

# **Care and Social Services Inspectorate Wales**

Care Standards Act 2000

**Inspection report  
Care homes for older people**

**Glascoed**

149 Conwy Road  
Colwyn Bay  
LL29 7NA

**Date of publication – 2 August 2008**

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**Care and Social Services Inspectorate Wales**

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|--|--------------------------|
| Home:  | Glascoed                 |
| Contact telephone number:                          | 01492 533737             |
| Registered provider:                               | Margaret M Bowe          |
| Registered manager:                                | Margaret M Bowe          |
| Number of places:                                  | 10                       |
| Category:  | Care Home - Older Adults |
| Dates of this inspection episode from:             | May 2008 to: July 2008   |
| Dates of other relevant contact since last report: |                          |
| Date of previous report publication:               |                          |
| Inspected by:                                      | Linda Owen               |
| Lay assessor:                                      |                          |

## Introduction

This report has been compiled following an inspection of the service undertaken by the Care and Social Services Inspectorate for Wales (CSSIW) under the provisions of the Care Standards Act 2000 and associated Regulations.

The primary focus of the report is to comment on the quality of life and quality of care experienced by service users.

The report contains information on how we inspect and what we find. The report is divided into distinct parts mirroring the broad areas of the National Minimum Standards.

CSSIW's inspectors are authorised to enter and inspect regulated services at any time. Inspection enables CSSIW to satisfy itself that continued registration is justified. It also ensures compliance with:

- Care Standards Act 2000 and associated Regulations whilst taking into account the National Minimum Standards.
- The service's own statement of purpose.

At each inspection episode or period there are visit/s to the service during which CSSIW may adopt a range of different methods in its attempt to capture service users' and their relatives'/representatives' experiences. Such methods may for example include self-assessment, discussion groups, and the use of questionnaires. At any other time throughout the year visits may also be made to the service to investigate complaints and to respond to any changes in the service.

Readers must be aware that a CSSIW report is intended to reflect the findings of the inspector at a specific period in time. Readers should not conclude that the circumstances of the service will be the same at all times.

The registered person(s) is responsible for ensuring that the service operates in a way which complies with the regulations. CSSIW will comment in the general text of the inspection report on their compliance. For those Regulations which CSSIW believes to be key in bringing about change in the particular service, they will be separately and clearly identified in the requirement section.

As well as listing these key requirements from the current inspection, requirements made by CSSIW during the year, since the last inspection, which have been met and those which remain outstanding are included in this report. The reader should note that requirements made in last year's report which are not listed as outstanding have been appropriately complied with.

Where key requirements have been identified, the provider is required under Regulation 25B (Compliance Notification) to advise, in writing, the appropriate regional office of the completion of any action required by CSSIW.

The regulated service is also responsible for having in place a clear, effective and fair complaints procedure which promotes local resolution between the parties in a swift and satisfactory manner, wherever possible. The annual inspection report will include a summary of the numbers of complaints dealt with locally and their outcome.

CSSIW may also be involved in the investigation of a complaint. Where this is the case CSSIW makes publicly available a summary of that complaint. CSSIW will also include within the annual inspection report a summary of any matters it has been involved in together with any action taken by CSSIW.

Should you have concerns about anything arising from the inspector's findings, you may discuss these with CSSIW or with the registered person.

Care and Social Services Inspectorate Wales is required to make reports on regulated services available to the public. The reports are public documents and will be available on the CSSIW web site: [www.cssiw.org.uk](http://www.cssiw.org.uk)

## Overall view of the care home

The registered person was asked to complete a self-assessment document within 28 days allowing the opportunity to give an objective view reflecting the quality of the service provided areas of achievement and those for development. The document was completed in detail and returned to the CSSIW within the timescales.

Following the receipt of this information, the inspector developed an inspection plan that outlined the methods and focus of the inspection. The focus being the quality assurance measures and staff training.

A combination of inspection methodology was used including:

Consideration of the core policies/procedures and other information provided with the self-assessment document.

Case tracking the care of two of the service users.

Wider discussions with the registered persons, service users and staff during the inspection visits.

Discussions with three service users' relations.

Questionnaires to service users. (1 out of 6 responses)

Questionnaires to staff. (4 out of 6 staff responses)

Questionnaires to service user's relatives. (6 out of 6 responses)

Questionnaires to visiting professionals. (0 out of 2 responses)

Direct testing of the documentation held at the home.

