



Inspection Report on

Glais House Care Ltd

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

Date Inspection Completed

18/10/2023

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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	50
Language of the service	English
Previous Care Inspectorate Wales inspection	[Manual Insert] 11 May 2022
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

Glais House has an established team of core staff with ongoing recruitment taking place. The manager of the home is also the Responsible Individual (RI). The manager has daily involvement with the running of the home and has support from their personal assistant and the owner of the home.

Staff know people well and provide holistic care to ensure people's outcomes are met. Staff are sensitive and caring.

Improvements are required to the timeliness of applications being made for Deprivation of Liberty safeguard (DoLs) authorisations. These should be in place for people who do not have capacity to make their own decisions about aspects of their care and support.

Maintenance and safety checks are completed as required. A handy person is on duty five days a week. The provider takes pride in the home and grounds. A decorator attends the home weekly and a gardener three times a week. The environment is enabling, warm and welcoming and conducive to people's well-being and independence.

Good recruitment practice is in place. Staff receive a full induction prior to commencing employment and the manager promotes face to face training. The requirement to ensure training updates are completed is not being met, therefore this is an area for improvement.

Well-being

People have things to look forward to and do what is important to them. We saw posters advertising a Halloween Party and Remembrance Day event. Visitors to the home were heard confirming upcoming plans with staff and family members. People enjoy a variety of activities with an activity co-ordinator in post five days a week. As well as planned activities, we saw activities take place in small groups and on a one to one basis. This included a ball game and a member of staff taking someone out for a walk before lunch. Family told us *“X is involved in all the activities”*. We saw craft taking place in preparation for an upcoming Italian culture day. One person joked *“Ahh I have been making a mess today or painting as we call it”*.

People are given opportunities to share their opinions and have a voice. Everyone was given the opportunity to attend and share feedback as to whether they wanted more yoga/exercise sessions. We were told *“We enjoyed our exercise this morning”*. Family told us *“If X says no X means no and they respect that”*. The meal time experience consists of people choosing what they want to eat and where they want to enjoy their meals. We saw a turkey roast dinner, meat balls and home-made pasta being offered. Dining tables are laid with menus and flowers and it is apparent people enjoy this time to socialise. Residents meetings are held quarterly. Family meetings are held periodically in venues where people’s representatives can meet socially. Communication is important and supported in many ways to ensure people remain involved, informed and up to date. The outcome of the meetings form part of the RI’s quality assurance when striving to improve outcomes for people.

People live in a home with an environment that enables them to be as independent as possible and promotes their individuality. One family member told us *“They do a marvellous job here We are happy with them, they are brilliant”*.

People are supported with communication in Welsh if required. Some staff can greet people in Welsh and they can access an electronic translator system if needed. Currently there is not a need to this level but the provider continues to work towards meeting the Welsh language active offer.

Safeguarding procedures are followed by staff with an up-to-date policy in place. Technology such as door sensors help maintain people’s safety and independence. To further maintain people’s safeguarding, improvements are required to ensure DoLs authorisations are requested when required. Whilst new staff receive a comprehensive induction with required training, most established staff are not up to date with required training such as safeguarding and health and safety.

Care and Support

Care is provided to enable people's outcomes to be met. We saw staff make recordings on handheld devices at the time of care interventions such as personal care, position changes and nutritional intake. The provider has invested in self- turning mattresses that help maintain people's skin integrity. Personal plans are detailed and outcome focused. They include what is important to people with information about social and family history. We observed caring, sensitive interactions towards people and their families. People are enabled to do what is important to them such as dress their baby doll or tidy the tables after supper. We observed people achieving purpose and feeling valued.

The manager and care team provide care and support to people who lack capacity to make specific decisions. We were told approximately half the people living in the home may lack the capacity to make specific decisions. The Deprivation of Liberty safeguard (DoLs) applications completed did not reflect this number. The manager confirmed "*there was a back log*" that they were now managing to complete with retrospective applications. Of the three people whose care documentation we checked in detail, two people had DoLs authorisations that had expired. New applications have since been completed for these people. Care documentation is not always accurate or reflecting the latest update regarding people's mental capacity. Whilst no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Medication is stored appropriately with room temperature checks made as required. An electronic system is used to record the administration of medications. Checks and alerts are in place within the system to ensure people receive their medications as prescribed. We observed good practice with medication administration. Reviews of medication take place as required and regularly. The manager told us they complete medication audits regularly.

Relevant professionals are involved and referred to as required. We saw records of visits from social workers, community nurses and the community dental team. People are supported to have effective oral hygiene and dental health with inhouse oral health champions.

