



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

16/10/2024

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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	14 April 2023
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

Glangarnant House is a very welcoming service providing accommodation and support for younger adults with personal support needs in the quiet and rural area within Ammanford. People are supported by a consistent and motivated staff and management team who strive to enrich people's lives. People are happy and content at the home and can do things that matter to them. People have developed great friendships with others living and working in the service and some have been on holidays together. Personal plans are well written and include clear guidance for staff to understand how best to support people to maintain their physical and mental health. Staff involve people as much as possible in decision-making and building their independence.

The service is set within its own large grounds and has a secure enclosed courtyard which has been decorated with colourful murals of people's favourite characters. The accommodation is clean, well maintained, spacious and bedrooms are very personalised to suit each individual.

The home has a very dedicated manager and deputy in post who strive for excellence in the service and the wider community. The Responsible Individual (RI) visits the service routinely and has good oversight of the service. There is a very positive and compassionate culture in the service which is management led and ensures people have the best possible experiences. The consistent staff team are trained to a high standard and know the people they support very well to develop their confidence and independence.

Well-being

People have a voice and experience an excellent quality of life at Glangarnant House. They have exciting and fun experiences with others and care staff who support them to maximise their potential. People are making steps to achieve their goals and are becoming increasingly independent and gaining confidence whilst living in the service. Activities take place that people enjoy and are meaningful to them, including charity walks, holidays abroad and more. People enjoy celebrating events in the service and have parties to look forward to. People are supported by a consistent care team who know them well which encourages good communication through gestures and non-verbal means.

People have very good support to manage their physical and mental health. There are good procedures in place for the management of medication in the service. Good records are in place for monitoring any health issues people may have and follow ups needed. Personal plans detail how best to support people at different times of need and risk assessments are in place to support this. People contribute to the decoration of the service for parties and events giving them a sense of belonging. People have familiar and named keyworkers who can identify and changes in their personality and demeanour and communicate in a way to understand any additional support they may need. People have access to medical and specialist services to promote their health and well-being.

People are protected from harm and neglect. There are security features in the building to keep people safe. There is a sign in book for all visitors to complete on entering and leaving the premises. There is a secure outdoor courtyard for people to enjoy outdoor space. Areas deemed unsafe such as the medication room and laundry room are kept locked when unmanned. The provider has policies and procedures in place which are reviewed routinely. Deprivation of Liberty Safeguards (DoLS) are in place for people who do not have the capacity to make decisions about their care and accommodation. Care staff undergo robust screening, supervision and training before and during their employment to ensure they are and remain suitable in post.

The service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture. Welsh events are celebrated in the service, however no one living in the service are Welsh speakers at present. Despite this several staff members and the management team are Welsh speakers so should the demand for this change, people would be able to receive most if not all their care needs in Welsh.

Care and Support

People receive a consistently good standard of care and support. Care staff know the people they support very well and understand what is important to them. Personal plans capture this information well and there are strategies included on how best to manage people at different times of need. Personalised risk assessments are in place to ensure any risks are minimised as much as possible. Personal plans and risk assessments are reviewed routinely, family representatives confirmed their involvement with this and praised the service on its good level of communication with them. The service produces six monthly personal reports for each individual supported which highlights all their achievements in the last six months and new goals for them to achieve going forward.

People have developed good relationships with others and the care team supporting them. We observed positive, comforting and reassuring transactions taking place throughout the visit. Similarly, this also took place in the management offices where people were able to visit the management teams and have meaningful interactions. People have named key workers who they recognise and value. People have made good friendships with others in the service, and they enjoy spending time together, some have been on foreign holidays together and all enjoy a house party on regular basis. There is a strong emphasis on family in the service and relationships with families is encouraged and embraced. The care team encourage people to keep in touch with family through phone calls and visits to the service and visits to them directly.

There are good procedures in place for the management of medication in the service. There is a designated medication room which is kept locked when not manned. The room is clear of clutter and over stock and good procedures are in place to ensure medication is stored at optimum conditions such as temperature checks, fans, and no medicines left out in sunlight. We looked at medication administration records (MAR) and found all medication is documented correctly with counter signatories in place where required. No gaps were visible in the records viewed. There are good records for medication used as and when needed (PRN). There are good procedure in place for ordering and auditing stock levels which minimises risk of errors. In care files we saw documentation evidencing that people are supported to attend medical appointments, and any outcome or instruction is noted and acted upon.

