Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

Glan y Felin

3 Commercial Road
Rhydyfro Pontardawe
Swansea
SA8 4SL

Date Inspection Completed

27/11/2024

About Glan y Felin

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Accomplish group ltd
Registered places	7
Language of the service	English
Previous Care Inspectorate Wales inspection	24 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

Glan y Felin is a small service for seven people with needs associated with mental health. People are well supported and cared for by dedicated, committed and trained care workers and a supportive management team and responsible individual (RI). All feedback gathered as part of the inspection was very positive about the culture in the service and people informed us, they are happy, settled and feel safe. There are good processes in place to help maximise people's engagement in planning their care. We saw people have made clear progress in relation to outcomes which are detailed in their support plans. Staffing levels are appropriate and align with people's needs and outcomes. Support planning information is well documented, thorough and regularly reviewed. There are robust personal plans aligned with risk assessments. Policies and procedures are detailed and regularly reviewed to guide and inform staff. The current statement of purpose (SoP) is reflective of inspection findings.

Well-being

People are treated with dignity, respect and receive a good standard of person centred care and support. People gave positive feedback regarding their experience of living in the service. Two relative's also made positive comments about the care and support provided. People are consulted regularly about their care and support needs and outcomes. Personal plans consider people's needs, interests, preferences and outcomes. Risk assessments are in place to promote people's safety along with specialist assessment and monitoring tools in relation to mental health. Staff know people well. Where a person needs help to make their voice heard, people's families and representatives are consulted. Care is provided in accordance with protocols covering capacity and restriction of freedom. People are supported to develop and maintain their personal living skills. They are encouraged and where needed supported to regularly access the local community.

There are systems in place to help protect people from abuse and harm. The home is secure and access is monitored by staff. Policies and procedures support good practice and assist staff to report a safeguarding concern if necessary. Care staff understand their responsibilities around safeguarding procedures and told us they feel confident raising an issue with the manager and feel it would be responded to. Staff recruitment and fitness checks are robust and regular supervision supports continued development. Incidents and accidents are logged, reported and we saw appropriate actions are taken. The service is proactive in identifying potential risks and manage these well.

The environment is well maintained, safe and provided in accordance with the objectives defined in the SoP. People benefit from a service that promotes and supports independent living. People are safe and routines such as fire checks and environmental compliance are maintained.

There is good oversight of the quality of care provision from managers and the RI. The RI completes regular visits to the service and compiles detailed reports. Care workers and managers receive a wide range of appropriate training to ensure they are fully able to meet people's needs and outcomes. Care workers also receive regular planned supervisions and appraisals. Care staff spoke positively about the support they receive from managers.

Care and Support

People receive a good standard of person centred care and support at Glan y Felin. One person told us, *"Really like living here and I have no complaints at all. The staff are all good and I like my bedroom. I go out shopping and cook in the house as well."* A relative told us, *"Happy with everything and they keep in touch about progress. No concerns or complaints whatsoever … is doing really well there."* Care workers know the people they support very well, many having worked in the service for years and gave detailed information which corresponds with documentation in people's care files. We observed a relaxed, supportive and open culture in the service. We also observed care staff take a preventative and person centred approach in relation to risk and behaviours. There are appropriate numbers of knowledgeable, competent and skilled care workers. Staffing levels are appropriate and based on the needs of individuals living in the service.

Care workers have up-to-date knowledge of people's needs. People's ability to be involved in care planning is considered and the appropriate legal measures are in place to safeguard them. Personal plans are individualised and detailed. Risk assessments cover areas specific to the person's needs. The service also uses specialist support planning documentation in relation to mental health and recovery. Recording of support given is detailed and reflects people's identified needs are monitored and reviewed when necessary. Health records are detailed and action is taken where necessary. We saw external community services have been consulted and involved recently in relation to people's changing needs. Reviews are regular and planned which include feedback from people on progress being made. We saw progress is being made by people such as improving independent living skills, participation and community presence. Activity plans are in place and people access the local community with support as appropriate. We received many comments from people and care workers about recently increased opportunities for people to access beneficial community activities.

Safe systems are in place for the management of medication and people's health is promoted by good practice. Medication is stored securely in a locked cupboard. Records of daily temperature checks were seen to ensure safe storage of medication. Medication Administration Records (MAR) are completed appropriately with signatures of care workers present. There are good processes in place for the ordering and auditing of medication which minimises the risk of error. Staff assisting people with medication are trained and competency assessments are in place.

Environment

The provider ensures people's care and support is provided in a location and environment with facilities that promote people's well-being and safety. There is a large lounge area with pool table and TV and a large well maintained and presented kitchen. Since the last inspection a window has been installed in the kitchen to create more natural light. Future updates are planned which include re-surfacing the front drive and new carpets to the stairs and first floor. There is a separate locked laundry room with locked storage cupboards for the safe storage of substances that have the potential to cause harm. We were told people are fully involved in relation to household activities such as cleaning and clothes washing. We saw communal areas are homely, clean, comfortable and well maintained. The service is structured over four floors with a communal stairwell and stairlift in situ. At the time of inspection an ensuite shower room floor was in the process of being repaired due to a water leak. People have their own personalised items in their bedrooms and rooms viewed are comfortable and well maintained. There is a self-contained flat which helps promote the individual's independent living skills. There is a secure office area where files are stored appropriately. There is a safe outside area where people can spend time and relax.

Fire safety checks are in place and certificates for gas, fire detectors, fire extinguishers, electricity and electrical equipment are all up to date. Monthly external contractor water temperature checks are taken and documented. Personal emergency evacuation plans (PEEP's) are in place for people. Fridge temperatures are taken regularly and documented appropriately. Also there are facilities such as coloured chopping boards and mops/buckets to promote good food hygiene and cleaning procedures. We saw detailed cleaning schedules and the service was very clean and uncluttered throughout.

Leadership and Management

People are supported by a dedicated team who have been recruited safely and are well supported in their roles. We looked at two staff personnel files and saw appropriate recruitment checks are in place. References and up to date Disclosure and Barring Service (DBS) checks are on file. New care staff complete an induction programme. Care staff are registered with the workforce regulator, Social Care Wales. The overall staff training matrix was provided and we found all staff mandatory training requirements are up to date. This includes infection control, safeguarding, health and safety, fire awareness. Specialist training is also undertaken including; mental health, personality disorder and positive behavioural support. Care workers told us they attend safeguarding and whistleblowing training and understand their responsibility in relation to this. Safeguarding policies and procedures are detailed and guide care workers. Staff receive routine formal supervision and an annual appraisal. Care workers are complimentary of the training and support they receive. Comments include, *"Feel; very well supported … any issues are resolved quickly. No concerns about my job."* Another care worker stated, *"I like working here. We have a really good staffing team – we get along really well. Feel well supported."*

There is good oversight and governance of the service by the management team and RI. The provider has quality assurance processes in place which enable effective governance and oversight of the service. We saw the thorough and very detailed recent bi-annual quality of care report. The report includes feedback from people and staff in the service. The report indicates what the service is doing well and includes areas for improvement. At the time of inspection there was an acting manager who has worked in the service for many years. The RI told us this is a temporary measure whilst the registered manager provides cover in another service. We saw the RI is in regular contact with the service. We saw policies and procedures have been reviewed and updated. The service's SoP has been reviewed and accurately reflects the service. There is a detailed and clear guide to the service for people and relatives. All policies and procedures are available in the Welsh language as requested. The appropriate agencies including Care Inspectorate Wales (CIW) are notified where necessary of any significant issues affecting people or the service. The acting manager told us there are no current concerns, complaints or safeguarding issues.

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	

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