



Inspection Report on

Glanmorfa Care Home Ltd

**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

01/07/2024

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About Glanmorfa Care Home Ltd

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Glanmorfa Care Home Ltd
Registered places	24
Language of the service	Both
Previous Care Inspectorate Wales inspection	19 th January, 2023
Does this service promote Welsh language and culture?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

People and their representatives speak positively about the service. People receive care and support from a consistent staff team, who are knowledgeable about the people they support. There is a relaxed atmosphere which helps people and visitors feel at ease. Each person is encouraged to make their own decisions in how they spend their time. Communal rooms are well used by people to interact with each other, their visitors and staff. A new manager has recently commenced working at the service.

Areas for improvement have been identified regarding risks within the premises and oversight and governance of the service. Whilst no immediate actions are needed, we expect the provider to take action to address this.

Well-being

People are sensitively supported to do the things that matter to them. There are good routines in the home and people are encouraged to do the things they enjoy and maintain positive links with people who are important to them. We observed hobbies and interests being supported and encouraged by care staff. A person using the service told us, *'I like my routine here'*. The service employs an activities co-ordinator. Activities are planned and people are supported in group or one-to-one activities of their choosing to promote good wellbeing, whilst their choice to not engage in an activity is also respected. People can choose to spend their time in their rooms or in the communal areas watching tv, engaging in hobbies or socialising. The service provides transport so people can access the community. On the day of inspection, we saw people attending a local support service for those with memory and cognitive difficulties. People were excited about the trip.

People are treated with dignity and respect. People have good relationships with those they live with and the staff who support them. Interactions between people and the staff team are caring and friendly. There is consistency of care enabling positive relationships with people. A person using the service told us, *'What more could I want. It is fantastic here...They look after me so well'*.

People do not consistently live in a home which supports good well-being. People walk around the home freely and can use the different spaces available to do things they enjoy. People personalise their bedrooms, with photographs and items of importance to them. However, risks to people within the environment are not consistently identified and remedied by the service, to ensure people are as safe as possible. Whilst the provider does ensure checks to the Disclosure & Barring Service (DBS) are completed for all care staff, some staff are in employment without robust recruitment and vetting procedures. Arrangements for the monitoring of staff training were not sufficiently robust to ensure all staff have the necessary required training.

The service provides an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture. Most people in the home and a majority of the staff team speak Welsh. A person using the service told us they speak Welsh with staff; *'Dwi'n siarad Cymraeg 'ma hefyd. Mae rhai staff yn gallu siarad Cymraeg 'da fi. Mae'n wych'*.

Care and Support

People and their representatives are happy with the standard of care and support they receive. Personal plans include information of how care and support is to be delivered to meet people's needs and outcomes. Overall, care is delivered in line with the personal plans. Personal plans included the individual's perspective and a detailed social history about people's lives. Reviews of personal plans and how people and their representatives are involved in reviewing their care are currently being strengthened by the manager. Care staff are sensitive to people's unique needs.

People and care staff have developed effective relationships. We consistently observed positive and person-centred interactions during the inspection. Staff are encouraged and supported to get to know people well, understand their needs and preferences. A person using the service told us, *'The staff are brilliant. They are always about for a chat and a giggle'*.

People's health and overall well-being is promoted. People have access to health care professionals when needed. The service promotes increasing independence where possible and supports people to retain their independence. A representative of a person using the service told us the service had a positive impact on a person's health and wellbeing; *'X has put on some weight, looks so much more healthy. X is a lot more happier than before they came here. X does what X pleases here'*.

People choose where to spend their time throughout the day. We saw some people preferred to stay in their own rooms and others sat in the communal lounge. An activities coordinator is employed, and we saw that group activities are well attended, and people enjoy participating. People also benefit from visits out of the service. Some people have one-to-one activity in their room, which they prefer.

The service has arrangements in place for safe medication administration. Medication administration records (MAR) are available at the service and staff routinely sign when medication is given. Monthly audits of medication take place, and these accurately record if there have been any medication issues identified during the month. Care staff are trained to administer medication. However, some senior care staff require refresher training which has been arranged to be completed.

We observed staff using appropriate personal protective equipment (PPE) throughout the inspection.

Environment

Glanmorfa Care Home is located over 2 floors. There are communal areas on the ground floor which people use to socialise, dine and engage in group activities. People are encouraged to use the communal spaces as they wish. People's rooms are personalised to reflect their tastes and interests, with ornaments, photographs, and furniture. The garden areas are accessible, well-maintained and provide additional areas for socialising. There is a hydrotherapy pool at the service which people benefit from.

