



# Inspection Report on

**Glen Devon**

**Glen Devon Residential Home**

**2-4**

**The Grove**

**Rhyl**

**LL18 3NE**

**Date Inspection Completed**

30/01/2024

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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	17/7/2023
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

People enjoy living at Glen Devon. They interact positively and respectfully, with each other and care workers. The house is homely, clean, and comfortable, each person's room is decorated to their personal taste.

Care workers are not always trained and / or training is not always up to date in areas appropriate to the care they undertake. Care staff are knowledgeable, respectful, and caring.

People's personal plans are not always reviewed in a timely fashion and do not always have the detail required to give staff enough instruction to undertake appropriate care and support. Plans may not be an accurate reflection of the care and support given or required as information is sometimes missing. Instruction from health care professionals in regards care and support is not always followed.

## Well-being

People do not always have control over their day-to-day life. They are listened to and involved in making choices and decisions. Staff know people well and have developed positive and appropriate relationships with people. We heard staff asking people what they wanted to eat at lunchtime and an alternate was offered if they did not like what was on the menu. However, people's personal plans are not always an accurate reflection of the person, their requirements, and the outcomes they may wish to achieve.

People are not always supported with their physical, mental health and emotional well-being. Staff are attentive, polite, and respectful to people and we saw many examples of this throughout the inspection. Personal plans are in place, but do not all contain sufficient information for care workers to undertake their role accurately. Personal plans also show that people have not always received the support required in regards their health issues and that health care professional's advice is not always followed. Personal plans are not always reviewed in a timely way.

People are not always protected from potential harm, abuse, or neglect. Care staff records are checked, however not all checks are kept up to date. Training records show care staff have not all undergone appropriate training for their role. Care staff have undergone regular supervision and appraisals. Policies and procedures are in place. People look well cared for.

People live in accommodation which suits their needs. People told us they are happy living in the service. Standards of cleanliness and hygiene are good, though some of the regular checks, servicing and maintenance is lacking. The provider has policies and procedures in place to manage the risk of infection. The home is, warm, comfortable and bedrooms reflect people's individuality.

## Care and Support

People cannot always be confident care staff have an up-to-date plan of how their care is provided. We were told by the manager care plans should be reviewed three monthly; however, we saw some care plans and associated documents which had not been reviewed three monthly. We also viewed risk assessments which though dated upon completion, had no date for review. Thus, care staff are not aware when any reviews are due or whether they are out of date.

We spoke with care staff and people at Glen Devon who feel they receive the care required. One person told us *“Staff are great, I get the support I need.”* Another person told us *“Staff look after me well, staff know how to care for me and what my needs are.”* We saw people’s dietary requirements and explanations in regards different dietary requirements are documented in the kitchen. However, we saw some people’s personal plans and associated documents do not ensure that care and support is provided in a way in which protects and maintains the safety and well-being of individuals. We saw charts which showed people had not been assisted to turn in bed in line with their needs and instruction from health care professionals. We viewed care plans which show some people are not getting fluid and food at regular intervals and do not indicate that staff or managers are aware of this and that no remedial action had taken place. We also saw charts which showed care workers are not following instructions from health care professionals, which are recorded in the persons personal plan, in regards the monitoring, support, and prevention of health issues.

We also observed care workers supporting staff in a kind and caring manner, and people we spoke with are complimentary in regards the way in which care staff supported them, people told us care workers are *“Gentle when supporting me”* *“Treat me with respect”* and *“treat me very well.”* We also saw people who looked well cared for. However, some people’s personal plans we viewed do not give enough detailed instruction to care staff to ensure people’s needs are adequately met, nor how to deal with the persons support needs, and do not reflect the health and support risks to some individuals adequately. We saw some care plans where one part of the personal plan does not reflect information given in another section of the plan. We also saw some personal plans which do not accurately reflect the current care and support needs of individuals. Personal plans which do not give care workers accurate or detailed instruction on how to support people appropriately, and documentation not being up to date, an accurate reflection of people’s needs, or personal plans not being followed, may be placing people at risk of harm, abuse, or neglect. This is placing people’s health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

## Environment

The service provider ensures the environment supports people to achieve their personal outcomes and the layout of the home ensures the environment promotes people's independence. We viewed people's rooms which evidence people could personalise them according to their wishes. We saw people can walk around the home as they choose. We saw evidence of recent investment in the home, with new flooring installed in parts of Glen Devon and new electrical goods have been provided.

