



Inspection Report on

Glais House Care Ltd

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

Date Inspection Completed

12/12/2024

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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	18 October 2023
Does this service promote Welsh language and culture?	This service is making a significant effort to promote the use of the Welsh language and culture or is working towards being a bilingual service.

Summary

The management team consist of the Responsible Individual (who is also the manager of the home) and a personal assistant. Throughout the report we will refer to the RI/manager as the manager. The owner, manager and personal assistant are very driven, highly dedicated and passionate about providing a high-quality service.

All staff know people well and know what is important to them. A person-centred approach to helping people achieve their outcomes is evident. Glais House has a family feel to the home with some families describing their relative's home as their home also. Good standards of care are provided.

The environment within Glais House is very pleasant, welcoming and enables people to achieve optimum independence and enjoy what is important to them. The owner is proactive with investment in the home with a view to improving lives of the people living there. The home is exceptionally well maintained.

The owner and RI/manager very much have a presence at the home and are known to people and their representatives. They have a forward-thinking approach and are consistently looking at ways to improve outcomes for people by investing back into the home and into the staff that provide the care and support.

Well-being

People have control over their day-to-day life and are supported to make choices. Notice boards around the home display upcoming events. We saw genuine interactions between staff and people where information was shared and listened to. People's opinions are gathered at resident's meetings. A person living in the home told us, *"This is a novelty of having a chance to speak out and they have lovely cakes here"*. We saw people had a choice when deciding on meals including options around a daily cooked breakfast. Family told us, *"The staff are really attentive and got to know X really well and got to know their preferences"*.

People are happy and do things that are important to them. Since the last inspection a second activities co-ordinator has been recruited. Their activities guide considers seven dimensions of wellness including physical, creative and social. This is reflected in the activity programme. People are also supported to use computers to facilitate learning and access activities of interest. The manager and owner work hard to ensure new staff are welcomed and people living at Glais House have a good understanding of different cultures. Themed cultural days and events are held to incorporate this into the ethos of the running of the home. This further creates a mutual respect amongst staff and people living in the home. We heard the Welsh language spoken and staff teach people greetings in their first language meaning multilingual conversation takes place. People told us, *"Yes I am happy here – the carers are all so kind"* and *"They are very good"*.

People are supported to engage with their community. We saw an extensive festive social activity programme. This included going to the theatre to see a pantomime, an invitation for all to attend a Christmas event at the university and plans to go to the local pub for lunch. The home regularly hold seasonal parties which are big events that people and their families enjoy. Preparations were being made for the Christmas party and people were helping staff make decorations. People feel valued and involved.

People are safeguarded from abuse and neglect. The team are conscientious, open and know how to make any concerns known. The owner, manager and team at Glais House work hard and go 'over and above' to ensure people achieve optimal health and well-being. The owner told us *"If you are not prepared to treat everyone like your grandparents then this is not the place for you"*. A family member told us, *"You can't improve on perfection"*.

Care and Support

The provider ensures people receive good quality care and support. Staff are respectful of people's individual circumstances and wishes. People are offered the opportunity to have a bath or shower daily. Position changes are provided to ensure people get pressure relief as they need it. Each bed has a hybrid mattress that can be adjusted to individual comfort levels and if required some people have an auto turn mattress. We did note some gaps in position change recordings and the manager assured us this will be addressed. We observed manual handling practice in line with people's personal plans. A member of staff told us, *"We have manual handling twice a month where an assessor comes to the home and observes us, corrects us and we are shown new techniques."*

The staff work with individuals to complete outcome-focused personal plans. Overall, the documentation is good and reflects what is important to a person. Some updating of personal plans is required to ensure they reflect the most recent information. Staff review personal plans regularly as required. This includes discussing and agreeing the detail of the plans with some people. We advised of the requirement to invite people and their representatives to a quarterly review meeting. The manager confirmed they will implement this as soon as possible. In the interim families told us they are kept informed and involved with aspects of their relative's care. Family feedback includes, *"There is a lot of open communication – the team are very approachable, considerate and very caring"*. Family told us, *"I can be at peace that X is there and I don't have to worry about the standard of care."*

Medications are stored appropriately and administered as prescribed. The effects of medications are monitored and medication reviews take place regularly. The electronic system is audited by the manager and balances of medication are updated automatically. We observed staff administer medication diligently.

