



Inspection Report on

Comfort Care Homes (Glan Yr Afon) Ltd

**Glan-yr-afon Care Home
Glan-yr-afon Lane Fleur De Lis
Blackwood
NP12 3WA**

Date Inspection Completed

12/03/2024

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About Comfort Care Homes (Glan Yr Afon) Ltd

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Comfort Care Homes (Glan Yr Afon) Ltd
Registered places	39
Language of the service	English
Previous Care Inspectorate Wales inspection	21 March 2023
Does this service promote Welsh language and culture?	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 or culture

Summary

People receive care and support which is individual to their own needs and preferences. Care records are being transferred from paper to an electronic system and are now more person centred. Staff keep care documentation up to date via regular reviews. What matters to people and their personal outcomes are being considered as part of the new processes.

People have opportunities to take part in activities which promote their physical and emotional well-being. Relatives and loved ones are welcomed into the service. Events are arranged to support people to maintain the relationships important to them.

Care and support is provided in a comfortable, homely and safe environment. Facilities and equipment within the home are maintained and serviced as is required. Overall, the environment is appropriate however the upkeep of some areas need to be addressed.

Staff enjoy their roles and feel well supported by the manager, the Responsible Individual (RI) and by their peers. There are opportunities for progression and development within the service and training records show staff are provided with a range of mandatory and supplementary training opportunities.

Well-being

People are supported and encouraged to make choices and be in control of how and when their needs are met. We saw call bells are responded to promptly, which means people receive support when they need it. People have a choice of meals, snacks and drinks which are able to be adapted to people's individual needs and preferences.

People health and well-being are supported by the service provided. Overall, the accommodation is suitable for people's needs and there are specialist facilities available for those who need them. Some areas of the accommodation need attention and we have assurances this will be resolved without delay.

The activity coordinator organises events which enables people to spend meaningful time with family and loved ones. Recently, the service hosted a Mothering Sunday afternoon tea where people's relatives were invited into the home for a day of celebrations. People take part in activities which promote their well-being. A person told us they "*Like to be useful*" and we saw they had been given opportunities to contribute positively to the home. We saw the activity coordinator leading a chair strength session as well as people enjoying their own individual activities. People can choose to spend their time between the communal spaces or their own rooms, which are personalised to their tastes and preferences.

People are provided with care in a dignified and respectful way and are supported to make the choices they can. Processes are in place to support people when they are unable to make their own decisions.

The people and relatives we spoke with felt safe and that they could speak to staff or the manager about any concerns they may have. People are confident their concerns would be acted upon. People are supported by staff who enjoy their role, who are supported and suitably trained.

There are currently no Welsh speaking people using the service. Should this change, there are bilingual signs within the environment. Peoples cultural and language needs are discussed as part of the pre assessment process.

Care and Support

People receive the support they need, when they need it, and there is both nursing and care staff available at the service. A preadmission assessment is completed with people, and / or their representative, prior to them moving into the service. Information is gathered to ensure the service is able to safely meet people's needs and to understand what is important to the person.

People's care and support plan is individual to them. Staff regularly review these plans and update them if there are any changes to the person's needs. An electronic care planning and recording system is used, and staff make notes throughout the day using handheld devices. Where needed, staff record how much a person has eaten or drank, monitor people's weight and any specific skin care provided. The electronic care documents appear more outcome focused, and person centred. We will consider how people are supported to review and achieve their outcomes further at the next inspection.

We saw people and staff chatting in a friendly and informal way, and people appeared comfortable and relaxed with staff. People we spoke to were very complimentary of all the staff and the quality of care they receive. We were told *"They are all marvellous, every single one of them"* and *"They are great with my mam fair play, can't fault them"*.

There are safe medication processes in place. Medication is administered by appropriately trained staff. The manager also completes regular medication audits to ensure a good quality of care provision is maintained. People are supported to access health and social services as needed and we saw records of referrals being made to podiatry, doctors, and physiotherapy.

