



## Inspection Report on

**Glynderwen House**

**Aston Care Ltd  
Glynderwen House  
13 St. Johns Road  
Swansea  
SA6 5EY**

## **Date Inspection Completed**

23/01/2024

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## About Glynderwen House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Aston Care Ltd
Registered places	11
Language of the service	English
Previous Care Inspectorate Wales inspection	24 August 2022
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

### Summary

The home is well run with an established team. The manager, deputy manager and Responsible Individual (RI) are accessible, organised and promote open communication. All staff have a good rapport with people.

Staff support people to contribute to the running of the home and make decisions about their personal outcomes. People enjoy spending time with each other and making individual and group plans to socialise and engage with their local community. A positive sense of purpose and achievement was seen within individuals living at Glynderwen House.

The team support people to achieve their optimum well-being and make referrals to specialists when required. Care and support is provided as outlined in people's personal plans. Currently there is not a requirement for the Welsh language active offer but should there be, the provider is able to work towards this.

Bedrooms are personalised and people have individual programmes in place to motivate and enable them to take pride and responsibility for their room. Maintenance and works are ongoing to ensure the environment is safe and improvements are made as needed.

Support is provided to staff with supervision, training and regular informative meetings. The RI has good oversight with processes in place to ensure the service improves and develops to ensure people's personal outcomes continue to be met well.

## Well-being

People greeted us on arrival to their home requesting information about who we were and why we were visiting. We were offered and made a cup of coffee by someone living in the home. People confidently showed us around and were empowered and proud to tell us about their home. This gave a real sense of people welcoming visitors to 'their' home.

People have a voice, are listened to and contribute to decisions that affect their lives. People have the opportunity to attend resident's coffee morning meetings and their personal care reviews. They are encouraged to complete feedback forms. These are in pictorial format for those that require this level of support with communication.

People are happy and do what is important to them. We saw a hub of activity on our arrival to the home as people were getting ready for social events to meet up with family and friends. People were excited and enthusiastic about their plans, such as going for a pamper treatment. Two people told us proudly about jobs or volunteering positions they hold in the community. People's sense of achievement and the high levels of self-esteem were evident. The manager and team are proactive and forward thinking with helping people develop and find activities of interest. Staff told us *"Every day is different depending on what we have on"*.

People live in a home that best supports their well-being. The environment is enabling, homely and easy for people to spend time in. We saw varied activities taking place in the home – musical songs and films being played whilst craft and jigsaw puzzles were being done. Plans were ongoing throughout the day with social events planned for the evening such as going to the cinema or to the pub.

Staff are knowledgeable about safeguarding and processes to follow when required. The safeguarding policy requires some updating and the manager told us they would follow this up. People have access to information within their service user guides and on the information board in the reception of the home. We saw people are referred for Deprivation of Liberty Safeguards (DoLs) authorisations when required. Where people have been assessed as not being able to have the capacity to make specific decisions the processes are in place to support best interest decisions. Staff are up to date with the relevant required training.

Staff told us, *"I do think we have a good home and the residents have an amazing life here"* and *"The quality of life for people is so good; they are outgoing; have hobbies and want to be out in our community"*.

## Care and Support

Medication is stored in a secured room where the temperature is recorded and within the required parameters. A senior staff member has responsibility for auditing the medication regularly and we saw medications are given as prescribed. Medication records that are handwritten did not have the required two signatures to evidence the prescription has been checked by two staff. We were told this practice will be implemented. We also noted the home's controlled drugs (CD) cupboard, is within a person's locked medication cupboard in their flat. The manager will follow further advice, as provided by the local health board medicines management team, regarding the requirement for a central CD cupboard should other people be prescribed CDs in the future.

The manager and deputy manager showed us the new electronic care documentation system in place. Personal plans and risk assessments are accurate and detailed. Further work is required with the new system to enable the provider to record an outcome focused approach to the personal plans. Recordings show family members and representatives are involved with agreeing personal plans. The manager has highlighted recordings by staff need improvement, giving clarity to day-to-day activities. One-page profiles are very detailed and person centred.

People receive the right care at the right time. We saw real time recordings of care interventions and support provided in line with people's personal plans. Pressure area care is given as required with referrals to professionals when needed. One pressure relieving mattress was checked and had defaulted to a previous setting as opposed to being specific to the person's weight. This was followed up and corrected by the manager. People have manual handling equipment which is used as detailed in individual manual handling plans. We saw person centred planning around meals, dietary and nutrition needs and weight monitoring for people to achieve their own lifestyle goals.

