



Inspection Report on

Glaslyn Court Nursing Home

**Glaslyn Court Nursing Home
Crickhowell Road
Gilwern
Abergavenny
NP7 0EH**

Date Inspection Completed

01/07/2024

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About Glaslyn Court Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Glaslyn Retirement Homes Limited
Registered places	82
Language of the service	English
Previous Care Inspectorate Wales inspection	03 October 2023 and 10 October 2023
Does this service promote Welsh language and culture?	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.

Summary

Glaslyn Court is split into three individual services: Glaslyn Court, Caleb's Court, and The Lodge. Each service has a Registered Nurse available 24hrs a day. Visiting arrangements support peoples' overall well-being. Activity co-ordinators have recently been recruited alongside heads of departments in order to improve the leadership throughout the service. Two managers are in place who are registered with Social Care Wales (SCW). Mechanisms in place to safeguard people are inadequate. The service provider has not ensured staff are suitably fit and competent to safely meet peoples' needs.

The statement of purpose (SOP) is fundamental to the care and support delivery, setting out how people and staff will be supported in order for people to achieve their well-being outcomes. The lack of oversight at the service to ensure the service is delivered having regard to the SOP as highlighted in this report, are ineffective.

The service provider is currently being closely monitored and supported by the local authority commissioning team and health board. The previous CIW inspection reports outline a number of areas which required improvement. This inspection has found the majority areas for improvement remain non-compliant with statutory regulations with an escalating moderate impact and high risk of poor outcomes for people. CIW have issued multiple priority action notices and have told the provider what actions are required to meet regulatory requirements.

Well-being

People have some choices about doing the things they like. Relatives can visit people living in the home and activity coordinators have recently been recruited to provide an increased level of stimulation. The recording of activity engagement is poor, and we saw limited activities taking place on 'Glaslyn Court' and 'Caleb's Court'. One person on 'The Lodge' showed us craft items they had made and intend to sell at the summer fete. We were told the fete is being organised and held at the service in July 2024. The lead activity coordinator is passionate and wants to make a difference. We saw people have their breakfast in their bedrooms or in the dining areas. We observed the support people are afforded with their nutritional intake is poor. Care workers appeared rushed and unable to anticipate what people need. Resident and relative meetings are held for views and opinions to be shared on the overall service being delivered. Some people told us they are happy with the service provided whereas others are not.

Systems in place to safeguard people are inadequate. As a result of observing staff practice, we raised multiple concerns reflecting people are not supported in line with their assessed needs placing them at risk of harm and neglect. Following on from our observations, we reviewed a training matrix, which indicates significant gaps in training, including safeguarding. We found care workers are not appropriately skilled, competent, or adequately supervised in their role. This has resulted in basic care needs not always being met, such as people not having timely support with their continence or dietary needs. We note the provider has not completed Disclosure and Barring Service (DBS) checks on all staff in line with regulation. The DBS helps employers maintain safety within the service.

People's overall well-being is not appropriately supported. We observed, we were told, and records reveal people are not always supported in a dignified and sensitive manner. People and their relatives we spoke with raised multiple concerns of the lack of adequate intervention from care staff on duty. Referrals and appointments with health professionals are made, however personal plans are not always regularly reviewed and updated to reflect advice given. Staff we spoke with have a good understanding of who to report matters of concern to, although we have found this is not always applied. There has been an increase in the service provider submitting reports to the local authority safeguarding team and to CIW. In multiple reports received, the escalation from the person in charge to the management team has been delayed and this has resulted in people not receiving timely medical oversight.

The living accommodation overall meets peoples' needs. We found checks on the identity of people entering are in place but could be more thorough. The home is clean and well maintained. Wet rooms and toilet areas are clean and tidy. Some furnishings need replacement. We found external areas are appealing and well kept. The service provider must ensure fire drill participation is improved.

Care and Support

People's care and support needs are not consistently met in a timely manner. We observed the engagement between care staff and people during breakfast and saw instances of staff not always being attentive of people's needs. Loud pop music was playing in the background and there appeared to be a total disregard as to whether this was 'era' appropriate for people. We saw minimal support, engagement, and interaction from care workers. We observed one person slipping down in the chair, they required support to re-position and to eat their breakfast, but this was not offered in a timely manner. Care records indicate this person needs to be sat upright and there is a potential risk of choking.

Care and support is not always provided in keeping with the individual's personal plan. Care records indicate people we observed during breakfast require some support/prompting with their meals. We found personal plans are not consistently reviewed on a three monthly basis. Where personal plans are reviewed these do not show people or their relatives are involved, and these are not always updated as required. Multiple representatives/families we spoke with raised concerns of not being involved in the review of care and support for their relative.

We reviewed four personal plans and found two plans had not been reviewed in line with regulatory requirements monthly and found all reviews lack service user/representative involvement. For example, one person their skin integrity had deteriorated, and required the support of a district nurse. However, the skin integrity assessment within the personal plan states *'Skin is in good condition, no pressure injuries or moisture legions.'*

People are not consistently safeguarded from neglectful care. We saw on two occasions call bells were not in reach for people and they had no appropriate means to call for assistance if required. One relative we spoke with raised significant concerns with the amount of time it can take for care staff to support their relative to use the toilet. One person told us, *'It's okay, but when I press my buzzer, they do take a while to get to my room. I can be waiting up until 20 minutes, and I need support to get out of bed and to use the toilet.'* We reviewed records over a 24 hour period for four days relating to one person who requires support with their continence needs and found significant gaps/delays in continence support being offered. These multiple failings are placing people at risk, and we have therefore issued priority action notices to the service provider for these matters to be addressed.

