

Inspection Report

Glaslyn Court Nursing Home



Glaslyn Court Nursing Home, Crickhowell Road, Gilwern, Abergavenny, NP7 0EH



01873830218



www.glaslyncarehomes.co.uk

Date(s) of inspection visit(s): 07/05/2025, 06/05/2025

Service Information:	
Operated by:	Glaslyn Retirement Homes Limited
Care Type:	Care Home Service
	Adults With Nursing
Provision for:	Care home for adults - with nursing, Care home for adults - with personal care, Provision for mental health
Registered places:	82
Main language(s):	English
Promotion of Welsh language and culture:	The service provider is not meeting the Welsh language and culture needs of people and this requires improvement.

Ratings:



Summary:

Glaslyn Court is located on the outskirts of Gilwern in Monmouthshire. The service supports people over the age of 50 with general care including dementia care, elderly care and mental health support as well as nursing care.

Well-being at the service is rated as good because people are supported to work towards identified goals. Whilst the service has made improvements to the care and support they provide, they are rated as needs improvement as this work is ongoing, and needs additional time to embed into the service. Improvements are needed in recordings of people's care interventions and a more consistent approach around the service in the delivery of care to people. The environment of the service meets people's needs and is rated as good. There are good governance arrangements and oversight by the Responsible Individual (RI) and manager in place which rate the leadership and management as good.

Findings:

Well-being

People have some control over their daily lives at the service. People can choose which areas of the service they would like to spend their time. There are dedicated activities staff within the service who provide a full programme of activities around all areas of the service, so everyone has the opportunity to participate if they wish. The service benefits from its own minibus which facilitates trips to local places of interest. Quizzes, games and seasonally themed events also take place frequently.

People are supported to identify and work towards their own well-being outcomes. These are recorded in people's personal plans. We saw some evidence of this being identified, but the service can strengthen their recordings to ensure everyone has an identified meaningful goal they would like to achieve. People's religion is recorded and how staff can support people to engage and practice their faith is outlined in people's personal plans.

There are risk assessments in place within the service which identifies risks posed to people. These risk assessments are detailed and outlines steps taken to minimise risks so people can be supported safely to engage with activities of their choosing. There are robust safeguarding policies and procedures in place which set out what should happen in the event of a safeguarding incident. These are effective procedures and analysis of this identifies what can be done and any lessons learnt.

The accommodation provided is suitable to people's needs. Whilst there are different areas within the service, they are all modified to meet the needs of people living there. People can move around the service as they wish and join in with activities or spend time in other areas if they prefer.

The service is working towards providing an active offer of the Welsh Language. Whilst there currently aren't any fluent Welsh speaking staff members, the service makes efforts to celebrate Welsh history and culture. Activity staff organise Welsh crafts and prepare Welsh meals around the year.



Before people move into the service a thorough assessment of their needs is completed. This outlines people's needs and confirms if the service can meet the needs of that person. This assessment goes on to form the basis of the personal plans developed for each person. Personal plans are personalised and contain details of how each person wants to receive their care. People's wishes and views are captured as well as things people do not like and things to avoid. In some of the documentation we reviewed during the inspection we noted some minor errors where there was conflicting information. Recordings of information by staff has improved since the last inspection. This includes better recordings of people's general well-being and care interventions completed. During the inspection visits we spent dedicated time in each area within the service. Our observations were that staff interactions varied across the service. There were areas where staff were attentive and responsive. In these areas people actively engaged with people and were quick to respond to

people's needs. There were occasions however where staff were less engaging with people. In these instances, people's care plans were not always fully adhered to. Whilst improvements have been made in this area since the last area, more improvements are needed. This is an area for improvement, and we expect the provider to take action.

There are robust policies around administration of medication in place. Medication is safely administered within the service, by suitably trained staff. There are processes in place to deal with any medication errors, and these are followed. Audits and checks are completed within the service, and these are reviewed by the manager.

