

# Inspection Report on

**Haulfryn Care Limited**

**HAULFRYN CARE LTD  
CYMAU  
WREXHAM  
LL11 5ER**

**Date Inspection Completed**

29/08/2019

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## Description of the service

Haulfryn Care Ltd is registered with Care Inspectorate Wales (CIW) to provide a service and can accommodate up to 23 older people who require personal care, 22 people were accommodated at the time of the inspection.

Haulfryn Care Ltd is a family run business. The responsible individual has oversight of the service and the manager is registered with Social Care Wales to manage the service.

## Summary of our findings

### 1. Overall assessment

The management team are open, transparent and drive best care practices to ensure people experience positive outcomes. Auditing and monitoring is undertaken as part of quality assurance measures to review the care and services provided so people benefit from a pro-active management team and thus improving service. Staff are trained, feel supported and valued in their role; staff morale is good and as a consequence people receive good care which is respectful and which maintains their dignity.

### 2. Improvements

This was the services first inspection since re-registration under RISCA (Regulation and Inspection of Social Care (Wales) Act) and therefore this was not a focus of the inspection.

### 3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service and the areas where the care home is not meeting legal requirements. These include the following:

We recommend the following:

- Welsh Government's Active Offer to promote the Welsh language.
- Care planning and the management of distress responses.
- Documentation in relation to nursing tools.
- Record-keeping and positive written language.
- Dignity in care and inappropriate storage.
- Health and Safety and secured items to manage potential / actual risk.
- Environment and 'dementia care friendly' facilities and standards.
- Responsible individual reporting as part of quality assurance measures.
- Medication management and storage of equipment.

# 1. Well-being

## Our findings

People have control over their day to day lives. The home's care ethos promoted people's autonomy and self-determination. Documentation reflected that people were seen as a unique individual so staff had the information they needed to know what mattered most to the people in their care. Staff practices and approaches empowered people, encouraged positive risk taking and encouraged people's independence by recognising people's diversity and allowing people to do what mattered most to them. In conclusion, people are treated as individuals, feel respected and valued and so experience enhanced well-being.

People's health and emotional care needs are met. Care plans were in place which provided staff with the information they needed to meet people's needs in line with their wishes; more detail was required to assist staff in implementing appropriate coping and distraction strategies' to support people experiencing distress responses. Systems were in place to assist the manager in making timely referrals and requesting healthcare reviews and records supported this was being done. Staff were attentive and provided discreet care and support. Staff approach was warm, kind and people's dignity and privacy was maintained. Staff gave people the time they needed to do things for themselves which helped people to maintain their life skills and confidence; such approaches promoted people's self-esteem. Overall, systems are in place to ensure people's care and support is reviewed and staff practices ensure people's emotional needs are met and so people achieve positive outcomes.

People are protected from abuse and neglect. Staff have completed important training which included the Mental Capacity Act, Deprivation of Liberty Safeguards and safeguarding. Therefore, staff have the knowledge and skills to uphold people's rights and recognise and report abuse should it occur. A multi-disciplinary team approach was taken to ensure people's best interests were upheld in relation to their care and support. Overall, staff are skilled and systems are in place to help ensure people are protected and have autonomy.

People live in a home which helps them to achieve a sense of well-being. People were free to access all areas of the home and outside space. Communal areas provided plenty of space for people to move between. Memory boxes and signage was used to aid orientation and promote people's independence. Art works were used to help orientate people to dining areas. Refreshments and snacks were available for people to help themselves which is important for people who may not eat well. Discreet systems were in place to keep people safe. We identified some areas for improvement in relation to promoting a 'dementia friendly environment' which management were receptive to. Feedback told us the home was warm, welcoming and homely. Overall, people are supported to maintain their independence and have autonomy over where they spend their time.

## 2. Care and Support

### Our findings

People can do the things that matter to them. We observed individual staff spent one-to-one quality time with people throughout the day. We observed staff engaged people in reminiscence, creative and sensory crafts and created fun moments by way of games and conversation. We observed staff were confident in engaging people in conversation and staff acknowledged and celebrated people's achievements. We spoke with the manager about this and they explained some staff had completed 'creative conversations' training, this was supported by the training record. Staff encouraged and fostered positive risk taking to promote people's independence and help people to maintain life skills. For one person we saw they wanted to keep active and engaged and so they helped staff by cleaning tables and taking crockery to the kitchen for washing. We saw this person was permitted to come and go as they pleased throughout the day and access the kitchen and outside space independently as did other people.