Through observations made during one planned announced visit to the Home.

Discussions took place with the registered persons. Four of the service users were spoken to on the days of the inspection in private. Relatives/representatives of three service users who were visiting at the time of the inspection had spoken with the Inspector on previous occasions and had completed questionnaires.

Glascoed was homely, clean and comfortable. The atmosphere appeared relaxed and there was evidence of a comfortable and confident relationship between staff and service users. The interior decoration was maintained to a high standard and the gardens and flower tubs were of their usual high standard with seating should anyone wish to make use of them.

There was evidence of a high standard of care provided to those living at Glascoed. Relatives, service users and staff who were involved in this inspection spoke in a positive manner about the service. All the relatives spoke particularly highly of the respectful and thoughtful nature of the care that they observe on a daily basis. They also stated that they have the utmost confidence in the manager, Mrs Bowe, and the staff at the home. This was confirmed by observations and findings on the days of the inspection and by the response to the questionnaires issued.

In accordance with the proportionate approach to the inspection of care homes, it is not possible nor is it expected to inspect all aspects of the service in depth during inspection. It remains the responsibility of the registered person to ensure that the home operates in accordance with the relevant laws and regulations.

The Inspector would like to thank the service users, staff and management for their warm welcome.

## Choice of home

### Inspector`s findings:

An up to date copy of the Statement of Purpose was provided during the inspection period. This is available in written format or in computer disc format. The manager confirmed that any other format would be made available on request. This was not inspected in detail on this occasion.

Service users and their relatives and representatives confirmed, via questionnaires and verbally, that sufficient written information had been given to them on admission to enable them to make a decision in relation to having a trial stay at the home initially and then to make a choice about remaining there. They also confirmed that they had received a copy, in writing, of the complaint procedure and given an opportunity to read previous inspection reports.

The manager said that the home was well supported by other professionals including the social services department and primary health care team.

A copy of each person's contract is kept in the service users' room and signed where possible by the service user, the family or other representative.

### Requirements made since the last inspection report which have been met:

| Action Required | When completed | Regulation number |
|-----------------|----------------|-------------------|
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### Requirements which remain outstanding:

| Action required (previous outstanding requirements) | Original timescale for completion | Regulation number |
|---|-----------------------------------|-------------------|
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### New requirements from this inspection:

| Action required | Timescale for completion | Regulation number |
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### Good practice recommendations:

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**Planning for individual needs and preferences**

**Inspector`s findings:**

Service user`s and their representatives confirmed that their care is discussed regularly with staff and management, and where appropriate care plans are signed to confirm agreement. Each service user has a separate sheet in their file and any concerns or complaints were noted down.

The care plans of the two service users being case tracked were examined in detail and found to be up to date and in order. The plans were based on social work assessments and the home`s own assessments which included details of preferred routines, such as when a person likes to get up and go to bed, how many pillows they like on their bed, which drinks they preferred and so on. The service users and their representatives were very clear that the manager and staff would do their utmost to accommodate their wishes and gave many examples of good practice.

**Requirements made since the last inspection report which have been met:**

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**New requirements from this inspection:**

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**Good practice recommendations:**

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## Quality of life

### Inspector`s findings:

Service users said that they spend the day as they choose either in their own room or in the lounge. One service user preferred to spend her time in her room in the mornings and evening and the lounge in the afternoon.

There are no restrictions on movement around the home, and any restrictions that would be considered only after a full review with written records.

Service users can bring their pets into the home, with the agreement of the manager and there are family pets that the service users could interact with if they chose.

Visitors and relatives of service users confirmed that they are always made very welcome by all the staff of the home.

Staff consulted during the inspection and questionnaires confirmed an understanding of confidentiality and that this is covered during their induction.

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### New requirements from this inspection:

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### Good practice recommendations:

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**Quality of care and treatment**

**Inspector`s findings:**

Questionnaire responses and further discussion with service users and their families confirmed that they feel they are treated with respect and consideration at all times. Staff confirmed that they always try to provide personal care with awareness of the service users` dignity at all times.

Evidence was seen in the care plans that the Home is responsive to the changing needs of the service users. An example is that a service user was weighed weekly and the weight monitored when there was a problem but then changed back to every few months when the service user`s health recovered.

Consultations with service users and their representatives during the inspection revealed that the registered manager, Mrs Bowe is highly effective and prompt in contacting health care professionals.

