



Inspection Report on

Glasfryn Nursing & Residential Home

**Glasfryn Residential & Private Nursing Home
106 Felinfoel Road
Llanelli
SA15 3JS**

Date Inspection Completed

18/07/2023

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About Glasfryn Nursing & Residential Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Glasfryn Private Nursing & Residential Home Ltd
Registered places	24
Language of the service	English
Previous Care Inspectorate Wales inspection	[Manual Insert] 22 nd June 2022
Does this service provide the Welsh Language active offer?	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

Overall people and their representatives are happy with the care and support they receive at Glasfryn. People receive support from staff who are experienced and hold the necessary qualifications and skills to undertake their role. The manager is supportive and approachable and encourages staff learning and development.

Personal plans reflect people's care and support needs but improvements are required to involve people in their care planning and reviews. Senior staff review people's care needs and make referrals to other health care professionals when required. People have some choice and control over their daily lives.

The Responsible Individual (RI) ensures the building and its contents are maintained and there is an ongoing redecorating plan in place. Health and Safety checks are undertaken as required to ensure people's safety is promoted. More detailed six monthly reports are required by the RI to demonstrate that the quality of care and support is monitored, analysed and reviewed.

Well-being

Overall people have choice and control over their day to day life and live in an environment which supports their wellbeing. Some people sit in either one of the communal lounges whilst others choose to stay in their room. People are supported to move around safely. People are encouraged to have their own personal belongings in their rooms and we saw one person being comforted by having a Dementia cat toy on their bed.

Personal outcomes are not routinely included in their care plans and we cannot be sure that people are doing what matters to them. Individual plans lack detail of people's preferences and more opportunities are needed for people and their representatives to have their say on the decisions that affect them.

People's voices are not being heard because they have not had the opportunity to participate in the review process. Whilst there are some opportunities for people to have their say, this could be strengthened further. There is no evidence to show that people are consulted during the reviews. Some people's representatives told us that they are not consulted during reviews and do not feel as involved as they would like. Furthermore, they are unaware of the requirement to hold quarterly reviews. The points have been discussed with the manager and RI and will be followed up in the next inspection.

People can do what they choose because activities are organised by staff and we saw some people enjoying being entertained by a singer during the inspection. Bingo and other group activities are organised and the service is in the process of recruiting an activities coordinator who will consider individual needs in addition to group activities.

People receive nutritional home made meals and one person told us "*The food is really good*". Records show that people's weight is regularly monitored to ensure they remain healthy. People's Oral hygiene is promoted to minimise any associated health issues and staff receive specific training through the 'Gwen am byth' programme.

People can be confident that they are protected from harm and abuse as much as possible. Care workers and nursing staff receive regular supervision and guidance and have undergone stringent recruitment processes to ensure they are suitably experienced and competent to undertake their role. Staff are trained in safeguarding of vulnerable adults and are aware of the procedure to follow if they have any concerns.

Care and Support

People receive care from staff who are kind in their approach. There are positive interactions between staff and people with light-hearted banter and humour. One person told us, *“These girls (staff) are my pals, they are lovely and kind”*.

Overall people and their representatives told us they are happy with the care that they receive. Staff rotas show there are always adequate numbers of staff on duty and staff told us they have time to sit and chat with people.

Personal plans provide clear guidance for staff on people’s care and support needs. Some care files have details of a person’s social background and history including their interests and hobbies. Personal outcomes are not always included and more detail is required to demonstrate people are consulted on what matters to them. Some group activities are organised such as crafts and a singer. The service is in the process of recruiting an activities coordinator who will consider individual needs in addition to group activities.

Care and support needs are reviewed by a senior member of staff monthly and any changes are noted. However, records do not demonstrate people and/or their representatives are being consulted. People we spoke with are not aware of the review process and could not recall being part of a review. This has been identified as an Area for Improvement. The points have been discussed with the manager and RI and will be followed up in the next inspection.

Care records show people’s general health is promoted and other health and social care professionals, such as Dietician, Chiropodist and Dental Nurse are involved in people’s care and support. The service is part of the ‘Gwen am Byth’ scheme which provides valuable guidance and training on oral health for vulnerable people.