We spoke with staff about activities and staff explained one member of staff was delegated the responsibility of activities but once care and support tasks were completed a 'whole staff' approach was adopted to help keep people positively engaged. We looked at records and saw people's hobbies and interests were captured as part of the care planning process. We looked at an activity record which showed how people had spent their time and this was evidenced by way of photographs. We saw people had partaken in activities such as crafts, gardening, pamper days and had enjoyed a bet on the Grand National and betting slips were also kept to show the bets people had placed. We saw a notice board which displayed photographs to remind people how they had spent their time and show visitors to the service what people had been doing. We saw one person had played the lotto and they spent time discussing this with us. We observed people enjoyed and gained comfort from the home's pet cat 'Ted'. We saw items such as dolls and fidget muffs were available for people's use as part of therapeutic care and support to promote people's comfort, engagement and quality of life.

We also looked at the service's Statement of Purpose (SoP) which advocated 'Activities will be focused to ensure that they stimulate well-being, mental and physical abilities'. We spoke with a member of staff who told us about two people using the service who wanted to do a physical activity to maintain their personal interests as this was how they spent their time before moving into the home. We saw these interests were incorporated as part of the care planning process and we saw evidence which supported this was being arranged. Overall, staff approach helps to empower people, a holistic approach is adopted toward supporting people to positively occupy their time and maintain their individual interests. People are interested in life and have things to look forward to and therefore experience enhanced well-being.

People cannot always receive a service in Welsh but management are working towards this. We looked at the SoP which advocated the service would not discriminate on the grounds of people's culture and language preference. We looked at care records which showed people's religious beliefs and preferred language were noted. We observed staff spoke with a person in their preferred language. We spoke with staff who told us two staff were enrolled on a Welsh language course to start in September 2019. We spoke with the manager who told us they try to recruit Welsh speaking staff, five staff speak fluent Welsh and two people using the service speak Welsh as a first language. We saw one page profiles and life maps were used to provide staff with important information about people as a unique individual so staff could understand what mattered most to the people in their care. We spoke with the responsible individual and the manager who confirmed they were working towards Welsh Government's 'Active Offer' in terms of promoting the use of the Welsh language. We observed staff practices which acknowledged people's diversity, as staff treated people as individuals and permitted people to do the things they wanted to do. We spoke with the manager who explained a pre-admission assessment was undertaken to determine if the service could meet individual needs and if it was felt language preferences could not be met by the service then a placement would not be offered, this is considered good practice because the manager has acknowledged the service may not be able to meet a person's needs. Overall, people's diversity and culture is recognised and respected. The manager is working towards providing the 'Active Offer'.

People's needs and preferences are understood. We looked at care plans, risk assessments and associated care records. We saw there was a discreet system in place in respect of emergency care so staff could find important information when they needed it. The risk of falls was assessed with consideration of a person's falls history, medical conditions and medication which could impact on the management of falls. A falls protocol was in place to assist staff in managing falls and records were completed to show sustained injuries. We looked at a record which showed a person had subsequent falls over a six-day period, notes reflected a urinalysis was obtained and undertaken to check for infection, antibiotic was prescribed to treat a different health condition, the person was seen by the GP (General Practitioner) and there was a staff instruction to monitor falls. Equipment staff needed to support people's mobility was noted in the care plan so staff had the information they needed to support people. Systems were in place to review people's care and support on a regular basis to ensure care plans remained appropriate to achieve positive outcomes. We saw some records which were nursing records and not appropriate for use because the service is not registered to provide nursing care and the records were incomplete. For example, we saw tissue viability (skin care) needs were assessed and scored but there was no information to show staff what this meant in terms of the identified risk.

In relation to managing distress responses, there was insufficient information to assist staff in managing these needs. We discussed a person's needs with staff and it was evident staff knew what worked best and what coping strategies they should implement to support this person but this information did not formulate part of the care plan so key information was missing. This is particularly important for new staff who are unfamiliar with the diverse

needs of the people in their care. We saw a CPN (Community Psychiatric Nurse) checklist was used as a guide to help determine a prompt referral to ultimately prevent the use of unnecessary medication. We spoke with staff, and the consensus view was that care plans were person centred and provided the information they needed to meet people's needs. We discussed care planning with the manager and the responsible individual who were receptive to the feedback and will further develop care planning to support people experiencing distress responses.