There are systems in place to safeguard people whilst promoting their independence. An up-to-date safeguarding policy is available. All staff attend safeguarding training and demonstrate knowledge of who to report concerns to. Improvements have been seen with the applications for Deprivation of Liberty Safeguard (DoLs) authorisations. These applications are now made in a timely way. Best interest decisions are made for people who may not have capacity to make specific decisions, following consultation with family members. We have suggested further discussion with the DoLs team around the requirement to involve other professionals for a wider discussion. This will ensure the process around making decisions in a person's best interest is robust and impartial.

Environment

Glais House has very pleasant communal areas that are welcoming and seasonal. We saw Christmas decorations in all areas of the home and visitors have access to information about upcoming social events. The staff at Glais House go above and beyond to ensure visitors feel welcome and people feel comfortable in their home. All areas of the home are clean and fresh smelling and the furniture looks pristine. In addition to the main lounge and conservatory there are other areas for people to sit quietly including some informal relaxed seating in corridors and another quieter lounge.

Routine maintenance and checks are completed to ensure the safety of people living in Glais House. We saw checks such as the electrical installation certificate and gas annual services. Independent Fire and Legionella risk assessments have been completed and the provider seeks professional advice to meet any recommendations or actions. Checks for manual handling equipment and both passenger lifts within the home are completed six monthly as required. The manager told us they had recently had a food hygiene inspection and were awarded a 5 rating (very good).

Since the last inspection further investment has been made to the home with a new heating system, sensitive controlled thermostatic boilers and a safety reset on the fire alarms. The owner of the home told us of plans to further develop the home and is very proactive about providing an exceptional place for people to live.

People's independence is maximised with an enabling environment. Whilst some areas have doors with key codes to maintain safety, people can move around the home with purpose and are supported to do so. There are automatic lights that are sensor controlled in corridors and contrasting handrails that are easy to identify. Communal areas are spacious and light. Décor within the home is impeccable with a decorator who is in the home weekly maintaining the high standards of décor. People can access secure outdoor areas where they can enjoy time in the sun or shaded areas with a canopy area when needed. So regardless of the weather, time can still be spent outside. Some smaller garden areas can be accessed from people's bedrooms.

The owner is passionate about their aim to sustain the excellent standards within the home and invest with a view to further ongoing improvements. Both the manager and their personal assistant speak very highly of the owner saying any improvements they identify or want to develop, are seen as an investment back into the home for the people who live and work at the home.

Leadership and Management

The service is overseen by a committed and highly dedicated management team who strive for ongoing development and improvement of the service. Quality assurance processes are in place which include gathering feedback from people, their representatives and staff. The manager has dedicated time for their RI role and completes a six-monthly quality care review report. Other documents such as the service's Statement of Purpose and policies are bespoke to the service and updated regularly.

The provider ensures people are supported by staff that are suitably fit and receive required training and support. There are good recruitment processes in place and staff are registered with professional bodies as required. Improvements have been seen to training since the last inspection. Staff receive a combination of online and face to face training. This includes an induction provided in house. The majority of staff have completed required training with some dates booked imminently for any outstanding training. We were told about bespoke practical training around dementia that the staff found very beneficial. Staff feedback includes *'It's going well – learning something new every day'*.

Individual supervision is provided regularly for most staff. Records of learning opportunities are also captured very well in staff files. Since the last inspection the manager has arranged supervision for themselves via the company's human resources department and has found this very helpful for their own support and reflection processes. Staff spoken with are very positive about the support in place for them. We were told about motivating incentive schemes with bonuses for employee of the month/year; an enhanced rate of pay for staff that cover shifts at short notice and a 100% attendance enhancement. This demonstrates sector leading incentives to ensure staff feel valued and appreciated. We saw letters from staff thanking managers for their discretionary bonus *"It is very nice to work with management that appreciates its employees"*.

The owner told us *"It has taken us 13 years to get in this position– we are currently overstaffed and recruiting another two staff"*. This demonstrates the contingency plan the company have to manage staff absences. Staff told us *"We do have enough staff. Even though we have plenty of staff there are times when people need more attention and we can give this"*.

Staff told us about the support in place from the owner, manager and personal assistant: *"The three of them are here and it works very well"*; *"The manager is respondent to any concerns"*; *"Our manager is really supportive"* and *"If ever I need help they are always there"*.

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	
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.	Achieved
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.	Achieved

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