



## Inspection Report on

**Glanffrwd Care Home**

**Glanffrwd Care Home  
Coychurch Road Pencoed  
Bridgend  
CF35 5LP**

## **Date Inspection Completed**

23/11/2023

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## About Glanffrwd Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	HC One Limited
Registered places	45
Language of the service	English
Previous Care Inspectorate Wales inspection	4 May 2022
Does this service promote Welsh language and culture?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

### Summary

Glanffrwd provides care and support in a warm and friendly environment. The premises is safe and accessible and has suitable indoor and outdoor areas. Staff know people well and interact in a kind and caring manner. Care files detail how people like their needs met and are reviewed regularly. A well-being officer provides support with activities and are varied to ensure people's physical and emotional well-being. Staff feel generally supported, are usually happy, and confident in their roles. Staff receive supervision and training, and policies are in place to provide guidance. Audits and oversight by the management team are carried out. Good quality assurance systems are in place, and the Responsible Individual (RI) visits the service and carries out their regulatory duties as required.

## Well-being

People at Glanffrwd have support and opportunity to have control over their lives. Personal plans are clear, involve people if possible and their representatives, and are reviewed regularly. A statement of purpose is available and outlines the assessment and admission process, the nature of the service provided, and how to raise a complaint. The manager deals with complaints.

There are good systems in place to promote people's physical and emotional health. People have access to healthcare professionals as needed and this is evidenced in people's care files. Best interests assessments and authorisations for people who are being deprived of their liberty are in place, with advice and conditions clear in people's care plans. Staff work to offer choice of meals with a four-weekly menu that is varied and nutritious. Alternative dietary needs are also considered. The service currently has a good Food Standards Agency score of 4, following a recent review by an Environmental Health Officer.

Staff can identify when people may be at risk of harm or abuse. Risks to people's health and safety are included in personal plans and risk assessments. The service provides safeguarding training. Policies around safeguarding and whistleblowing are in place. Care staff understand the requirements when reporting a potential safeguarding issue.

People can contribute to, and enjoy, safe and healthy relationships. Interactions between staff and people are warm, friendly, and familiar. People feel safe and happy at Glanffrwd, and feedback is very positive. People maintain contact with loved ones through visits to the home, telephone calls, or trips out. There are appropriate security measures in place such as intercom entry and signing a visitors' book. Staff consider people's communication and language needs, and the service provides the Welsh Active Offer. Some signage around the home is both English and Welsh.

## Care and Support

The service considers a wide range of views and information to confirm it can meet people's needs and outcomes. The manager completes a pre-admission assessment before deciding whether the service can support people's needs.

Staff have an accurate and up to date plan to provide care to people. People, their relatives, and other professionals contribute to personal plans, making them relevant to people's individual needs. Plans to move to an electronic care planning system will give the opportunity to review the large amount of information currently in care files. Records of communication between staff, relatives, and other professionals are kept. Staff know people well. Interactions are warm and friendly and feedback from people is very positive. One person said, *'I love it here...I love the staff'*. Another told us *'I'm happy...I do what I want'*. A relative said the home is *'lovely...the staff are wonderful...wonderful with her...always let you know if there is anything day or night.'*

A part-time well-being officer supports people with activities such as crafts, games, quizzes, one to one conversations, hand massages, and reminiscence work. A 'Dream Tree' is used to ensure people's wishes are considered in planning activities and support. People also told us of trips to St Fagan's and the local garden centre. There were limited activities during our site visits as the well-being officer was not in work. We have been assured recruitment for another wellbeing officer is underway and further work to increase links with the community are ongoing. The home was nicely decorated for Christmas, and there were plans for a Christmas Fayre, Secret Santa, and a raffle. A hairdresser and a therapy dog visit the service weekly. There are lounge, dining, and other seating areas indoors and outdoors available for use. There is plenty of food and choice to meet people's dietary needs.