As part of the care planning process we saw learning logs were used and reviewed to identify actions to be taken and make timely referrals to healthcare professionals. We saw staff were not recording what coping and distraction strategies they were employing before resorting to the use of medication, this is important because it helps to evidence good care practices. Following the inspection, we contacted the manager about this who assured us this would be addressed with immediate effect. We saw a relative had signed to agree the plan of care and advocacy support was available for people and this was reflected in the care plan. We saw some written language in the records which did not promote a positive view of care. Terms such as 'suffers', 'behavioural difficulties' and 'cot sides', were recorded. We discussed this with the manager and the responsible individual and we were assured this would be addressed. We saw copies of letters which invited family / representatives to care reviews. This is considered good practice and demonstrated 'important others' are involved in their relative's care and support. Overall, care plans contain fundamental information but more detail is required to assist staff in providing anticipated, responsive and appropriate person centred care in terms of managing individual distress responses.

People are treated with respect. We observed that the staff approach was warm, relaxed, caring and kind. We saw how people wished to be addressed formulated part of the care planning process; we saw staff used people's preferred name. Staff encouraged people and provided the time where needed for people to do for themselves as opposed to doing for people. We saw people were empowered and staff encouraged positive risk taking. We saw people were encouraged to maintain life skills, a person was permitted to pour their own juice, people moved freely around the home. Staff were discreet when asking and supporting people with their personal care. We did not observe call bells ringing for long periods of time and we did not observe people portraying distress responses. We observed people were supervised by staff and staff were attentive. We observed one person did not have a tissue and so used their clothing to wipe their nose. Staff intervened and promptly got the person some tissues and asked if they would like support. We observed people's dignity was maintained by staff when visiting professionals came to review as people were taken from the communal area to maintain their privacy and dignity. We spoke with staff and comments included "*I love it here*", and "*We give person centred care, always give choice, flexible*". We looked at an internal satisfaction survey and saw views from family / representatives had been sought. Comments included "*All staff appear very empathetic and caring*", "*Staff remain positive and supportive of XXX changing needs....*", "*XXX is treated very kindly and with humour. XXX privacy is respected – the staff are patient.....*" and "*Staff*

*at all times treat the residents with great respect and care*". Overall, staff enjoy their work and are dedicated to their role. Staff are compassionate and supervise people so requests for support are timely, which means people don't have to wait for long periods of time. People feel respected and valued and so experience enhanced well-being.



### 3. Environment

#### Our findings

People live accommodation which meets their needs. We observed the atmosphere was calm, relaxed and welcoming. The home was warm and clean. We viewed the premises and saw pictorial signage was in place to aid orientation to bathroom facilities but this was not bi-lingual, which would be helpful for people whose first language is Welsh and which would help to promote Welsh Government's 'Active Offer'.

The service was inspected by the fire service in May 2019 and no recommendations were made. We saw there was a fire risk assessment in place and as part of emergency procedures people had a Personal Emergency Evacuation Plan in their file. This provided information about a person's needs and what equipment and support they needed in the event of emergency situations. We saw these records were reviewed by the manager, minutes from staff meetings reflected staff were asked about any change in people's needs so the records could be updated.

We looked at bathroom facilities and saw some inappropriate storage of continence products and a list showing what products people had, this approach does not maintain people's dignity or promote a homely environment. We discussed this with the manager and the responsible individual who agreed to address this matter. We saw a sign giving staff instruction in relation to testing for a UTI (Urinary Tract Infection) this was promptly removed by the manager.

We observed there was plenty of communal space with areas segregated to make smaller living accommodation, this is considered good practice in caring for people living with dementia. Off the lounges there were small designated dining rooms and in one dining room people were able to help themselves to a range of breakfast cereal and juices. People were free to move between areas and access the outside space. We saw snacks and drinks were available for people to help themselves and we observed staff offered people regular refreshments.