People are able to do things that matter to them. The service provides a monthly newsletter for family and friends which is filled with photos of their loved ones doing things that they enjoy. We saw that people are being encouraged to develop new skills such as cooking and swimming. People go out on trips to places that interest them multiple pictures of trips were seen for everyone. People are encouraged to go on walks and enjoy outdoor spaces as well as taking part in group and one to one activity in the service with their care staff. During the inspection people were assisting care staff to decorate the service for Halloween and we were told that people really enjoy a party in the service.

Environment

People are supported in a homely and comfortable environment that meets their needs. Glangarnant house is large, detached building set in its own grounds. Most of the bedrooms

are within the main building with three individual flats which are accessible through the enclosed courtyard. There is parking available for staff and relatives. All the rooms have either en-suite facilities or a separate bathroom. The service is set out over two floors with most of the bedrooms upstairs as well as the medication room. All communal areas are on the ground floor and these include a large lounge, dining room, kitchen and a small lounge. On the day of the visit the large lounge was being decorated by people supported by staff for Halloween. Visitors access the service via the main entrance at the front of the building which is locked and is opened from inside the building. There is a small entrance hall with a sign in book to complete on entering and leaving the building. The manager's office is also situated on the ground floor with a keypad lock entry system. Laundry facilities are in an external building which is also locked with a key safe in place. People are supported to participate with their personal laundry duties when able, however this is done with support. Adjacent to the laundry room is the cupboards for the safe control of substances hazardous to health (COSHH) and archived records.

There is a spacious courtyard to the rear and side of the property for people to enjoy some fresh air in warmer weather. Beautiful murals of people's favourite characters have been painted on the walls of the flats within the courtyard. The flats are well presented and individualised to people's likes and tastes and very personalised. Bedrooms within the main building also reflect people's individual characters and needs very well. The laundry room is well organised, and all machines seen were in good working order. The most recent visit by environmental health in the kitchen awarded the service a 5 rating which is very good.

There are good procedures in place to identify and mitigate risks to health and safety in the service. Maintenance checks take place routinely in and around the premises to ensure people remain safe. The maintenance file details these checks which include fire safety checks and hot/ cold-water checks. We saw all utilities and servicing of utilities are up to date including, liquid fuel and electric. Certificates seen evidenced this. Environmental checks are also carried out by the manager daily and the RI during their routine visits.

Leadership and Management

People are supported by an exemplary management team. There is a very positive and supportive ethos in the service which is driven by the dedicated manager and deputy. They provide a sense of stability in the home and foster a culture that promotes positivity and success. Comments from care staff spoken with include *“I’m happy with everything, staff morale is great, communication is really good”*, *“I worked here years ago and had to come back as I just belong here”*. The manager and deputy complete routine audits in the service to ensure all is well, these include dip sampling of care and personnel files, infection control, health and safety and more. The service is well respected by the wider community for supporting local events such as donating to the local food bank, hosting charity events such as a hiking up Pen-Y-Fan and skydiving to raise funds for local charities that have meaning to those supported in the service.

People are supported by wonderful and motivated staff who feel part of a close-knit team with strong values. All care staff spoken with clearly enjoy working in Glangarnant and have a very close bond with the people they support. The manager has an open-door policy so any issues can be discussed as they arise. All staff spoken with said the manager is very approachable and they feel listened to. Three personnel files were viewed. We found all required documentation for safe recruitment in place, including identification checks and up-to-date Disclosure and Barring Service (DBS) checks. Training records indicate that most staff are up to date with all training available to them. Regular and routine supervision and annual appraisals take place. Almost all care staff are registered with Social Care Wales (SCW), the workforce regulator or working toward registration. Care staff feel valued and are acknowledged for their hard work and dedication from the provider, we saw individual letters being distributed to give thanks to care staff during the inspection.

There are consistent and highly effective oversight arrangements in place for the service. The provider has policies and procedures in place to ensure the service is run effectively, which are read and signed by each staff member to confirm their understanding of their responsibilities. The RI visits the service regularly, carries out observations of care, speaks with care staff and the management team to obtain feedback to drive improvements. These visits are recorded on quarterly reports and any actions noted. Quality of care reviews are completed bi-annually as required and there is an ongoing drive in the service to continue to provide a very good service and strive for excellence.

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.

Area(s) for Improvement

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A

	inspection	
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