



# Inspection Report on

**Glanmarlais**

**Glanmarlais Care Home  
Maes Piode Llandybie  
Ammanford  
Carmarthenshire  
SA18 3YS**

**Date Inspection Completed**

29/01/2025

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## About Glanmarlais

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	PADDA CARE LTD
Registered places	74
Language of the service	English
Previous Care Inspectorate Wales inspection	14 <sup>th</sup> August, 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

People are treated with dignity and respect at Glanmarlais. They receive kind and compassionate care from staff who know them well. People's well-being is promoted by living in an environment that is clean, safe and homely. The service has a welcoming and joyful atmosphere, underpinned by shared values, which supports people to meet their care and support needs. The service supports people to stay as healthy as possible. Personal plans are in place to support staff to meet people's needs.

Since our last inspection, the service has experienced changes to leadership and management. A Responsible Individual (RI) and new manager have been appointed. The new leadership and management arrangements are having a positive impact on the service. Governance and management policy and procedures are being reviewed, with actions planned to address any identified shortfalls at the service. Areas for improvement have been identified in regard to oversight and governance and documentation at the service. Whilst no immediate actions are needed, we expect the provider to take action to address these areas.

### Well-being

A relaxed atmosphere in the home helps people and their relatives feel at ease. Friends and relatives can visit when they wish. The service has a family-friendly environment. Staff regularly give people time to talk and we saw good-humoured conversations with people. Each person is encouraged to personalise their surroundings in whatever way they wish. People feel safe, relaxed and comfortable, and know how to make a complaint if they need to. A person using the service told us, *"I love it here. It's like a really good hotel"*. Residents feel a sense of belonging and sufficiently 'at home' to enjoy freedom of expression and find meaning in their lives. A person using the service told us, *"I have only good things to say about the place"*. People are supported by a consistent care team who know them well. This encourages good communication and enables staff to identify changes to people's presentations as early as possible. An ethos which values diversity of belief and culture is present at the home. People have benefited from the service's Welsh language learning offer to staff. We heard Welsh being used frequently and at timely moments to support people's sense of security and belonging.

People develop good rapport with staff, as the service values positive relationships in promoting good wellbeing for people receiving care and support. People live with dignity and respect and receive appropriate, kind, and caring support from exceptional staff. A member of staff at the service told us of high expectations set by management, saying, *"Everything must be on point"*. Staff receive regular support, guidance and training. The service has a thorough recruitment process and management regularly monitor staff to ensure they are meeting people's needs.

Staff know their responsibilities in relation to safeguarding and Deprivation of Liberty Safeguards (DOLS) and have had training in these areas. All the staff we spoke with know the actions they are required to take if they suspect a person is at risk of abuse, harm or neglect and are confident the manager would take the actions necessary to safeguard people. The service are currently reviewing and updating policies and procedures to ensure all issues are considered, reported and referred to the relevant health and social care teams in a timely manner.

People have as much control over their day-to-day lives as possible. The building is well maintained and designed to support people to be as safe and as independent as possible. People can do things that matter to them, using the different spaces available to do things they enjoy, for example chatting with each other, watching TV, doing activities or spending quiet time alone. Activity co-ordinators at the service organise a variety of events, including daily activities in the designated activities room. On the day of inspection, we saw arts and crafts activities and a game of indoor tennis. A person using the service told us, *"There are always activities on"*. People benefit from a balanced diet and varied menu. A person using the service told us, *"The food here is lovely. They make a good cup of tea"*.

## Care and Support

People and their representatives are very happy with the standard of care and support they receive. People we spoke with commented positively about the quality of care provided by staff they knew well and who they had developed good relationships with. We observed natural, joyous, caring and vigilant interactions between staff, people and their family members. People we spoke to told us the staff are “*fantastic*”, “*chatty*” and “*great*”. The service recognises the importance of staff consistency when working with people living with dementia. Management told us familiar faces provide reassurance to people, supports the development of positive relationships and enables consistent care and support. A visiting professional told us, “*The staff are attentive to people’s needs. It is a lovely home*”.

Personal plans include information on the needs of people and how these can be met safely by nursing and care staff. Plans include some information about people’s social histories and personal preferences. We were told the provider is introducing a new electronic care planning system. This will ensure personal plans are reviewed with people and their representatives in a timely manner and progress towards achieving outcomes is measured.

External professionals are involved in the care and support of people. There are good links with the district nursing team and advocacy services. Nursing and care staff record the care and support they provide to people each day. While supplementary monitoring charts are in place, these are not always completed correctly and are therefore not always accurate. While no immediate action is required, this is an area of improvement, and we expect the provider to act.