We looked at the SoP which advocated Haulfryn will 'Treat individuals with respect and will endeavour to give them as full and active life as possible' and 'Individuals will be encouraged to be as independent as possible whilst focusing on their abilities'. We saw records of communication where the manager had advocated for a person using the service to ensure their autonomy and independence were protected regarding their freedom. We saw this was the care ethos of the service and these care approaches helped to uphold people's liberty; this is considered good practice.

Dining areas were decorated with pictures of food to aid orientation to the dining room and mealtimes. We observed the dining experience for people and saw that people were orientated to mealtime. We spoke with staff who explained catering staff used pictures to

help people make a choice about what they would like to eat. We were told catering staff were very good and cooked fresh meals daily. We observed the meals were cooked and baked from fresh. Tables were cleaned and laid in preparation for lunch. The kitchen door was open so people could smell the food cooking, this is considered good practice as the aroma of food can help to stimulate appetite and prepare people for mealtime. We observed contrasting crockery was used so people could see the food on the plate. Aids were used to promote people's independence and staff encouraged people to eat and gave people the time they needed to eat. We saw people were offered choices. People were given hot and cold drinks in plastic cups and beakers which were for outdoor use. We discussed this with the manager and the responsible individual who agreed to address this. In February 2019, the kitchen facility was awarded the highest food hygiene rating of 5 by the Food Standards Agency which equated to very good.

We viewed some bedrooms and saw memory boxes were used to aid orientation and autonomy so people could find their bedrooms independently. Profiling beds were in place to help support people's mobility. Bedrooms were personalised, with pictures and photographs and memorabilia. We saw some inappropriate storage on the top of a person's wardrobe and the wardrobe was not fixed secure. We discussed this with the manager who confirmed not all wardrobes were fixed secure, the manager agreed to remedy this to manage potential health and safety risks. Clocks with dates were displayed in some people's bedrooms and in communal areas, we saw two were incorrect, which does not help to aid people's orientation to time.

Discreet security systems were in place to help keep people safe. We saw the outside gate was coded and external Closed Circuit Television (CCTV) was used and signage was displayed to alert people to the use of CCTV. There was a visitors' book which guests to the home were asked to sign. There was a call bell alarm system in place with different tones to alert staff to people's requests for support. We looked at staff response times to the call bells which covered a two-day period and responses were very prompt showing staff responded in less than two minutes in most instances. We saw pressure alarmed mats and crash mats were in place for some people, this formulated part of a risk management plan and the care planning process and had been initiated / agreed by external professionals to manage people's needs.

We saw some flooring and other items in the home which were patterned, this is not advocated as good practice for people living with dementia but we did not see that this had an adverse impact on people using the service. We discussed this with the manager and the responsible individual so that consideration can be given to future investment as part of the home's rolling maintenance programme to ensure the home is 'dementia care friendly'.

We looked at an internal satisfaction survey which was undertaken to gather family / representatives views of people using the service. Comments included "*Caring family atmosphere, Haulfryn does not feel like an institution*", "*Welcoming family atmosphere*", "*Security is good*", "*Always made to feel welcome*" and "*The environment is clean, attractive*".

*and most importantly homely*". Overall, there are some good practices in place but more thought and innovation is required to further improve the facilities and standards of the home to ensure people living with dementia always feel respected and valued and so experience enhanced well-being.

## 4. Leadership and Management

### Our findings

People benefit from a service where the well-being of staff is given priority; staff are well led trained and supported. We looked at records which showed investment was made to develop the staff team. Training to meet people's specific needs was provided to ensure staff have the knowledge and skills they need to meet the needs of the people in their care. A record showed important training was undertaken by staff which included both mandatory training and training to meet specific needs such as caring for people living with dementia. The training records showed staff had completed falls prevention, improving the management of UTIs (Urinary Tract Infections), oral care, meaningful activities, de-escalation in dementia care, person centred approaches and communication in dementia amongst others, which means staff have a good knowledge and skill set to care for people living with dementia. We spoke with staff who confirmed they have completed training, comments included "XXX asks us what we want to do" and explained diabetes care had been offered and that training in sepsis was imminent. Another member of staff spoke about the dementia care training they had completed.

Staff confirmed they attended regular meetings and felt their views and ideas about people's care were listened to and acted upon to help improve outcomes for people. We looked at minutes from meetings and saw staff were able to raise any issues they had, staff practices were discussed to help drive best care practices, and a list of actions were noted to address matters raised.