Appropriate testing of appliances is not always in place to ensure risks to people's health and safety are rectified. The home is well-furnished, decorated, and clean, cleaning is an ongoing process throughout the day. The home is free from any malodours. Call bells are in operation to alert care staff to when individuals need assistance, these are not intrusive. Though most tests and checks are being undertaken, such as the five yearly electrical test, others are not. Though the Responsible Individual (RI) told us they had been undertaken, they were unable to provide an up-to-date Annual Gas Safety certificate and unable to evidence monthly hot and cold-water temperature tests, to ensure the legionella bacteria cannot grow, are being undertaken. This is an area for improvement and we expect the provider to take action.

## Leadership and Management

The provider has governance arrangements in place to help ensure they retain oversight the service. The interim manager and provider conduct audits of the premises and of systems and practices to check and ensure the service is safe. We saw records to confirm audits of various aspects of the operation routinely take place. A six-monthly quality assurance review has been completed in line with regulations which considers the views of people using the service to ensure people are satisfied with the service they receive. The RI undertakes their three-monthly reviews of the service.

People are supported by safely recruited staff who are employed only after checks are carried out to ensure they are fit for the role. We saw records in regard staff employed by agencies which showed appropriate checks were in place; However, we viewed documentation which shows care workers have not always undergone appropriate on-going checks. Though the RI advised us that all staff have received an up-to-date check from the Disclosure and Barring Service (DBS), documentation we saw showed that some staff DBS's have expired. Staff who have not had regular and up to date criminal record checks undertaken may be placing people at Glen Devon at risk of harm and abuse. This is placing people's health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

The provider ensures care staff receive appropriate supervision and appraisals and that regular team meetings are held, but they have not ensured core and specialist training appropriate to the work they perform is always undertaken. Though care staff told us they received enough training and people said care workers supported them appropriately, we saw training records which showed not all staff had completed training in areas such as Behaviours that Challenge; Dementia Awareness; Dysphagia; Falls Awareness; and Nutrition and Hydration. Training not being up to date or undertaken by care staff, along with care staff not being trained in line with the health conditions of people in the home, places people at potential risk of harm, neglect, or abuse. This is a serious matter and we have issued a priority action notice. The provider must take immediate action to address this issue.

The RI needs to review staffing levels and deployment to ensure people receive the care and support they require as stipulated in their care plans and from advice given by health care professionals. We viewed staff rotas which showed staff are employed in numbers that senior managers expected. There is a dependency tool in place which shows staffing levels are over what the provider would normally expect. We also spoke with people who told us *"I'm not left for long periods"*, *"staff come quickly enough if I need them,"* *"staff are in and out of my room all the time,"* and *"I see staff often."* Most care staff told us that care bells

are answered in a timely manner, that people weren't left and that those people who needed two care workers to support them always had two members of care staff to support them. However, care staff also told us that in the morning their role included helping prepare simple breakfasts as well as supporting people and that there were several people who needed two care staff to support them. One care worker said during the day it was *"much more demanding"*. Another support worker told us in regards staffing *"some days it works and some days it doesn't."* Staff all told us how busy it was in the mornings. We observed lunch time where care workers were task orientated, helping people to eat, and serving food. We also viewed some records which showed there is a lack of oversight of people cared for in bed and long periods of time where records show care and support is not carried out. Though there is a schedule of activities, during the inspection, we didn't witness any activities being undertaken and viewed some people's activities logs which showed for some people, very few activities have taken place. We spoke with some people living at Glen Devon and some staff, who told us there weren't always enough activities being undertaken. We spoke with senior managers who felt staffing was adequate but said that if staffing levels were found to be low more staff would be allocated to the shifts. At present the provider is recruiting for a Registered Manager, as there isn't one in position, though a senior member of staff has just recently been recruited. The RI and the interim manager told us they were at Glen Devon twice a week, which was confirmed by care staff we spoke with. Care workers also told us how approachable senior managers were, how they took issues seriously and supported them well.



### 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
21	People's care documentation is not always up to date, not always an accurate reflection of the care and support people require and at times contradictory. Records also show people do not always get timely support with their needs. The provider needs to ensure that personal plans are up to date, an accurate reflection of the persons needs and that people are getting the care and support as required.	New
35	The DBS matrix shows that a number of staff have DBS's which have expired and not been renewed. The provider must ensure that all staff have an up to date DBS certificate.	New
36	People's health, safety and well-being is at risk because people are not supported by staff with sufficient skills and who have not had the appropriate training to meet their needs. The provider must	New

	ensure that all staff, whether they be permanent full-time staff or temporary agency staff, are sufficiently experienced and skilled to carry out their roles.	
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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
57	The provider is unable to evidence that the appropriate Annual Gas Safety checks and Legionella checks have been undertaken. The provider needs to ensure that the appropriate tests are undertaken to ensure the service is compliant.	New

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