Arrangements are in place to support people with their medication. We examined a small sample of medication administration records and found they are mostly completed accurately. However, we did note some discrepancies in mechanisms in place. This remains an area for improvement, and we will follow this up at the next inspection.

Environment

The accommodation is safe, clean and comfortable. The main entrance to the home is secure; visitors are required to sign-in and record the reason for their attendance. When we arrived, we were asked for the reason for our visit, asked to sign in, but our identity badge was not checked. People's safety is enhanced in some areas where door sensors are in place. People's bedrooms are mostly individualised with photographs, keepsakes, including things of importance to them. Some bedroom doors are personalised but others not so. The provider has recently improved the décor in some areas of the service. The dining area within 'The Lodge' has been developed with input of people living in the service, this area is inviting and has been much improved. Domestic staff were cleaning areas of the service and chemicals that have the potential to be hazardous to someone's health are kept safe. We saw armchairs within the home appear worn and tired. We note the responsible individual (RI) identified chairs throughout the service require replacing in their visit report in March 2024.

Systems and processes to identify and deal with risks to people's health and safety are in place. The home has been awarded a 'four star' food hygiene rating by the Food Standards Agency in October 2023, this indicated food hygiene standards in the kitchen were 'good.' We saw a detailed action plan in place with identified issues resolved. Gas, electricity and lifting equipment safety reports are in place. We reviewed records of fire and water safety checks. External contractors have completed fire and legionella risk assessments in recent months, including action plans to remedy issues identified. Personal emergency evacuation plans are in place. These plans assist staff with the required information on how to safely evacuate people in the case of an emergency. We observed staff wearing personal protective equipment for personal care tasks. The lift within the service is faulty. The service provider has put measures in place to alleviate this issue and assured us this will be repaired as soon as possible. We note not all staff have been involved in a fire drill. This remains an area for improvement, and we expect the provider to take action and we will follow this up at the next inspection.

Leadership and Management

The SOP completed by the provider is fundamental in setting out the vision for the service and how this will be achieved. However, we found multiple areas where the service is not being provided with sufficient care and competency in keeping with the SOP. Observations of care and support provided indicate care workers skills and competence in meeting peoples fundamental care and support needs, are inadequate. We found a significant number of staff employed have not completed the relevant training required to undertake their role. This includes the activity co-ordinators. Regular staff supervision has not taken place. Some staff feel supported, whereas other staff told us they did not.

The SOP does not demonstrate how the provider considers people's language and communication needs, including provision of the Welsh 'Active Offer.' This was highlighted at the last inspection. We saw complaints are logged and responded to. However, CIW have been told by multiple relatives, that on an individual basis, communication from the service provider is poor. The provider told us six monthly satisfaction surveys used to obtain the view and opinions of people using the service have not been undertaken. These systemic failings are placing people at risk, and we have therefore issued a priority action notice to the service provider.

Systems in place to ensure adequate oversight of the service require enhancing. The RI undertakes their regulatory three monthly visits to the service and reports on their findings. They have also completed a quality of care review. A safeguarding policy is available although requires further information. This was highlighted at our last inspection. The manager presented a safeguarding folder to CIW. The information within this folder lacks critical information, including all referrals made, any action taken, and lessons to be learned. The service provider notifies CIW of events as required, however, there have been some safeguarding referrals where notifications have not been submitted in a timely manner. This includes referring incidents to the relevant professional registration body as necessary, such as SCW which supports timely intervention. We expect the provider to take action to address these matters and we will follow this up at the next inspection.

Selection and vetting arrangements in place to enable the service provider to decide upon the suitability of staff require strengthening. DBS records reveal the relevant checks have not been completed for all staff. Staff files contain some of the relevant information, including pre-employment checks, however, we identified some discrepancies in relation to employment histories, reasons for leaving previous employment with vulnerable adults, references, identification and recent photographs. This remains an area for improvement, and we expect the provider to take action to address these matters and we will follow this up at the next inspection.

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
6	The service provider must ensure the service is provided with sufficient care, competence and skill, having regards to the statement of purpose.	New
34	Ensure at all times a sufficient number of suitably trained, skilled and competent staff are deployed at the service having regard to the care and support needs of the individuals.	Not Achieved
21	The service provider must ensure care and support is provided to each individual in a way which protects, promotes, and maintains the safety and well-being of individuals in accordance with the personal plan.	Not Achieved

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
26	Ensure the service is provided in a way so that individuals are protected from abuse, neglect and improper treatment.	New
57	Ensure all staff undertake fire practice drills at least annually and clear records are kept of staff attendance.	Not Achieved
35	Ensure any person working at the service has a recently issued DBS certificate and provided full and satisfactory information or documentation, in respect of the matters specified in Part 1 of Schedule 1.	Not Achieved
58	Ensure arrangements are in place to ensure that medicines are stored and administered safely.	Not Achieved
16	Ensure the individual and any representative are involved in the three monthly review of the personal plan	Not Achieved
36	Ensure all staff receive three monthly supervisions and receive and an annual appraisal	Not Achieved

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