Service users have a choice to take their meals either by the dining table, on a tray in the lounge or their rooms. On the day of the inspection the meal was seen to be nutritious, plentiful and alternatives were available should the service user wish. Records are kept of the menu choices.

The management of medication in the home was not inspected on this occasion.

The manager submitted a signed list confirming checks in fire safety, electrical safety, gas installation and lift installations have all taken place.

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**Good practice recommendations:**

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**Staffing**

**Inspector`s findings:**

There have been a significant turnover of staff during the past year for varying reasons. The home has a written policy for recruitment of staff. This is clearly stated in the Statement of Purpose/Service users Guide. From consultations with staff and management it was clear that high standards of care are expected. The full recruitment procedure was not inspected but CRB checks on all new staff were inspected and found to be in place.

A training programme has been put into place to update knowledge and training of three new staff members. An improved training programme has been part of the aims of the Home for this last twelve months. The three new staff will be starting their NVQ level 2 course before the end of the year.

One of the staff team has currently achieved NVQ level 2 and three new staff are due to start a course to achieve the necessary qualification.

On the day of the inspection there were two members of care staff on duty plus Mrs. Bowe, Mr. Cooke the Office Manager was also on duty.

The manager has implemented formal supervision of staff. Staff questionnaires confirmed that supervision does take place.

There are no volunteers working in the home.

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**Good practice recommendations:**

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**Conduct and management of the home**

**Inspector`s findings:**

The manager has a lot of experience and knowledge of the client group she is involved with. Mrs. Bowe does not, at present, wish to gain the Registered Manager Award qualification, although she had had training in other areas. Efforts have been made to employ a manager and advertisements have originally been placed both locally and nationally.

All service users and their representatives consulted on the day of the inspection expressed their appreciation for the service. The appointee officer of Conwy Social Services handles the finances of service users that are not handled personally or by their families or legal representatives.

The quality assurance policy is stated clearly in the Statement of Purpose and service users/relatives/friends/visitors invited to contribute feedback. There is a written and verbal system of seeking feedback from service users and their representatives. The quality assurance had not yet taken place this year but any comments will be fed into the home's development programme so that the service is improved accordingly. The manager stated that this will be completed before the end of the year and a copy will be made available to the CSSIW.

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**Good practice recommendations:**

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## Concerns, complaints and protection

### Inspector`s findings:

The office manager was reminded to complete the review of the complaint procedure in line with the new amendment to Regulation 23 effective 1<sup>st</sup> January 2007. This states that complaints dealt with locally must be resolved by the registered persons within 14 days and that the complainant must be informed of their right to contact the Inspectorate or the Placing Authority.

The Statement of Purpose sets out the existing complaint policy and this is given to all service users when they first arrive at Glascoed to live on a trial basis. There is a complaints book to record any complaints or concerns that may have been made. Both staff and service users confirmed that they were aware of the policy and had access to it.

Service users and their representatives all said that should they have any concerns or worries they are immediately sorted out. There have been no complaints during the last inspection year and there have been no incidents of POVA.

### Requirements made since the last inspection report which have been met:

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### New requirements from this inspection:

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### Good practice recommendations:

The review of the Complaint Procedure in line with the most recent Regulations should be completed as soon as possible.

## The physical environment

### Inspector`s findings:

The home is well maintained, comfortable and homely. The standard of cleanliness is very high and everyone spoken with confirmed this. The same high standard was also observed in the décor and furnishing of the interior. The manager advised that when a room becomes vacant it be prioritised for redecoration with the involvement of the next person to occupy it. The downstairs area consists of reception rooms combined to form a dining area and lounge area.

There is one shared room, this was a positive choice to share for different reasons. The service user and the family of the other service user have confirmed this.

The garden is very attractive. A professional gardener maintains the gardens with particular attention given to the smell of flowers and plants for all residents to appreciate. There is outdoor seating for the use of service user and visitors.

Toilet facilities are adequate and convenient for residents and there is an assisted bath on the ground floor. Nine bedrooms have en-suite wash basin and toilet.

The manager has obtained the services of relevant professionals such as Speech Therapist, Chiropodist or a Community Psychiatric Nurse where appropriate.

Grab rails have been fitted for assisting mobility around the home and minimising risks.

A call bell system is available and accessible in all rooms.

### Requirements made since the last inspection report which have been met:

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### Good practice recommendations:

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