Routine maintenance is taking place with the necessary equipment checks conducted. The service has access to a maintenance person who was at the service on the day of our inspection. The manager told us of maintenance and renewal work that is currently being undertaken at the service to improve the environment. This includes the maintenance and repair of flooring on the upper floor and corridors. This requires careful monitoring to ensure the environment is of a good standard and supports the well-being of people who use the service. The environment would be further enhanced by the service provider continuing to redecorate, refurbish and refresh the environment to meet the unique needs of people living with dementia.

Not all risks within the environment were being considered on the day of the inspection. We observed cleaning products left unattended and accessible to people at the service. Storage of such products are bounded by the Control of Substances Hazardous to Health (COSHH) Regulations. The Responsible Individual (RI) told us they would address these matters and ensure items are stored safely. We also observed procedures for laundry and the cleaning of equipment did not consistently consider risks of infection or people's dignity. The RI has given assurances that improvements are being made. While no immediate action is required, this is an area for improvement and we expect the provider to take action. We will follow this up at our next inspection.

The home has a five-star rating from the Food Standards Agency which means that hygiene standards are very good. People have a choice of varied, freshly prepared home cooked meals from which to choose. A person using the service gave a chef's kiss when explaining how they felt about the food.

The service undertakes regular health and safety checks to ensure the home is a safe place. We saw appropriate oversight regarding water, electrical safety and portable application testing (PAT) has taken place. Regular checks of the fire alarms take place at the home. Fire exits were free of obstructions. People have personal emergency evacuation plans (PEEPS) to guide staff on how to support people to leave safely in the case of an emergency, which were being strengthened throughout the course of the inspection.

Leadership and Management

The Responsible individual (RI) visits the service daily. We observed the RI engaging with people. Whilst the RI has a daily presence in the home with good oversight, we could not be assured the arrangements in place to monitor the service are driving an improvement in the quality of the service provided. We did not see evidence of consultation with people and staff driving improvements at the service. We did not see evidence of Quality of Care reviews being compiled, to ensure the quality and safety of the service. While no immediate action is required, this is an area for improvement, and we expect the provider to take action. We will follow this up at our next inspection.

A new manager has recently been appointed to oversee the day to day running of the home. The manager is experienced and suitably qualified for the role. Management at the service regularly check the quality of care provided. The manager is already well known by the people who live at the service and their representatives. Representatives told us management are always available and easy to talk to.

The manager is supported by a deputy manager and administrative manager. We looked at some key policies and overall found them to be up to date and relevant. Some minor amendments were required to ensure staff have access to the correct information to keep people as safe as possible. This has been achieved throughout the course of the inspection. The RI is in regular communication with the management team. Care staff told us the management team are approachable and always there to help or advise care staff when required.

Throughout our visit, we saw there was a sufficient number of care staff on duty to support people. The service are not reliant on agency staff, meaning people are supported by familiar and consistent care staff. We saw care staff taking their time to interact with people. The RI has told us that they will now be recruiting for an additional member of domestic staff, to support improvements in the environment.

Care staff are appropriately registered or working towards registration with the social care workforce regulator, Social Care Wales. Disclosure and Barring Security (DBS) checks are in place and current. However, the service has inconsistent recruitment and vetting arrangements in place. Not all staff personnel records contain all the information required by regulations to ensure they are safe and fit for work. Some files did not have sufficient references, the person's full employment history recorded or reasons for leaving prior work with vulnerable people. The RI provided assurances that safer recruitment procedures will be strengthened. We will follow this up at our next inspection.

All newly appointed staff receive an induction. Staff can access on-line and face-to-face training to support their learning needs. A designated manual handling trainer works at the service alongside staff. A member of care staff told us, *'[Management] have been really great in helping me to gain further skills and qualifications. I feel that I am progressing here and they are really supportive of me'*. However we did not see evidence that all care staff have received the appropriate mandatory training or timely refresher training appropriate to

their role. The RI has provided assurances that this will be addressed swiftly. We will follow this up at our next inspection.

Care staff are provided with regular one-to-one support, through timely supervisions. This is in addition to the daily support care staff are provided by management when required. Care staff describe management as approachable and supportive. A member of care staff told us, *'The training is good. I have done some care before but the training made me feel confident. I get supervision. Had one recently, but I just talk to the seniors or [Manager] if I have a problem'*.

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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44	Service providers cannot be assured that the premises are free from all hazards to the health and safety of people who use the service.	New
6	Service providers cannot be assured they have clear arrangements for the oversight and governance of the service, to ensure people achieve the best possible outcomes and the service meets the requirements of Regulations. The service providers cannot be assured they have clear and effective systems in place which demonstrate the effective oversight of the service, including identifying and remedying risks within the environment, robust safer recruitment procedures and sufficient arrangements for the oversight of staff training requirements.	New

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Date Published 07/08/2024