



Inspection Report on

Glais House Care Ltd

**Glais House Care Ltd
Glais House Nursing Home
615 Birchgrove Road
Swansea
SA7 9EN**

Date Inspection Completed

11 + 12 May 2022

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About Glais House Care Ltd

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	GLAIS HOUSE CARE LTD
Registered places	49
Language of the service	English
Previous Care Inspectorate Wales inspection	2 March 2020
Does this service provide the Welsh Language active offer?	Working Towards. 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 and culture.

Summary

Glais House care home is a welcoming and homely service set in well maintained gardens in the Village of Glais in Swansea.

People living in Glais house are treated with dignity and respect by a dedicated and compassionate care team who know them very well. Care workers receive regular training and are supported by a consistent management team and dedicated manager who is also the responsible individual (RI). There is an electronic system in place to record and monitor care needs of people and this is overseen routinely to ensure information available to care staff is accurate and up to date. People appear comfortable and happy living in a home that is homely, clean and well maintained. Improvements have taken place in the service and the upstairs communal corridors are now more light and spacious. There is good oversight of how the service is being delivered and feedback is sought from people, their families and staff in the service to drive improvements. The management team are visible in the service on a daily basis.

Well-being

People have a voice and are treated with dignity and respect. People are encouraged to participate in the writing of their care plans from the onset of care provision where possible, and family are involved when required. There are good systems in place to ensure that personal plans are up to date and give a good overview of the person and their care needs in real time (i.e., how they are now). Feedback from relatives in relation to the care received by people in the service was very good: *"I have always been impressed with the highest level of care and understanding provided by individual members of staff."* People are encouraged to give their views on the service to drive improvements and resolve any issues promptly.

People are protected from harm and neglect. Care workers have completed safeguarding training and understand their roles and responsibilities to report any concerns. The safeguarding policy has been updated to reflect the Wales safeguarding procedures. There are robust environmental checks in place to ensure the service remains safe and homely for people. There is CCTV in place in communal areas to ensure people can be assisted quickly and minimise the risk of falls. There are good infection control procedures in place to minimise the risk of covid entering the service, or spreading within the service.

People's physical, mental health and emotional wellbeing is promoted. There are good monitoring tools in place to monitor people's health and care needs. Medication is managed well in the service and medical assistance is sought in a timely way if people are appearing unwell. There are a number of staff who have been in the service for some time. They know the people they support well and are able to recognise issues with their health.

There is good oversight of the service. The manager/ RI has been in post for a number of years and is very passionate about delivering a good standard of care to people. Numerous audits take place to oversee the service and regulatory reports are completed to evidence oversight. Feedback is encouraged from people, their families and care staff to drive improvements in the service.

Care and Support

People are supported and encouraged where possible to be involved in the planning of their care to ensure it meets their needs. We looked at five care files and saw that there was detailed background information on people's lives prior to moving into the home and a good overview of what matters to them. All care documentation and records are stored on an electronic system which is reviewed and updated routinely to ensure all available information is up to date. Care workers are able to access this information on devices whilst on duty. The system is set up so that care workers can quickly access what people's care needs are and be able to record them as completed instantly. The system enables the management to have good oversight of care provision and take appropriate action when things arise. We saw that corresponding risk assessments are in place and these are also reviewed routinely. Signed consent forms are visible in care files and feedback from families confirmed that they are involved in the process around planning care and ensuring the information on the system is a good picture of their loved ones.

People are supported to participate in activities that they enjoy. We saw people engaging in activities during the visit. People told us of the friends they have made in the service and how they like to have quizzes and sit together for long discussions. People have started to access the community again for outings with family members due to the loosening of the restrictions imposed due to the covid-19 pandemic. We saw larger inclusive events are also being planned to bring family members together after a very difficult few years. Overall feedback from relatives regarding the activities provided in the service was very good, however frustrations were shared due to the restrictiveness of visits in recent months, but most felt that this was now an improving situation. Comments included *"X likes to be busy so the activities have been great throughout."*

People's health and well-being are promoted. There are safe systems in place for the management of medication in the service and to maintain people's health. We saw the medication room where medication is stored securely and appropriately with temperature checks in place. We looked at four Medication Administration Record (MAR) charts and the corresponding medication and found no issues. There are good procedures in place for ordering medication and disposing of unused medications. The electronic system in place has a record of people's weights and fluid and nutritional intake which is monitored routinely to look for any deterioration in people and additional medical assistance is sought in a timely way. Records of appointments with the GP and other medical professionals confirmed this. People were complimentary of the food in the service and comments included *"the food is good too, plenty of it, it's important to have good food,"* and *"X seems to enjoy his food and has put on weight which is a good thing"*.