Medication is safely stored and administered appropriately the Medication Administration Records (MARS) are completed correctly. The provider has policies and procedures to manage the risk of infection and we saw Personal Protective Equipment (PPE) being used appropriately. All visitors are required to show a negative Covid test prior to entering the building and staff take their temperature on arriving for their shift to protect people as much as possible from the spread of viruses.

Environment

The home is warm, clean and welcoming. Communal areas are spacious and comfortable and easy for people to navigate. There are two large lounge areas, a conservatory, and a safe and secure outside area where people can spend time.

People's bedrooms vary in size and three are ensuite. Bedrooms are personalised with items such as photos and ornaments of people's choice. Some rooms would benefit from redecorating and are looking tired. There is an ongoing maintenance and upgrading plan and we were told rooms are decorated when they become vacant. New flooring has been laid in the corridors upstairs and there are plans to continue this into the bedrooms.

The kitchen is clean and organised and has been rated 5 by the Food Standards Agency (FSA) demonstrating high standards of hygiene.

Robust Infection Prevention and Control measures are in place and hand sanitising stations are located throughout the service with staff using appropriate Personal Protective Equipment (PPE). All staff take their temperature on entry to the home and anyone entering the home must show a negative Covid test result. We saw a staff member cleaning throughout the home during the inspection visit.

Safety checks and audits are undertaken on the building and its contents. Records show that specialist equipment is tested regularly to ensure it remains safe and suitable for use. The service has recently undergone an assessment by the Fire service and furthermore we saw checks have been carried out on all Firefighting equipment.

Leadership and Management

There is good oversight by the manager and people working and living at the service benefit from an experienced and established team. Retention of staff is high. The provider is keen to invest in staff and encourages professional development within the service. Many of the staff have progressed in their career whilst working at Glasfryn and have been employed for several years. Staff referred to the manager as supportive and knowledgeable and several staff members spoken with told us that they had learned a lot from them (manager). Another staff member told us *"I wouldn't change anything, I love it here"*,

The manager has close links with the local college and frequently accepts students on placement. One student told us how all the staff had been very supportive and had time to share their knowledge enabling them to develop their skills. The service is also taking part in a health led research project in fortified drinks after being approached by the Dietician. This has helped to raise staff awareness on healthy nutrition for people who are vulnerable and at risk of weight loss.

There is a robust recruitment system in place and the staff files have the required information including references, Identity and Disclosure and Barring Service checks (DBS). New staff undergo a thorough Induction period and the manager ensures they have understood the information and training guidance prior to taking on any roles.

Staff receive one to one supervision regularly and this provides an opportunity to reflect on practice and to discuss any issues they may have. The manager is also available for informal supervision with staff in between arranged sessions and has an open door policy.

Mandatory and more specialist training relevant to the needs of those who receive support is provided to staff. Whilst most staff are up to date with training there are some areas where they require refresher training. The manager assures us this is being arranged.

We looked at several key policies during the inspection and most have recently been reviewed by the RI. Some require amendments to be made to ensure they hold the correct, up to date information for staff and people to access. This includes the Complaints policy which requires amending. We also found the Complaints procedure had not been correctly followed. We have identified this as an Area for Improvement. The points have been discussed with the manager and RI and will be followed up in the next inspection.

We have read the last two RI reports. Unfortunately, they do not demonstrate there are systems in place to monitor, assess and analyse the level of care and support that is being provided and require more detail. We have identified this as an Area for Improvement. The points have been discussed with the manager and RI and will be followed up in 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
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64	The provider has a Complaints policy in place however is not operating in accordance with the policy as no complaints have been recorded.	New
80	The RI has not got sufficient systems in place to assess, monitor and improve the quality and safety of the service. The RI reports do not demonstrate any collation or analysis of complaints received or accuracy and completeness of records.	New
16	The provider has not been involving the individual and/or their representative in the reviews of personal plans. Four representatives spoken with told us they were not aware of the reviews and had not been involved.	New

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