Staff confirmed they received regular supervision and appraisal and felt supported by the manager. Comments included "Supported by XXX and XXX from day one" and another member of staff told us "XXX is approachable, any concerns I can nip in between supervision (sessions)". We saw there was a staff reward scheme in place to recognise good work and share best care practices, staff we spoke with were positive about this scheme. People using the service were also involved in voting to recognise staff's contribution, we spoke with a person using the service who discussed this with us. We spoke with the manager and the responsible individual who felt it was important to recognise staffs' achievements and contributions. Staff conveyed team work and staff morale were good. Overall, there are processes in place to ensure care is delivered consistently and reliably. Investment is made to develop the staff team so staff have the skills and knowledge they need to provide good care. Supervision and recognition of staffs' hard work plays a vital role in ensuring staff feel supported and valued. Ultimately this has a positive impact on the care people receive.

People benefit from a service which has governance arrangements in place to set high standards for itself to constantly improve. As part of oversight of the service we looked at reports produced by the responsible individual following their visit, the purpose of which

was to satisfy themselves the service was being managed well. The responsible individual looked at management and supervision, interaction between staff and people using the service, facilities and equipment, other areas such as looking at complaints and speaking with people were not included but we did see relatives were approached during a visit for their feedback.

We also looked at an 'oversight of the service report' which reviewed various aspects of the service such as staff absenteeism and the systems in place to manage this, recruitment, staff training, supervision and appraisal, safeguarding, accidents, falls management and such like. It was identified what was working well and where improvement was required and the action needed to make those improvements and keep abreast of developments.

As part of quality assurance systems we looked at a report which focused on people's care and support and well-being outcomes, staffing, developmental opportunities and areas for improvement. We saw a satisfaction survey was undertaken to obtain the views of family / representatives of people using the service. 32 questionnaires were issued and 17 responses were received. Responses were very positive about people's care and support and the choice and control people had over their daily lives. All responses stated they 'Would recommend Haulfryn to a friend or relative'.

This survey showed family / representatives were reassured that members of the MDT (Multi-Disciplinary Team) were involved in people's care and support. Comments included "*Very personalised through information collected and individual needs met. Well served by doctor / visiting nurse / staff for medical needs*". We saw advice and guidance was sought from members of the MDT (Multi-Disciplinary Team) to review people's needs. Records showed visits were undertaken by professionals such as the GP (General Practitioner), District Nurses, Dietician, Chiropodist and SALT (Speech and Language Therapist). Overall, views are obtained as part of quality assurance systems so the manager and responsible individual gain feedback to understand what the service does well and where improvements are required. People have access to healthcare and their needs are reviewed when required. People can be confident there is oversight of the service to ensure the service is managed well.

People benefit from policies, procedures and robust systems which assist the manager and staff in providing a quality service. We looked at Medication Administration Records (MARs) and saw these matched people's prescriptions. We looked at internal audits which considered controlled drugs, training, administration and recording, where practice was observed the member of staff's name was recorded. Refused medication, disposal of medication, handing and storage. There was also a general section and receipt and recording section. We looked at a training record which showed staff had completed medication training with a company. We looked at the medication policy which provided staff with instruction to administer medication safely. The policy does not advocate administering medication covertly and direction was provided to ensure a MDT approach was taken to uphold people's human rights. We saw one person was receiving medication

covertly as requested by the GP. We saw there was also CPN (Community Psychiatric Nurse) input. Information was recorded to show alternative avenues had been tried before resorting to covert administration. We saw the GP had signed the record in agreement to administering medication covertly. There was written instruction about how to administer the medication covertly so staff had the information they needed to do this appropriately. It was also noted this was only if required because the person would at times take the medication. We saw medication reviews were requested and undertaken to ensure medication was appropriate.

We completed a medication audit, which identified areas of good practice and areas for improvement. We saw codes were used to show why a medication was not given, the medication room and refrigerator temperatures were monitored twice daily to ensure medication was stored within range to prevent damage. We saw controlled drugs were audited and amounts tallied with the drug register. We saw the medication trolley was not stored securely in line with good practice recommendations, we discussed this with the manager who agreed to address this as a matter of priority.

