



Inspection Report on

Glyncornel Nursing Home

**Glyncornel Nursing Home
Nant-y-gwyddon Road
Tonypandy
CF40 2JF**

Date Inspection Completed

20/08/2024

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About Glyncornel Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	My Choice Healthcare South Wales Limited
Registered places	16
Language of the service	English
Previous Care Inspectorate Wales inspection	20 February 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

Glyncornel has a team of staff who provide care and support in a warm and friendly way. The building and environment requires some improvement to keep people safe and to enhance their wellbeing. Some activities are available for people to participate in if they're able. Personal plans provide the information needed for care staff to provide them with the right care at the right time. Staff are appropriately trained in both mandatory subjects and subjects specific to the people they support. There are policies in place to underpin practice. There have been three changes in manager since the last inspection, which has caused some in the staff team to become unsettled. The Responsible Individual (RI) has been a constant and regular presence in the home to mitigate some of these effects. Quality assurance processes are in place and are being strengthened with improved consistency of management.

Well-being

The service employs measures to keep people safe. There are a range of policies and procedures promoting safe practice. Care staff are recruited safely and receive safeguarding training. Care staff know the procedure for reporting concerns. Risks to people are assessed and managed. Some environmental issues need improvement to maintain infection control and health and safety standards.

People have some input into their care and support, voicing their preferences in their daily routines. Many people have complex care needs and therefore spend most of their time in their bedroom. The RI advised the activities co-ordinator is developing more one-to-one engagement with these people, who may not be engaging with anyone otherwise. People who can access communal areas are given the choice to do so, and the choice of what activities they participate in. The RI gathers feedback from people, and their relatives and visitors, as part of quality monitoring. There is a complaints process in place, should it be needed.

Interactions between care staff and people living in Glyncornel are warm and friendly. Care staff appear to know people well and anticipate their needs. There is an activities co-ordinator who does group activities in communal areas but could spend more time with those who do not or cannot participate in these. One family member, who's loved one is given all care in their room, told us they felt *"there was not much in the way of stimulation"*. The décor upstairs in the home is dated and would benefit from re-decoration and is going to be redone when planned renovations take place. Signage could be slightly altered to improve people's orientation.

Care and Support

People living at Glyncornel and their families gave positive feedback about the care being provided in the home. They told us: “*the staff are lovely and so encouraging with my mother*”, “*now [new clinical lead] is here things are much more consistent and they’re really trying to get her the help she needs*” and “*I cannot fault the staff or the care*”. We sampled people’s rooms and saw they had call bells within reach to summon attention if needed, however risk assessments on capability of each person to effectively use their call bell are still being completed and reviewed by the nursing staff.

Personal plans and risk assessments outline people’s needs and vulnerabilities so care staff can give them the right care at the right time. Glyncornel use an electronic care management system so nursing notes and daily care tasks can be added in real time. The RI has arranged additional training for staff on the system so they can efficiently use all the functions. We sampled several care files and found them to be up to date and regularly reviewed. There is a handover given at the end of each shift and nurses keep a diary of important tasks and appointments.

People are supported to be as healthy as they can be. They have access to healthcare professionals and medication is stored and administered safely. We saw evidence the service makes timely referrals to relevant healthcare professionals when needed, including GPs, dermatologists and specialist dementia intervention workers. On the day of our inspection, an advanced care planning health worker was visiting people to discuss their end of life wishes. We saw part of a medication round and medication room and found the nurse to be competent at explaining storage and administration. There is a medication policy to give additional guidance if needed.

Environment

The home is an old building, set over two floors with a lift and stairs access. There is an outside space which would benefit from some maintenance to make access safe and the space more useable. There are communal rooms downstairs and bedrooms upstairs. Regular servicing, and safety checks make sure the environment, it's facilities and equipment are safe to use. We saw up to date safety certification for utilities, equipment, and fire safety features are present. There is a maintenance person who is employed full time at the service, and external contractors who provide external servicing. The manager completes monthly environmental audits to identify health and safety risks and areas most in need of attention.

People's wellbeing is not always enhanced by the environment. On the day we visited, we saw there was internal work to be done on some walls, plastering and wallpaper damaged and in need of repair. Some of the decor upstairs is dated and would benefit from re-decoration. The current bath hoist in the home is not being used because it is not fit for purpose. Residents are supported to have their personal care needs met by staff supporting them to shower or by having bed baths. The lift is narrow, and potentially not suitable for use by a few residents. We discussed these issues with the RI and were assured that these issues were being addressed as part of the renovation work that is planned for next year. We advised while no immediate action is required, this is an area for improvement and we will follow up on progress in this area at the next inspection. Some infection control practices require strengthening. We saw soiled linen bags left on the floor and poor hygiene practices in the unlocked sluice room. There is an infection control policy in place, however our observations indicated this was not being followed. While no immediate action is required, this is an area for improvement and we will follow up on this at the next inspection..

Leadership and Management

There have been three changes in manager since the last inspection, however, consistent leadership of the RI throughout this period has minimised the risk of staff becoming unsettled. The RI has prioritised a frequent and consistent presence in the home this year, to provide stability for staff, people living at the home and their families. A new clinical lead has been appointed since the last inspection, who both care staff and families speak highly of. Staff told us: *“you can talk to [RI] about anything”, “I find the carers really impressive, we work well together”, “it’s much better not having as many agency staff, the nurses are really working together now to get everything streamlined”*.

Recruitment processes are sufficient, but additional information is needed for recruitment to be more robust. We sampled several staff personnel files and found some were missing pieces of documentation, which the RI and manager advised they would address.

Disclosure and Barring (DBS) checks are up to date. Nurses and care staff are registered with the relevant workforce regulators. Staff are appropriately trained and supported in their roles and have opportunities for development. The RI is developing care staff for senior carer roles and an assistant nurse practitioner role. Care staff receive regular mandatory training, and training specific to the needs of the people they support in Glyn cornel. There have been some gaps in one-to-one supervisions with staff, due to changes in senior staff, however these are now consistently being completed.

Quality assurance processes are in place, which need to be maintained by a consistent manager. We saw a sample of management audits, which enables the manager to have good oversight of the day to day events and care being provided in the home. The RI has acted on feedback from staff and created an efficient and more stable staff team. The RI completes formal quarterly monitoring visits, and uses information gathered in those, with audit data, to compile a biannual quality of care report. This highlights the strengths of the service, as well as areas that need ongoing work.

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
44	Not all facilities are fit for purpose. Maintenance and renovation required to improve suitability and use of	New

	facilities.	
56	Not all infection control processes and practice is carried out in line with policy.	New

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