Safeguarding policies and procedures are currently being reviewed by the service. Staff have received safeguarding training and recognise their personal responsibilities in keeping people safe. A safeguarding officer has been appointed by the service. Staff would approach any of the senior staff team but would also contact external agencies such as the local safeguarding office if they thought they needed to. Deprivation of Liberty Safeguards (DoLS) are in place for people who do not have capacity to make their own decisions about aspects of their care and support. These are in place to keep people safe. An action plan is in place at the service for further discussions with the DoLS team, to ensure the processes around making decisions in a person’s best interest are robust and impartial.

There are good procedures in place for the management of medication at the service. Designated staff are trained to administer medication. There are designated medication rooms which are kept locked when not manned. The rooms are clear of clutter and over stock and good procedures are in place to ensure medication is stored at optimum conditions. We looked at medication administration records (MAR) and found all medication is documented correctly. No gaps were visible in the records viewed.

## Environment

We found all areas of the service to be spotlessly clean, pleasantly decorated and clutter free. The environment is maintained to a high standard by a dedicated maintenance officer. All bedrooms are personalised to the taste of the individual and each has an en-suite bathroom. There are a wide variety of communal areas where people can relax and socialise if they wish. A dedicated activities room enables people to socialise and engage in fun activities should they choose, with activity co-ordinators committed to supporting people's wellbeing available at the service six days a week. There is a well-presented spacious dining area which offers a very pleasant dining experience. A daily menu is displayed. The kitchen is separate from communal areas and well-established infection control measures were seen. A person using the service told us, *"The food here is amazing. The puddings are beautiful"*.

The entrance to the home is appropriately secure to protect people from unknown visitors. On the day of inspection, we were asked to sign the visitors' book and our identification was checked. The CCTV policy within the home is currently being reviewed to ensure people's right to privacy is fully considered.

The service undertakes regular health and safety checks, 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 and cold-water checks. We saw appropriate oversight regarding gas and electricity safety checks and portable application testing (PAT) has taken place. Checks for manual handling equipment and lift servicing within the home are completed six monthly as required. People have personal emergency evacuation plans (PEEPS) to guide staff on how to support people to leave safely in the case of an emergency.

The service promotes hygienic practices and manages the risk of infection. We saw Personal Protective Equipment (PPE) and hand sanitising stations located around the home. Staff told us of sufficient PPE stocks. The laundry room is well organised, and all machines seen to be in good working order. All COSHH (Control of Substances Hazardous to Health) materials are stored correctly, in line with the COSHH Regulations 2002.

## Leadership and Management

Significant changes to leadership, management and staffing have occurred since our last inspection. We did not see consistently robust arrangements for the oversight and

governance of the service. Not all actions are taken to ensure the service provision is consistently in line with Regulations. Reviews of all aspects of care provision and governance are currently ongoing. All policies and procedures are currently being reviewed and updated. While no immediate action is required, this is an area of improvement, and we expect the provider to act.

The RI is supported by a management team who are committed to making necessary improvements within the service to improve standards where needed. The RI is visible at the service and is embedding effective oversight and governance arrangements for the continual monitoring, reviewing and improvement to the quality of the service. The statement of purpose (SOP) which describes how the service is provided, is currently being reviewed and updated to ensure it accurately reflects the service provided. The RI has arrangements in place to consider the views and experiences of people using the service and for the completion of quality of care reviews, to further drive improvements. The new manager is experienced and suitably qualified for the role. The manager is supported by a wider management team, a deputy manager, and a clinical lead at the service. The management team are becoming well known by the people who live at the service and their representatives. A family member told us, *"The new manager is easy to speak to and her door is always open, so I just call in"*.

The professional and respectful culture at the service is led from a shared set of values which promote respect, teamwork and pride. A resident at the service told us, *"It is a happy place to be"*. Throughout our visit we saw sufficient staff deployed to consistently meet the needs of people at the service. Effective oversight of staffing provision is in place which supports the provision of quality care and support. The service does not use agency staff. A member of staff told us, *"The staff team are really special. They are friendly and really want a good experience for the residents"*.

Personnel files we reviewed contained all the required documentation. These include references, sponsorship licences, right to work checks and Disclosure and Barring (DBS) checks. New staff receive a worthwhile induction. Personnel files indicate that staff have access to a variety of training opportunities, and overall care staff have completed a good level of training. Staff spoke positively about the support they receive from management and the training they receive for their role. We were told by staff how they feel supported to develop professionally, including being supported and encouraged to learn and use Welsh at the service. Nursing and care staff are provided with regular one-to-one support, through timely supervisions. This is in addition to the daily support staff are provided by management when required. A member of staff told us, *"It is a very good company. They look after their staff"*.

Summary of Non-Compliance	
Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
59	The service provider must ensure an accurate record of repositioning care provided is	New



	documented.	
6	The service provider must ensure regulatory issues are identified and responded to appropriately, with sufficient care, competence and skill.	New

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