



Inspection Report on

Glasfryn (L'Arche)

Brecon

Date Inspection Completed

12 July 2022

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About Glasfryn (L'Arche)

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	L'Arche
Registered places	6
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	Working Towards. The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

Glasfryn is the only Welsh service (community) in the international L'Arche network. L'Arche believe that the creation of mutual relationships is critical for the wellbeing of people with learning disabilities, and this is clear to see in the interactions we observed and feedback we were given during our visit. The ethos of inclusivity applies as much to the care staff as it does to the people living in the service, and there is a true sense of respecting each other and communal living. The service works alongside people's learning disability teams, including any specialists that may be involved in their care. Personal plans are not consistent in their quality, and although are subject to regular discussion amongst the team, do not have formal reviews as frequently as required. Daily logs need to be completed to reflect care and support given. The environment is homely and there is an ongoing plan of refurbishment to update and refresh the home. Equipment and facilities are checked and maintained to be fit for purpose. There are temporary arrangements in place to oversee the service whilst an application to register a responsible individual (RI) with Care Inspectorate Wales is being processed and quality of care reports are being completed as required.

Well-being

People are treated with respect and their individuality is supported and celebrated. The ethos of the service is to promote mutual relationships and using the power of community to help people fulfil their aspirations. Care staff support people to make long term plans with three-, six- and twelve-month goals, which gives people a sense of achievement and progress. One individual told us *“I like looking at it and ticking off the things I’ve done, it makes me feel proud and happy”*. This method helped one person to reduce, and then stop, drinking alcohol. Depending on their aspirations, care staff support people to learn a variety of practical living skills such as budgeting of their finances, safety when out in the community, and confidence skills in social situations. People’s interests are understood and facilitated. There is a workshop in the local town that people use, craft groups they attend, and shops they work at. At the home, we saw one person sorting out their wool to make pom poms, another organising their collection of bottle tops, as well as people looking at books and watching their favourite programmes.

There are means to protect people from harm or abuse. The home is secure from unauthorised visitors. Comprehensive individual risk assessments are in place, although these are not reviewed regularly. Care staff have received safeguarding training and there is a safeguarding policy in place to guide staff if they need it. Appropriate notifications are made to external agencies.

The home environment at Glasfryn supports people’s wellbeing. There is some ongoing refurbishment and redecoration going on, including a recently landscaped garden. Some areas of the home have been adapted in response to people’s needs, such as an extended bedroom with tracking hoist and ensuite, and an annexe flat for people who are want more independence.

Care and Support

Feedback from people living at Glasfryn, their visitors and care staff is positive. They told us: *“I’m very happy here”, “it’s an outstanding service”, “this is the best learning disability service I think I could work at”*.

Care files contain relevant information about people’s medical needs, the multidisciplinary teams they are involved with and the risks to their health and safety. Some people have a detailed and thorough personal plan that gives clear direction to care staff about people’s needs and how they want those needs to be met on a day-to-day basis. However, not everyone has an appropriate personal plan and therefore if a care worker was unfamiliar with the person, they would not have all the information they needed to provide them with the right care at the right time. The manager advised that the care and support being provided is discussed with the care team on a week-by-week basis. However, plans and risk assessments do not show record of formal reviews at least every three months as required. Similarly, although there are verbal handovers and discussion of day-to-day events, the daily logs do not show consistent recording of care and support given to people throughout the day. We informed the service provider that these are all areas of improvement, and we will be following them up at the next inspection.

People are supported to be as healthy as they can be. Care staff work alongside people’s multidisciplinary teams, and we saw evidence of support to attend appointments and clinics. Care staff have implemented therapeutic interventions that have improved people’s health and lifestyle choices, helping them fulfil the long-term aspirations they set for themselves. Medication is stored appropriately, administered as prescribed and recorded correctly. Care staff should record the reason for giving medication that is only ‘as and when required’, as well as its effectiveness. Everyone has their own individual routines, and their medication schedule supports this.

There are infection control processes in place. Staff and visitors complete lateral flow tests prior to entering the home. Visiting is being held in line with current Welsh Government guidelines. Care staff complete domestic and laundry tasks but encourage people to do as much for themselves as possible. On the day we visited, the home appeared clean.

Environment

Glasfryn has a main house and an annex with a self-contained flat. There are two downstairs bedrooms for those who are not able to use the stairs. People's bedrooms are personalised and contain all their belongings. One room has an ensuite bathroom and accommodates a tracking hoist. Communal areas are homely and there are plenty of games and media available for communal use. The flat is spacious and well equipped. The house is having ongoing refurbishment and redecoration. The manager advised that the service provider is responsive to requests for maintenance work. The garden has recently been landscaped and is now a functional and pleasant space to use.

A member of staff completes small jobs such as fire alarm tests and temperature checks. They also do gardening jobs and encourage people living at the home to participate. External contracts are in place for servicing and maintenance of facilities and equipment to ensure they are fit for purpose. A recent fire risk assessment identified some actions required and we saw evidence that these are being completed. People have individual evacuation plans in case of emergency and these have been put in an easily accessible location.

Leadership and Management

People are supported by a small, but consistent team of staff, with whom they have built strong relationships. Up to four care staff in the team can move between L'Arche services, internationally, and so there is a diverse staff team who come to work at Glasfryn from all over the world. Some people living at Glasfryn continue to maintain connections with care staff who have left to work at sister services in Europe, New Zealand, and Kenya, and have been invited to visit them. The manager completes weekly shifts as a care assistant, and this gives them a good understanding of any issues arising in the service and helps build relationships with other care staff and people who live in the home.

Care staff are safely recruited and vetted; and are appropriately trained and supported in their roles. We saw evidence of the required recruitment information, and up to date Disclosure and Barring (DBS) checks in place. Visa requirements for care staff who are transferring from other services outside the United Kingdom are appropriately obtained and checked. Supervision is held at regular intervals, and staff told us they feel they have a good relationship with the manager to raise any issues or concerns. Most staff are up to date on their training, and we saw evidence of a detailed induction pack that two new employees are in the process of completing. Forward planning for refresher courses is needed to ensure training does not lapse.

There are temporary arrangements in place for the oversight of the service whilst an application for a new responsible individual (RI) is being processed. Three monthly monitoring visits and six monthly quality of care reports have been completed. These are detailed and identify strengths of the service as well as areas that may need work or further development.

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. 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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15	All people receiving care and support from the service should have a personal plan in place detailing what is required on a day to day basis to meet their needs.	New
16	Personal plans and risk assessments are not reviewed at least every three months.	New
59	Supplementary care information is not being logged consistently, or in line with people's care needs.	New

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