People and relatives we spoke with during the inspection told us the service is improving. We were told communication between the manager and relatives is improving and staff are caring towards their relatives. We observed staff wearing appropriate Personal Protective Equipment (PPE) and changing and disposing this at appropriate intervals. There are plentiful supplies of PPE around the service.

Whilst the service is within the same grounds there are three distinct sections of the service. The Court, Calebs and The Lodge. There are expansive and well-maintained grounds and gardens within the service which provide a vast area that can be enjoyed by people at the service. All entrances to the service are safe. I was asked to show my identification and to sign in to record my visit.

All areas of the service are clean, and we saw cleaning taking place regularly throughout the inspection visits. We observed care workers wearing appropriate Personal Protective Equipment (PPE) and this was changed regularly as needed. All areas of the service are nicely decorated with homely ornaments and decorative items on display in communal spaces. All bedrooms observed were personalised in line with people's personal tastes. We saw some people had brought some of their own furniture for familiarity. There are also photographs and personal mementos on display in people's rooms.

All appropriate environmental checks are completed and serviceable equipment, for example hoist equipment and lifts are checked and maintained frequently. Regular maintenance is undertaken within the service as needed. There are good systems in place to ensure fire safety. Fire drills take place periodically and the manager ensures all staff have participated in a drill to ensure they have skill and confidence in the event of a fire.

Whilst the service is made up of three distinct areas, they are all linked, so care workers can navigate around with ease. People can move around between different parts of the service as they wish. Activities are made available to all parts of the service and so everyone has opportunities to participate if they wish to.

The service has maintained a Food Standards Agency rating of five (very good) so people can be assured food is prepared in a safe and clean environment.



Leadership & Management

There are safe recruitment processes in place. All newly recruited staff undergo a Disclosure and Barring Service (DBS) check. References are obtained and a full employment history is recorded. There are robust induction processes in place which support new staff to the service. Training is completed at a steady pace to ensure all new staff have the opportunity learn and process information in their own time. Staff receive more regular supervision whilst they are working through their induction period to provide additional support, and allow the manager to identify and support with any issues should they arise. Supervision sessions for all staff happen regularly. These are meaningful sessions, and cover the staff member's well-being as well as work related topics and discussions. All staff receive regular training, and updated and refresher training when needed. The manager has oversight of this and staff training is up to date.

There are plenty of staff available to meet the needs of the service. This is following a recent successful recruitment programme. However if there are occasions the services need to access an agency for additional cover, all agency staff receive a suitable induction to the service ensuring the safety of people. There are processes in place to oversee accidents and incidents and the manager records any actions taken as a result. The processes for complaints is under review, and the manager informs us they intends to address this is the near future. There are regular staff meetings which share useful information and service updates among the staff team. Staff told us they felt informed and updated of what was going on within the service.

The RI is a regular presence at the service. They have good governance arrangements in place. The regulatory reports produced by the RI are robust and detailed. They show how the RI engages with people and sets out the goals and aspirations for the coming months to ensure the service continues to improve. Staff told us they feel things are improving at the service. They told us they are informed more of updates to do with the service and feel supported by the manager.

Areas identified for improvement

Where we identify **Areas for Improvement** but we have not found outcomes for people to be at immediate or significant risk, we discuss these with the provider. We expect the provider to take action and we will follow this up at the next inspection.

Where we find outcomes for people **require significant improvement** and/or there is risk to people's well-being we identify areas for **Priority Action**. In these circumstances we issue a Priority Action Notice(s) to the Provider, and they must take immediate steps to make improvements. We will inspect again within six months to check improvements have been made and outcomes for people have improved.

The table(s) below show the area(s) for priority action and/or those for improvement we have identified.

Summary of Areas for Improvement	Date identified
People do not always receive care and support as is set out in their personal plans. There can be an inconsistent approach to care delivery across areas of the service. This can impact people's well-being and may put people at risk of harm.	07/05/25

CIW has not issued any Priority action notices following this inspection.

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