Reviews of personal plans are completed at least three monthly and people's involvement in this is clearly seen. We were told family and representatives are invited and the manager will ensure this is recorded on the review forms in the future. People are supported to be as independent as possible. Staff told us *"We promote independence with people – we dont just make a cup of tea for them – we get them to come with us and do what they can"*.

## Environment

Glynderwen has a very pleasant homely environment. It is person centred and orientated around the lives of people living in Glynderwen.

The provider has maintenance checks in place to ensure the safety and upkeep of the home. We saw an electrical certificate in place and a fire risk assessment completed in 2021. The manager had completed required risk assessments since and regular checks are completed on the fire alarm, fire panel and fire equipment. People have individual personal emergency evacuation plans in place (PEEPs). We were told water temperatures are checked weekly and we advised the RI that a legionella risk assessment is required along with specific training for a responsible staff member for legionella checks. The RI and manager are proactive and respond positively to agency recommendations so we are assured they will follow this up.

Improvements have been made to the home since the last inspection with an updated kitchen. The kitchen rating for food hygiene safety is 4 (good). We saw foods dated and labelled in the fridge and freezer but did note chicken defrosting at room temperature. We advised the manager to ensure staff are aware of the safe practice around food hygiene.

The accommodation has various types of rooms to suit individuals, depending on their levels of independence, abilities and preferred choice of privacy. Bedrooms are airy, clean and personalised with people's chosen colours and décor and what is important to people. People have an allocated day where they will clean their rooms, be supported to do their laundry and plan a social activity afterwards, such as going out for a meal.

There are a range of communal areas such as the craft room, sensory room and lounge. They are accessible for everyone and the lounge area has been redecorated with new furniture and flooring in place.

The home overall appeared clean and to a good standard of hygiene. Toilet and bathroom areas overall were clean and fresh. However we did note one person's skylight in their individual ensuite bathroom had visible black mould. This was cleaned straight away and the manager recognised that the room ventilation and use of the extractor fan needed to be improved.

The outdoor area and summer house in the grounds is tidy and accessible. The rear gate required repairing and this was completed during the inspection period. On the day of the inspection there was a lot of excitement around a new television being set up for the summer house. People were involved to contribute to this decision about their home.

## Leadership and Management

There are clear lines of accountability within the service. An established manager, deputy manager and RI are available and accessible to all who live and work at Glynderwen House. People living in Glynderwen House demonstrate confidence when speaking to all staff and are happy to spend time with the manager when they want to. We observed an open-door policy and communication is encouraged in a caring manner.

Staffing personnel files were checked and we saw robust recruitment practice in place. Reference checks and disclosure and barring service checks (DBS) are completed prior to staff starting employment. Identification checks are made and the manager confirmed staff are registered with Social Care Wales as required.

Staffing levels and rotas are person centred, working around what is important to people. For example staff may work a shorter shift providing one to one support for individual's involvement in a meeting, visiting a family member or attending a social event. Staffing hours and preferences are also considered meaning the well-being of staff is also important to the provider.

A combination of face to face and on line training is provided. Most staff are up to date with required training. Staff attend additional specialist training such as 'Supporting People with Autism' and 'Personal Behaviour Management training'. Staff told us any additional training they need has been provided in a timely way. Staff are supported with annual appraisals and individual supervision. Everyone receives individual supervision, but this is not consistently three monthly with a few staff receiving two or three sessions in the past year. Staff do feel supported and told us the manager and RI are available and accessible. We saw excellent records of regular team meetings with details of agenda items discussed and follow up actions. Staff told us *"I do think we are good and they do have an excellent team"*; *"We have good support from the team and management"* and *"I love it – it's great"*.

The RI visits the home at least quarterly and completes a record of visits that show conversations are had with people and staff. Their feedback is considered when reviewing what is working well and what needs to improve. A quality care review report is completed six monthly. This details how people's outcomes are met and improvements that have been identified as part of quality assurance processes. Staff told us *"The manager is a good support and the RI is here at least once a month"*.

### 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. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

### Area(s) for Improvement

Regulation	Summary	Status
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N/A	No non-compliance of this type was identified at this inspection	N/A
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