Environment

The provider ensures that individuals' care and support is provided in a location and environment with facilities and equipment that promotes achievement of their personal outcomes. Glais house benefits from having a large outdoor space that people can enjoy. The gardens are well maintained and are on different levels with the top level being secure. There is a large carpark to accommodate both staff and visitors. The service is spread over two floors and there are two large communal lounges available as well as a newly constructed conservatory. All communal areas are clean, spacious and light and all furniture seen was in good state of repair. People in these spaces appeared content and comfortable. Bedrooms seen were spacious and personalised with people's personal belongings and furniture. At the beginning of the pandemic, the provider added a small lean-to on the second-floor lounge to enable visiting through glass doors and a speaker system was installed.

The service provider has procedures in place to identify and mitigate risks to health and safety. There is a maintenance person employed by Glais house and subcontractors for bigger works. We saw that big works had recently been completed in the service to widen communal corridors and add en-suite rooms to a few bedrooms. We saw that one new room had windows that had not been fitted with restrictors, however on alerting the manager this was done immediately and all other new installations were doors so were not affected. We saw that maintenance checks take place as required to ensure the service remains safe for people including equipment checks, water temperatures, fire equipment and emergency lighting. All necessary certificates for electricity, gas and fire safety annual servicing were seen and are in date. The service is in a very good state of repair and is very clean. Feedback about the environment included: *"Beautiful grounds and home and they are well cared for,"* and *"The layout of the home is excellent, my X spends their days in the bottom lounge which is light and welcoming."*

The service promotes hygienic practices and manages the risk of cross infection. There is an iPad entry system in the service which monitors those entering and leaving the premises instead of the traditional visitors' book. This was implemented to minimise the risk of cross infection as it can be sanitised between use. All visitors coming into the home are requested to show proof of a negative Lateral Flow Test (LFT) to minimise the risk to people. Care staff were seen wearing appropriate Personal Protective Equipment (PPE). We saw sufficient supplies of PPE around the home. Arrangements are in place for visiting on an appointment basis, however the manager does try to accommodate people as much as is practically possible depending on the situation in the service at the time. There is a Covid guidance document in place which is in-line with the government guidelines.

Leadership and Management

There are effective arrangements in place to oversee the service effectively and drive improvement. People, their families, friends and advocates are encouraged to complete feedback on the service they receive so that any issues can be resolved and improved quickly. The recently completed bi-annual quality of care report was seen and gives a good overview on how the service is performing and any improvements required have been noted. However, the report should contain a summary of the feedback received from people to evidence what drives the improvements noted. The RI/ manager is visible in the service daily and has a good line of communication with people, their relatives, and professionals. There is a communication file in place where this evidence was seen.

The service has a dedicated staff team who are supported and appropriately qualified to support people to achieve their personal outcomes. We looked at five staff files and all required documentation for robust recruitment and background checks are in place. Disclosure and Barring Service (DBS) checks are in date and are updated as required. Training certificates are in files, and we saw that care staff were up to date with the mandatory training requirements (including safeguarding and manual handling) as detailed in the service's Statement of Purpose (SOP). We saw the scheduled face to face training booked in for the remainder of the year to ensure any training due was refreshed in due course. Staff are supported in their roles and we saw routine supervisions and reflective practice sessions take place routinely. Documentation seen evidenced this. This was also supported by feedback from staff whose comments included: *"The managers are always on hand to deal with any issues or concerns", and "The management team at Glais House are always open, honest and supportive, welcoming innovation, new ideas and new ways to improve the life and experiences for the residents."*

The service provider has systems in place to support the smooth operation of the service, to ensure the care and support of individuals enables them to achieve their personal outcomes. The SOP has recently been reviewed and accurately reflects the service. There are numerous policies and procedures in place and we saw these have been reviewed and are in line with current legislation. This includes the safeguarding policy which has been updated to reflect the Wales safeguarding procedures. The manager has good oversight of the service. We saw numerous audits are carried out routinely in the service, these include medication, care and personnel file audits and oversight of people's health needs.

The service provider has oversight of financial arrangements and investment in the service. Staffing levels at the service on the day of the inspection appeared adequate and care workers spoken with confirmed that these were usually well maintained, and they didn't feel under pressure. Care staff spoken with confirmed that it is a very busy service to work in and standards are high which results in good care for people. Since the last inspection

there has been significant improvements to the environment of the home with more en-suites being added and the layout of the home being reconfigured to widen corridors and add additional windows to increase the natural light in the 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
N/A	No non-compliance of this type was identified at this inspection	N/A

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