We looked at a record which showed a person's decision making in relation to declining health intervention. Training records supported staff had knowledge about the Mental Capacity Act and Deprivation of Liberty Safeguarding and so were able to better support people with their decision making. We looked at an internal satisfaction survey which showed the majority of family / representatives felt people were supported to make genuine choices and decisions about their care and support. Overall, systems are in place to ensure people receive good care and support and which assist the manager in being pro-active; people's rights are upheld to ensure positive outcomes.

## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non-compliance from previous inspections**

This was the services first inspection under RISCA (Regulation and Inspection of Social Care (Wales) Act).

### **5.2 Recommendations for improvement**

- The service provider should continue to advance Welsh Government's Active Offer in relation to the Welsh language, so for people whose first language is Welsh, they are better supported.
- The service provider should ensure care plans provide staff with sufficient detail to provide anticipated, responsive and person centred care to manage individual distress responses.
- The service provider should ensure the completion of nursing documentation to monitor care and support has been delegated by professionals. Staff should have the training and support they need to complete the records and this should be reviewed and managed by the professionals who have delegated the task.
- The service provider should ensure written language is positive to prevent assumptions being made about care and people living with dementia.
- The service provider should ensure there is no inappropriate storage and lists on view in bathroom facilities to maintain people's dignity and promote a relaxing and welcoming ambience.
- The service provider should ensure wardrobes are fixed secure as part of Health and Safety measures to manage potential / actual risks.
- The service provider should seek advice and make investment to ensure the environment is 'dementia care friendly'.
- The service provider should ensure the reports following the responsible individual visits to the service cover all requirements of Regulation 73.
- The service provider should ensure the medication trolley is fixed securely in line with 'The Royal Pharmaceutical Society' guidelines.

## 6. How we undertook this inspection

We, CIW undertook an unannounced full inspection on 29 August 2019 between 09:15 and 17:25. One inspector undertook the inspection.

The following regulations were considered as part of this inspection:

The Regulated Services (Services Providers and Responsible Individuals (Wales) Regulations 2017.

The following methods were used:

- We used the Short Observational Framework for Inspection (SOFI). The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- We spoke with people living at the home during the day, four members of staff, the responsible individual and the manager.
- We looked at a wide range of records both at the service and following the inspection. We focused on care plans, risk assessments and associated care records. We looked at quality assurance reports, a survey, minutes from meetings, a staff training record and some of the service's policies and procedures.
- We reviewed the Statement of Purpose (SoP) and compared it with the service we observed. The SoP sets out the vision of the service and demonstrates how, particularly through the levels and training of staff, and so on, the service will promote the best possible outcomes for the people they care for.

We are committed to promoting and upholding the rights of people who use care and support services. In undertaking this inspection, we actively sought to uphold people's legal human rights.

<https://careinspectorate.wales/sites/default/files/2018-04/180409humanrightsen.pdf>

We also considered a complaint which was raised with CIW prior to the inspection in relation care and support and leadership and management. When we inspected the service we found:

Falls pathways were in place to consider people's falls history, medical conditions and medication as part of reducing and managing falls effectively. Reports were completed to record events and notifications were made to CIW to inform us about incidents which affect people's well-being. Fall protocols were in place and we saw information which showed this was followed by staff to monitor people's falls and take appropriate action where required. We saw falls management was reviewed by an external professional and no concerns were raised. We saw correspondence which showed requests for diagnostic tests were followed up. Records supported referrals were made when required. As part of learning and development to improve the service we saw records which showed the manager reviewed and analysed incidents and events. From this, the manager identified 'how things could have been different' and the 'learning from what happened'.



Further information about what we do can be found on our website:  
[www.careinspectorate.wales](http://www.careinspectorate.wales)



## About the service

<b>Type of care provided</b>	<b>Care Home Service</b>
<b>Service Provider</b>	<b>Haulfryn Care Limited</b>
<b>Responsible Individual</b>	<b>Peter Regan</b>
<b>Registered maximum number of places</b>	<b>23</b>
<b>Date of previous Care Inspectorate Wales inspection</b>	<b>19 July 2017</b>
<b>Dates of this Inspection visit(s)</b>	<b>29 August 2019</b>
<b>Operating Language of the service</b>	<b>English</b>
<b>Does this service provide the Welsh Language active offer?</b>	<b>This is a service that 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.</b>
<b>Additional Information:</b>	

**Date Published 04/11/2019**

No noncompliance records found in Open status.