; however, the organisation alert system for renewal of DBS checks is not adequate. As a result of this several staff DBS updates are not valid. There is the potential risk to people's safety and well-being which the provider needs to improve.

Care and Support

Personal plans are accurate, up to date, and overall reflect the support required for people to achieve their outcomes. Goal plans are clear with photographs and recordings to reflect the importance of the goals being met. We saw excellent photographic evidence of activities and goals being met. This is also reflected in monthly newsletters for each person. Family feedback includes: "*The staff are so lovely – we have a newsletter sent to us every month and that also keeps us in touch.*" People contribute to monthly meetings with their keyworkers.

Quarterly reviews of plans are completed by staff, but often recordings such as *no change needed at present time* and *no changes at present time* do not reflect the person-centred support provided. Quarterly meetings to review people's care are not held as required and people's representatives are therefore not invited or involved. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection.

Appropriate measures have been introduced because of COVID-19. Hand sanitiser and Personal Protective Equipment is available. Staff wear face masks as required and testing takes place for staff and all visitors. One family member told us "W*hen they bring X to visit, they put masks on".* Excellent records are in place around COVID vaccinations. Mental capacity assessments and best interest decisions have been recorded where applicable. Information is in people's care files, with hand washing practice charts and check lists in place.

Referrals are made to professionals and evidenced with various documents throughout care documentation. Medications are stored and administered as required, with audits in place to identify any areas to improve or develop. People are supported to maintain a healthy diet and fluid intake. Seasonal menus are adapted and generally people are supported to make choices for their preferred meals. Mealtimes are enjoyed with others in the home or in people's own living area if preferred. Where individuals require adapted diets, the staff are aware of this and allow for this in the food shopping and meal preparation.

Environment

The manager and staff ensure the environment is suited to individual's preferences and needs where possible. Bedrooms are personalised and rooms are decorated in people's colour of their choice, with items that are personal to them. We saw before and after photographs of one person's living area. People were proud to show us their rooms and told us how they had decorated them. We saw updated wet rooms and shower rooms. One person's room had sketching on the wall of their favourite characters, with a view to them being painted. Some rooms had minimal items to ensure the safety of individuals, and this is recorded within individual risk assessments. Sensors are in place where required so that activated alarms can alert staff to the fact that individuals may need support.

Maintenance checks and audits of the environment are completed; however, we did note some damage to the Perspex windows of the summerhouse had not been tidied up and had potential to cause an injury. When this was discussed with the deputy manager, the maintenance staff member was made aware and this area was made safe immediately.

A programme of periodic testing of equipment shows maintenance checks are carried out as required. These include testing of fire safety equipment and a fire risk assessment. We were told the legionella risk assessment had been completed the week prior to the inspection visit with a pending report to follow.

We saw ongoing works in the home on the day of the inspection with the sensory room being painted. We did note some mould in the laundry room. The manager told us the plasterboards have been ordered and planned work to update this area is imminent.

Overall Glangarnant House is homely and comfortable, and people have access to all areas with support in place as necessary. People demonstrated confidence to spend time with all staff and we observed an open-door policy, and this was extended to the manager's office. Open communication is encouraged and supported in a caring manner.
Feedback includes "*Glangarnant is a very very special home".*

Leadership and Management

People receive support, which is in keeping with the Statement of Purpose. The Statement of Purpose is updated and submitted to Care Inspectorate Wales (CIW) as required.

There are quality assurance systems in place to ensure that people experience an improving service. Quarterly visits and additional visits were completed last year by the Responsible Individual (RI) and the regional director. The RI has been unable to attend the home in person this year due to the COVID status of the home and other personal reasons. Additional visits have been made by the regional director in the absence of the RI and a virtual visit is planned by the RI. A quality care review report is completed six monthly.

Employee training records show care workers are up to date with their essential training and undertake specialist training such as autism awareness and epilepsy. This ensures care workers meet the requirements of their role, to meet the needs of people they support. Personal behaviour management (PBM) training has not been completed by all staff. The manager confirmed dates have been booked for staff to attend the face-to-face practical sessions.

Required pre-employment checks are in place before new employees start to support people. This includes reference checks, photo identification and DBS checks. The system in place for recording DBS checks does not alert the provider to the expiry dates. Three staff out of 24 have not got 'in date' DBS checks. This includes one that expired in June 2021. Risk assessments were not in place. The manager addressed this with the Human Resources department and confirmed risk assessments were put in place during the inspection as an interim measure. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection.

Staff told us they feel supported. All staff had received three individual supervision sessions in the previous 12 months, with most staff having had four individual supervision sessions. Annual appraisals have not been consistently completed in the past 12 months. Consideration has been given to the COVID outbreak the home experienced earlier this year. Some appraisals had been completed with others booked in for this month. The manager is aware and has a plan to implement this. Appraisal forms have been reviewed and we were shown a part completed appraisal form planned for the day of the inspection. Feedback from staff is positive around staffing levels and support in place “*If anything is needed, they are there”* and *“The care and support is really good. Most staff have worked here for years”.*

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
16	People's representatives are not being invited to quarterly reviews of care.	New
35	Disclosure Barring Service (DBS) checks are not applied for and in place within the required three year	New

	time period.	

Date Published 23/06/2022