



Inspection Report on

Glyncornel Nursing Home

**Glyncornel Nursing Home
Nant-y-gwyddon Road
Tonypandy
CF40 2JF**

Date Inspection Completed

09/02/2023

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About Glynornel Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	My Choice Healthcare South Wales Limited
Registered places	16
Language of the service	English
Previous Care Inspectorate Wales inspection	This was the first inspection since the service registered under the Regulation and Inspection of Social Care (Wales) Act 2016.
Does this service provide the Welsh Language active offer?	This service is working towards a Welsh language 'Active Offer'.

Summary

People and their families are happy with the care they receive at Glynornel Nursing Home. Care staff are knowledgeable about the people they support, and staffing levels are adequate to ensure care is provided in a timely manner. Personal plans and risk assessments help staff to understand the level of support people require and regular reviews ensure they remain up to date and current. An activities coordinator helps people to occupy their day engaging in activities of their choosing. Medication is well managed and the service maintains contact with various health professionals.

The environment is secure; however, some areas of the building appear cluttered while others would benefit from redecoration or further maintenance work. Clear infection control measures are in place and policies and procedures are robust and up to date. Care staff feel supported by the management team and benefit from regular supervision and training. Overall, the service has safe staff recruitment systems in place. The Responsible Individual (RI) has oversight of the service and completes visits in line with regulatory requirements.

Well-being

Individual circumstances are considered, and people have positive relationships with staff. We viewed personal plans and found they contained information around people's likes and dislikes. People confirmed they receive support to maintain contact with relatives and friends and have control over decisions such as their diet and where and how they spend their day. We saw staff approach people in a kind and caring manner when offering support. People told us staff are available when they need them and they feel listened to.

People's physical and emotional health is supported. Personal plans outline people's medical and social histories and detail how to manage individual risks. Routine appointments and timely referrals make sure people remain as well as they can be. Care staff tell us they have access to plans and understand the level of support each person requires. The food menus we viewed evidence the service offers people a varied diet. Records show the administration of medication is safe and people receive their medication as prescribed. Monitoring records show checks are completed and logged with the frequency outlined in individual plans. An activities coordinator is employed by the service to support people to positively occupy their day.

People are protected from possible harm or abuse. Recruitment checks ensure care workers have the required skills and qualities to provide good care and support. Policies are up to date and staff understand their safeguarding responsibilities. Staff attend regular training and feel sufficiently skilled to complete their duties. Supervision sessions are undertaken regularly. Infection control measures are in place and care staff have access to personal protective equipment (PPE). People and relatives know how to raise a complaint and care staff tell us they feel confident raising issues to the management team. The RI maintains oversight of the service and the frequency of visits are in line with regulations.

Overall, people live in suitable accommodation, which supports their well-being. Access is restricted to authorised individuals. Equipment and facilities are regularly serviced to ensure they are fit for purpose. People's bedrooms contain personal items of their choosing and appear clean and adequately furnished. Communal areas and bathrooms are not always clutter free and some areas of the building would benefit from redecoration and improved maintenance. The provider has outlined a clear plan of investment for the service which also involves environmental improvements.

Care and Support

Personal plans are detailed, personalised and up to date. Documents we viewed contained details on people's medical background, current care needs and potential risks. We found plans held information on people's life experiences, family networks and preferences. Reviews are completed monthly to ensure plans remain up to date. These documents show some evidence of consultation with people and relatives however this area would benefit from further strengthening. The service records contact made with various healthcare professionals and recommendations are followed. Weights, nutritional records, and daily repositioning charts are completed in line with personal plans.

People receive good care and support. From our observations on the day of inspection, and discussions with people, staff, and relatives we can be confident needs are met in a timely manner. Care staff confirm they have access to sufficient equipment and have enough time to support residents. Many of the care staff we spoke with told us they have worked at the service for several years and have built up a good understanding of people's routines and an awareness of any changes to people's needs. People told us they are happy with the care they receive and staff are available to offer support when needed. One relative commented staff are always *"laughing and joking"* with people and staff are *"welcoming and friendly"* and *"the home has a nice feel and staff are marvellous"*. Another relative told us *"They (staff) are so understanding and absolutely wonderful"*.