We saw family members are kept informed and up to date regarding any changes. We were told "*They keep in touch*". Reviews of personal plans take place regularly and when changes take place. We were told people and their families are not routinely involved with review meetings however, this is something the manager will work towards.

The manager told us: "*I just want to make sure we look after people well...*"

Environment

Glais House has a very pleasant and homely feel. People are supported to have visitors as they wish. There is a secure keypad entry with an electronic 'sign in' system. Personal protective equipment is available to staff and visitors and we saw this used.

Maintenance and safety checks of the environment are completed. This includes gas, electricity and fire checks. The provider arranges an independent annual fire risk assessment and showed evidence of responses to recommended actions. Personal emergency evacuation plans are completed. Certificates of safety and compliance checks are completed for manual handling equipment and the lifts in use. Manual handling equipment is stored appropriately and accessible to staff.

People have a choice of pleasant communal areas to spend time. This includes a main lounge, quiet lounge, conservatory and some light airy corridor areas that have seating. Photos of people living in the home are around the communal areas. People consented to these photos and it gives a person centred family feel to the home. Furniture looks in very good condition and in keeping with the impeccable décor. Most furniture is wipe clean but homely. A good standard of hygiene and cleanliness is evident. Family told us *"The place is spotless – they are so clean"*. There are a variety of style of bedrooms available to people. We saw smaller cosy rooms and larger airy rooms with ensuites. People's bedrooms are personalised to the extent they prefer. We saw photographs, and personal items from their homes including furniture and bed furnishings.

Some people can access small bespoke garden areas from their rooms with their own plant pots and bird feeders. There are also seating areas in the main gardens where people can spend time. We were shown an outdoor scenery wall painting that is in progress. People are involved with making/painting pottery garden ornaments. The gardens and grounds are exceptionally well maintained and accessible, so people can enjoy spending time in these areas.

People's independence is promoted and enabled where possible. Automatic light sensors operate in some corridors. Door sensors are in use if people need physical or cognitive support when moving around the home with purpose. Handrails are clearly distinguished from wall colours enabling people to mobilise independently where possible. There are a variety of bath and shower facilities available to suit people's individual personal care preferences.

Information boards around the home inform people of upcoming events and family members feel a part of the home and events held. One family member told us *"They are fantastic – it is like a family to us here. Put it this way I would move here – it is lovely"*

Leadership and Management

Recruitment is ongoing to ensure that adequate staffing levels are in place. Whilst there is a core team of established staff, new staff continue to join the team at Glais House.

Recruitment practice is good with contracts of employment and 'right to work' checks completed. Gaps in employment are explored and references obtained prior to employment being offered. On the whole staff have Disclosure & Barring Service (DBS) checks in place prior to commencing employment. The provider is working towards ensuring staff are registered as required with Social Care Wales. The provider values the importance of retaining staff and offers staff awards and loyalty incentives.

Support is in place for staff and records of one-to-one meetings were seen including performance reviews, records of learning opportunity and reflective practice. We were told individual supervision is a two-way process however, this was not always evident in recordings. The manager told us they had support and supervision from various sources. We discussed how the manager's individual supervision can be formalised to ensure this is protected time. Staff told us; *"It was difficult to begin withbut I am learning day by day"* and *"Yes I am supported with anything I need"*. Staff receive a full induction prior to working in the home and this includes face to face training for required areas. However we saw established care workers, nursing staff and ancillary staff are not all up to date with required training or training specific to people they provide support to. Less than half of staff had not completed training updates for safeguarding, infection prevention control and moving and handling. The manager told us: *"Face to face training is booked and this is better for them – maybe I should consider online training in between"*. Whilst no immediate action is required, this is an area for improvement, and we expect the provider to take action.

A quality care review report is available and completed six monthly. It identifies what the service does well and how improvements can be made to develop the service further. An electronic feedback system is in place as part of the signing in process, allowing staff and visitors to provide feedback as often as they wish. Discussions were had as to how further feedback could be provided from staff, people and their visitors and how that could be anonymised as part of the overall quality assurance processes. The manager told us they would revisit this to enable a wider group of people to provide feedback. It is apparent the owner, manager (RI) and staff at the service strive to improve the service provided. The owner told us: *"We want to provide the best care for others and know we have done the best we can"*.

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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36	Care workers, nursing staff and ancillary staff are not up to date with required training or training specific to people they provide support to. The provider must ensure any person working at the home receives core training and specialist training as appropriate to the work performed by them.	New
31	The provider does not consistently apply for Deprivation of Liberty Safeguard (DoLs) authorisations as required and in a timely way. The provider must ensure an individual is not deprived of their liberty for the purpose of receiving care and support by applying for the lawful authority.	New

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Date Published 21/11/2023