



Inspection Report on

Glen Devon

Glen Devon Residential Home

2-4

The Grove

Rhyl

LL18 3NE

Date Inspection Completed

17/07/2023

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About Glen Devon

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	SVRT Ltd
Registered places	30
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection of the service since the new provider registered with Care Inspectorate Wales.
Does this service provide the Welsh Language active offer?	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

People are happy and are supported to live their lives as they choose. People's voices are heard, and their independence is promoted. People's health needs are understood by care staff, and timely referrals are made to the appropriate professionals to seek advice and guidance when needed. The home is supported by a range of visiting health professionals to help ensure people receive the care they need to remain as healthy as possible.

Care is delivered by an enthusiastic and familiar staff team. Care documentation in the main reflects the person being cared for, but improvement is required to some care documentation to ensure it contains information to support people appropriately. This has been identified by the provider prior to the inspection. The home provides a comfortable environment for people to live in which is safe, well looked after, and meets their needs. The environment is warm, clean, and decorated to a high standard. The Responsible Individual (RI) has oversight of the service and visits the service regularly. There are clear systems in place to monitor the quality of care provided, and the RI's three-monthly report and the services six monthly reviews are being undertaken and detailed.

Well-being

People are supported with their physical and social wellbeing. People, relatives, and health care and other professionals we spoke with are complimentary of the staff and management of the home. We observed staff assisting people calmly with dignity and respect. Care records do not always give care workers the instruction required to support people accurately and reviews of people's care documentation need to be carried out with input from the person or an appropriate individual. We spoke with professionals; relatives of people living at the service and care staff and saw documentation which show referrals to relevant health care professionals are made in a timely way. We observed care workers have good knowledge of people's needs, refer to people in a positive way and it was clear they knew the people they support well. We saw people being helped by care workers appropriately, not being hurried, in a kind and gentle manner.

People can exercise choice and control over their every-day lives. We observed people enjoying various areas to sit in and the company of others. We observed interactions with people by care staff are considerate and respectful of people's wishes. There is a choice regarding meals, and we saw people having alternatives if they do not like the choices on the menu. We observed and people told us they could get up and go to bed when they wished. The provider seeks the views of people living at Glen Devon and the staff team.

People are generally protected from potential harm, abuse, or neglect. Care staff records are checked robustly. Training records show care staff have undergone most of the training provided by the home and there is now a robust set of management audits in place which ensure any risk is minimized.

The home is clean, warm, comfortable and bedrooms reflect individuality. We viewed documentation which showed maintenance work had been identified to be undertaken and during the inspection decoration of areas of the home had commenced. It is clear the provider is investing in the home.

Care and Support

People can be confident staff have an up-to-date plan of how their care is provided. Personal plans are in place, reviewed regularly, and though care workers told us documentation gave them enough instruction to undertake their role, we found some did not. This was discussed with senior managers who had already identified this as an area for improvement. People's personal plans and risk assessments give a detailed history of their medical conditions and reflect outcomes in professional and health care professionals' documentation found in people's records. Personal Emergency Evacuation Plans are thorough, and we viewed staff handover documentation which was detailed. Care workers we spoke with confirm personal plans and risk assessments are an accurate reflection of the person they are supporting. We spoke with people and their relatives, and all felt staff support them in a timely way and the way they want it. We spoke with two visiting professionals, both confirmed staff follow instructions and care workers are aware of people's needs.

Care and support is provided in a way which protects and maintains the safety and well-being of individuals. We saw care workers supporting people appropriately, at the persons own pace and with dignity and respect. People we spoke with confirmed care staff are kind and gentle when supporting them. We viewed electronic documentation which shows care is given as prescribed. We also spoke with a health professional who confirmed that medication is stored and dispensed by care staff safely. Personal plans and risk assessments are detailed and reviewed regularly. However, we saw regular reviews with the person and / or an appropriate person were not being held formally, though relatives did tell us that the care and support of their next of kin was discussed with them. We spoke with senior managers who had already identified this, and an action plan was in place to rectify this issue. We saw people's dietary requirements are clearly detailed in people's care documentation and this information is available for staff in the kitchen. People are given a choice of what they want to eat, and an alternative is available if they do not like the choices offered.

Environment

People live in an environment that is suitable to their needs. The home is warm, welcoming, and decorated well throughout. There is space for people to choose where they want to spend their time and during the inspection we saw people sat in the lounge and dining area / conservatory. We viewed a selection of bedrooms and saw they are warm, clean and people can personalise them if they so wished. People told us they are happy living at the home. We observed daily cleaning being undertaken by the domestic staff. Communal areas are not always hazard free as items such as wheelchairs are left unattended. We spoke with senior managers who were aware of this and were looking into options to solve storage of such items. The home shows evidence of recent investment by the owners. We saw internal decoration was being undertaken and we were advised that new flooring downstairs has been ordered and will be fitted in the coming weeks. We saw a copy of the "Estates Action Plan" which shows planning for investment in the home over the next two years.

People can be confident they live in a safe environment. The main entrance is secure, and our identification was checked before we were permitted entry. People's care documentation is kept electronically, and this is password protected. All the relevant equipment checks are being undertaken throughout the home. However, we did see wardrobes in some people's bedrooms were not attached to the wall. We spoke with senior managers who advised this would be rectified as a matter of urgency. Though the home has been given a food hygiene rating of 2, meaning some improvement is necessary, senior managers evidenced that investment had been made to the kitchen area as stipulated in the improvement notice.

Leadership and Management

Care staff are employed in appropriate numbers to enable people to achieve their personal outcomes. Care staff said there were enough staff on duty and people weren't left for long periods of time, which was also confirmed by people we spoke with. However, some staff told us there weren't always enough staff on duty at certain times. We viewed paperwork which shows staffing levels are in line with the providers statement of purpose and the staffing levels managers advised us are expected. The provider also uses a tool to calculate the numbers of staff required, we viewed this and this confirmed staffing numbers are adequate, this calculation is done monthly. Some people and some care staff we spoke with told us there were enough activities, whilst others said there weren't. However, we observed the activities co-ordinator undertaking one to one activities with people and armchair exercises with people on another occasion. During the inspection we saw care workers with residents in the lounge and conservatory, talking with them and interacting well. We also saw care workers helping people to move to and from the lounge appropriately, with compassion and in an unhurried and relaxed way, explaining to the person to give reassurance. We observed mealtimes where care staff supported people well and encouraged people with their meals. People living at the home and care workers confirm people can get up and go to bed whenever they wanted.

The provider does not always ensure care staff receive supervision in the time frames stipulated in the regulations, as we saw that supervisions were being undertaken, though some of those viewed are late. We also spoke with care workers who told us they receive enough training to undertake their role and people we spoke with told us care staff support them appropriately. However, we viewed records which showed some staff have not received training in some areas. We spoke with senior managers about the irregularity of supervisions and gaps in some training, they advised and showed this had been identified previously and there is an action plan in place to rectify this. We saw care workers are registered with the appropriate bodies in regards their fitness to work and saw evidence recruitment processes are robust.

Arrangements are in place for the effective oversight of the service, through ongoing quality assurance processes that review standards of care and compliance with regulations and information and views of people obtained are used for the continued development and improvement of the service. A six-monthly quality assurance review has been started in line with regulations which considers the views of people using the service to ensure people are satisfied with the service they receive. We saw the RI undertakes their three-monthly reviews of the service appropriately and produces a detailed report in regards this. We saw senior managers have a comprehensive range of audits in place, such as personal plan reviews, to ensure the home is run effectively. There are a range of policies, such as safeguarding and medication, in place to ensure the service is run safely and as intended.

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