Medication is well managed. We saw medication stored safely and audits are undertaken to ensure good practice. A sample of medication administration record (MAR) charts we viewed demonstrate people receive medication as prescribed. Covert medication has the correct authorisations in place and controlled drugs are correctly documented. Documents recording room and fridge temperatures show medication is stored correctly to ensure it remains effective.

The service considers people's emotional and physical wellbeing. An activities coordinator is employed 5 days a week by the service. People, relatives, and staff we spoke with all confirm a range of activities are in place. However, we noted sessions are not always documented to evidence who benefits from these. We saw evidence of a varied menu and people report meals are of a good standard. On the day of inspection, the service had sufficient stocks of PPE and we observed staff wearing this throughout the day. We noted visiting arrangements for family members remained by appointment only. This was discussed with the manager and RI of the service, who agreed these arrangements will be given further consideration to ensure least restrictive practices.

Environment

Overall, people benefit from living in a suitable environment however, some areas of the home would benefit from further work. Providers have identified a plan to address areas of the building which look tired or uninviting. They confirmed they had already installed a replacement fire alarm system throughout the building. We noted on the day of inspection both bathrooms and one communal area was used to store equipment and appeared cluttered. This was discussed and quickly resolved by the management team. One bedroom requires a small repair to the plaster work and other areas of the home would benefit from freshening up of paintwork. We saw people's bedrooms are personalised with photographs and belongings and are clean and free from clutter. People have access to a communal lounge and dining area to undertake activities and meet with visitors and others living at the service. People also have access to an enclosed garden area; this space will require additional maintenance work following the winter months. We were informed by the service as well as proposed general ground works the garden will also benefit from the installation of raised flower beds.

The service reduces potential environmental risks and hazards. The environment is secure, and authorisations are checked prior to gaining entry. Records show the service employs a maintenance person to undertake regular building and utilities checks. Fire alarm checks are completed weekly, the service is currently arranging up to date fire training for staff and will shortly be arranging its first fire drill. Files we viewed showed all residents had a personal evacuation plan (PEEP) in place in the event of an emergency. Care and personnel records are stored securely and only available to care staff who are authorised to view them. Kitchen facilities appear to be maintained to a good standard and kitchen staff report they have access to sufficient equipment and supplies. The service currently holds a food hygiene rating of 3 (satisfactory).

Leadership and Management

The service provider has good governance arrangements in place to support the operation of the service. Staff benefit from regular team meetings. Policies and procedures are up to date and the service notifies all relevant parties of reportable incidents or occurrences. Recruitment checks take place before new employees begin working at the service to ensure their suitability for the role. The Responsible Individual (RI) completes three-monthly visits to the service in line with regulations. The six-monthly quality of care review evidences the management team has sufficient oversight of positive practices and any improvements needed. Staff state the RI and management team are easy to speak with and they feel confident in approaching them with any concerns or issues. Staff commented the new RI was visible within the service and appeared *“Really keen, approachable and caring”*.

Staff receive regular supervision and training and feel sufficiently knowledgeable and skilled to undertake their roles. The supervision matrix we viewed and feedback we received evidence staff benefit from regular one to one, formal, supervision. These sessions enable staff to discuss their general wellbeing, practice issues, concerns, or changes to the service. Training records we viewed show care staff receive induction and refresher training to provide the best support possible. Staff we spoke with told us they are confident they had the right skills and knowledge to assist people at the service.

Staff morale is good and staffing levels are adequate. Staff we spoke with are positive about working at the service and report the team works well together as a whole. Staffing rotas, feedback from people and staff, and observations on the day of the inspection indicate the service maintains sufficient staffing levels. Both day and night staff told us they feel staffing levels are adequate at their current levels and the service has *“Good care and good carers”* and *“Everyone has good care it’s a good care home”*.

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
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N/A	No non-compliance of this type was identified at this inspection	N/A
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Date Published 27/03/2023