Environment

Overall people live in accommodation which is safe and meets their needs. There are some areas of the home which need to be repaired or replaced and the RI has provided assurances these will be addressed as a priority. There is a full-time maintenance person employed at the home who will undertake the required work.

The home is warm, inviting, and tidy. There were decorations on display celebrating Mothering Sunday. We were told a Mothering Sunday afternoon tea had been held in the dining area the day prior to inspection. The history of the premises is shared with a display within the home, along with artwork and informative posters.

People can freely use communal spaces available, which are inviting and comfortable, or they spend time in their rooms which are personalised to their own tastes and interests. People can spend time with visitors and loved ones within either their rooms or within one of the shared spaces or the outside area. People enjoy being involved in decisions about the décor of the communal areas and can participate in making some of the changes.

People have access to a choice of bathing and bathroom facilities, some of which have been adapted to meet the needs of people. There are handrails provided throughout the home, which are clear and free from any obstruction. Records show manual handling equipment is checked and maintained and the passenger lift is also maintained and serviced.

There is a kitchen at the service which prepares all meals and snacks for people. The kitchen has been awarded a Food Standards Agency (FSA) rating of 5 which means standards of hygiene is very good.

There are processes in place to regularly test emergency facilities such as fire alarms and emergency lighting, and records are kept of these. All people had their own Personal Emergency Evacuation Plan (PEEP) and fire drills are taking place.

Infection control measures require attention. We saw sluices within the home were not locked. This has been discussed with the RI who has agreed to keep this area locked, which will improve infection prevention and control measures.

Leadership and Management

Overall, the service provider has good governance arrangements in place to support the provision of care and support. This is currently developing with the introduction of an electronic care system which contain more information on what matters to a person and the outcomes they want to achieve. Any accidents or incidents are recorded, and the appropriate organisations are informed. The RI visits the service regularly and a quality-of-care audit is completed.

There is a safeguarding policy in place which reflects current legislation and guides staff through the actions they need to take if they have concerns of abuse or neglect. The training schedule and induction plan for staff also covers safeguarding and all staff we spoke to were able to explain the actions they would take if needed.

People are supported by staff who have been recruited safely, have successfully completed pre-employment checks and an induction process. Staff files contain the right information and are stored securely. All staff we spoke to felt well supported and said they enjoyed their roles. Staff told us they are encouraged to develop their knowledge and skills with many staff enrolled on a Qualification and Credit Framework (QCF) focusing on Dementia. We saw some staff members had progressed in their career while working at the service and these staff spoke positively about the support and encouragement they receive.

Staff receive regular supervision and an annual appraisal. Additionally, the manager has an 'open door policy' which means staff can speak with them for advice or support at any time. A member of staff told us the manager was *"The best manager I've ever had, they will always make time for you, even if you are on a night shift"*. We were told team meetings take place regularly however they are not always recorded in detail.

Processes are followed to support people who are not able to make decisions for themselves. However, checks are not completed to ensure people's representatives have the correct legal authorisations in place, to act in people's best interests. The manager has assured this will be added to their processes and we will review this 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
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
N/A	No non-compliance of this type was identified at this inspection	N/A
56	The provider is non compliant with Regulation 56 (1) (2) This is because people cannot be confident that there is effective infection control arrangements at the home that will ;protect public safety and minimise cross contamination. There is a lack oversight to ensure that staff follow the infection control guidance issued by PHW. We found personal protective equipment (PPE) practices were not robust and saw some care staff only wearing a face mask despite being in close proximity to people increasing the risk of cross infection. We saw inappropriate storage of aprons on handrails throughout the home, which we asked be removed immediately. The impact on people using the service is they are not adequately protected from the spread of infections because of poor practices. The provider has failed to ensure adequate arrangements are in place to monitor and oversee the control of infection which places people at risk .	Achieved

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