People have good care and support, and access to healthcare and other services. We observed positive interactions between people and staff, and saw files show involvement from other professionals. There is a medication policy. Protocols and arrangements for safe and appropriate medication management are in place and were observed. Only qualified nursing staff administer medication. Records of as required medication (PRN), controlled drugs, and covert medication is kept appropriately. Electronic medication charts are accurate, signed by staff, and regularly audited by the management team. Daily medication room and fridge temperatures are kept, ensuring safe medication storage.

The service considers people's communication needs, evident in people's care plans. The service offers documentation, including the statement of purpose and written guide, in both English and Welsh. Some staff at the service speak Welsh. Some signage around the care home is in both English and Welsh.

## Environment

The service provides people with care and support in a location and environment, with facilities and equipment, that promotes their personal outcomes. It is accessible and safe with appropriate security measures in place. The general environment is warm, welcoming, clutter and odour free. The service is homely and appropriate to the people living there with pictures, decorations, and suitable furniture. Facilities/equipment such as lifts, bathing aids, and hoists are used and stored safely. Bedrooms are clean, tidy, and personalised. There is a home improvement plan in place including further refurbishment work such as replacing shower trays with wet rooms. Outdoor spaces are accessible to people and secure.

There are maintenance staff on site and hygienic and risk infection practices are in place. We saw records of maintenance and servicing which are up to date including hoist, bath aids, beds, and lifts. Legionella and water safety checks, PAT (Portable Appliance Testing), and gas and electrical safety certificates are completed. A fire safety risk assessment and personal emergency evacuation plans (PEEPs) are in place. Fire and safety extinguishers, a floor map, and regular fire drills are evident at the service.

An infection control policy is in place. We observed staff using personal protective equipment (PPE) appropriately, with hand-sanitising and PPE stations with gloves and aprons throughout the service. Other infection and prevention control measures such as cleaning was observed.

## Leadership and Management

People are supported by a staff team who are suitable to work in the care sector. Recent changes in staffing have resulted in high agency use and impacted on staff morale. This includes a new service manager, new nursing and care staff, and ongoing recruitment for a chef and well-being officer. Staff tell us they feel positive changes are being made at the service and are confident morale will improve. Recruitment information is kept, with all regulatory checks completed for all staff including up to date Disclosure and Barring Service (DBS) checks. Appropriate training ensures staff have the knowledge and skills to provide the level of care and support required in helping people achieve their personal outcomes. Most staff receive regular one to one supervision and annual appraisals to support their well-being and professional development. We spoke to staff who are confident in their jobs and feel supported by the management team. Staff have regular team and flash meetings and told us about being recognised for their work with the provider's Kindness in Care Awards. One staff member told us *'I laugh every day.'* Another said of some of the management team *'They've boosted morale...positive changes made...going in a positive direction'*.

People have access to information about the service. We saw the statement of purpose in English and the service user guide in Welsh are available for people to see in the reception area of the service. These are appropriate to the service, informative and easy to understand. Other information around making complaints/compliments, and access to other services is available at the entrance.

The provider supports staff to raise concerns about the service through whistleblowing procedures. A policy is in place and staff can access this. There are accessible safeguarding policies and procedures, and staff have had training in these areas. A number of other policies not previously mentioned are available to staff including Dementia, Falls, Staff Supervision and Development.

Good processes are in place to monitor the quality of the service and follow up any actions. Satisfaction surveys are sent out annually, and the home has regular staff and resident meetings. The home is also on CareHome.co.uk and received a score of 9.5 in September. Regular audits are carried out by the management team and a Home Improvement Plan (HIP) is continuously reviewed. Staff feel positive changes are being made. The RI and Area Director carry out monitoring at the service and provide good support to the management team. The RI visits the service and speaks to people and staff. Records of these visits are available at the service and evidence recommendations and areas for improvement for the HIP. Quality of care reviews are completed at least every 6 months as per regulatory requirements.

### 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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