



Inspection Report on

Hafod y Green Rehabilitation and Nursing Centre

**HAFOD Y GREEN NURSING HOME
TREFNANT
DENBIGH
LL16 4UN**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

23/10/2019

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Description of the service

Hafod Y Green Rehabilitation and Nursing Centre is registered to provide a Care Home Service for 34 people over the age of 18 years with a neurological condition and physical disability. On the day of the inspection there were 33 people living in the service.

The service is owned in partnership by Medwynne Wynne and David Wynne who is also the Responsible Individual (RI). The manager is registered with Social Care Wales.

This was the first inspection of the service since it was formally registered under The Regulation and Inspection of Social Care (Wales) Act 2016.

Summary of our findings

1. Overall assessment

People's needs and expectations are carefully considered prior to their admission to make sure they get the right care and support, in the right place at the right time. Team working is evident and the provision of care and support respects people's individuality and abilities. Detailed records of care ensure staff have a good understanding of clinical needs and observation of practice indicates care is delivered in a respectful way. People are offered warmth and encouragement in their engagement with staff and there are activities or opportunities to participate in which benefits people living in the service to enrich their lives. There is clear oversight by the Responsible Individual (RI) and a defined organisational structure which enables information to be shared internally and acted upon to improve and ensure the smooth operation of the service.

2. Improvements

The home was recently re-registered under the new Regulation and Inspection of Social Care Wales Act 2016 (RISCA) and this was their first inspection under the new legislation. Any improvements will be considered as part of the next inspection.

3. Requirements and recommendations

Section 5.2 of this report sets out the areas where the service can be improved:

- Staff should ensure that all intervention and support provided is documented.
- Ensure that any review of medication is clearly evidenced in the individual's records.

1. Well-being

Our findings

People are encouraged to contribute to decisions that affect their life. People moving into the service were involved in the pre admission assessment. If this was not possible the views of health professionals and relatives were gathered and a decision made, in the best interest of the person, to enable the provision of care and support to reflect what mattered to them. We spoke with a person who told us discussions had been held with them before admission but at their request, their family had taken a more active role in visiting and deciding the placement, this was supported by another person who told us their families had also visited on their behalf. One person said they had found it difficult to settle at first as it wasn't '*home*' and it was quite '*noisy*', they had spoken with staff and moved rooms; this had helped. Another person said '*staff are working with me so that I can go home*'. Individual circumstances are considered and people are able to express their views and opinions.

People's best interests are understood and promoted. People told us what care and support they needed from staff and the personal plans viewed reflected what was important to them. People were offered support to take prescribed medication; one person was fully aware of their medication, what it was for and told us it had been reviewed recently and why. Health professionals were contacted for advice when necessary and regular reviews were held to ensure support remained appropriate. Relative involvement continued following admission and one relative told us how their involvement was respected and encouraged by staff and they retained a pivotal role in their relative's care and support plan. One person told us they needed one to one support from staff and were involved in the choice of staff member to assist them with this care; they said the support was provided with respect to their dignity another person said they found some interventions '*embarrassing*' but realised '*they have to be done*' and it was made easier by the staff who were '*nice and respectful*'. A third person said physical support was good and they had been offered emotional support but refused as they had their own '*coping mechanisms*.' People are treated with dignity and respect, their well-being is assessed and monitored and they have access to health care services.

Systems are in place to keep people safe and the support of advocates provides individuals with a voice. Contact with relatives and friends was supported and family members were encouraged to remain involved in their relatives life and to help make decisions with the individual. Advocates were accessed to assist people, where there was no family help or they lacked capacity to make informed decisions. People told us they knew how to make a complaint and felt able to do so and one relative said they felt confident in raising concerns, should they have any. One person said they '*would just tell staff*' or '*write it down and give it to staff*' and it would be dealt with. People are safe, protected from abuse, harm and neglect.

People live in accommodation which supports their well being. The space was designed to encourage independence with various aids for mobility or movement and this was confirmed by one person who told us they had their own wheelchair and were able to move themselves independently around the services as there was adequate, uncluttered space. They particularly enjoyed the freedom of using the grounds and spent as much time as they

could outdoors. People showed us their bedrooms and told us they were decorated to their preference and they had personalised them with items of importance to them. Care and support is provided in a location and environment which recognises people's individuality and promotes achievement of personal outcomes.

The service operates in a way that supports the needs of the people living there. There are clear lines of accountability and systems enable the views and opinions of people living and working in the home to contribute to the continued development and improvement of the service.

2. Care and Support

Our findings

People are safe and well because they receive proactive, preventative care. Personal plans were developed based on information obtained at the pre admission stage and contained details of clinical needs and what staff should do to support individuals. Assessments were completed using nationally recognised tools and specific risks and actions to manage these risks were included in the plan. "This is me" documents explained people's hobbies, interests and preferences. Charts were used to document changes in behaviour and to identify any triggers to minimise future incidents. People told us staff were respectful of emotional needs but we noted the plans did not always evidence when this support had been offered or provided. It was recommended that emotional and well-being sections should be included in their plans. There was evidence of reviews to monitor changes in needs and the involvement of other health professionals. A physiotherapist was employed at the home to assist people in improving or maintaining movement in order to remain as active as they could. Systems were in place for the safe management of medication. We viewed five medication charts and overall these were appropriately completed although we did note that reasons for non administration were not always documented. The manager explained that medication was reviewed six monthly and a record made in the communication section of the personal plan, we did find reference in two records but were unable to locate the detail in the other plans. This information should be clearly documented. The people we spoke with confirmed that personal care was delivered in line with their wishes, they felt comfortable and were treated with respect and dignity. People remain healthy and receive the right care, at the right time in the way they want it.

People benefit from a staff team who understand them and are able to meet individual needs. Care supervisors allocated staff tasks each morning and this was kept under review. Good systems of communication existed which enabled changes to the support needed to be put in place. We observed this happening on the day of the inspection. One person required adaptation to the way they were transferred this information had been shared with the care supervisor who then passed this information to the care staff and observed their approach to ensure the transfer was completed correctly. Staff were seen helping people with meals their approaches were unhurried, they sat by the person and explained what they were doing however, one person commented that the gap between their breakfast and lunch was too soon, this was brought to staff attention for review. A number of people were unable to express themselves verbally but staff continued to chat with them and observe for any non-verbal response and responded to these actions accordingly. Overall, individual needs are understood and anticipated.

The programme of activities takes into account people's individuality, abilities and interests. Group and individual activities were offered and the activity planner for October 2019 included garden walks, crafts, arts, games and music sessions. People told us woodlands trips had been offered in the summer months there were 'movie nights', exercise classes and four times a month entertainers and artists attended the service. A designated room enabled people to participate in crafts and computer based activities. On the day of the inspection the atmosphere in the room was relaxed, people were listening to music and the activity worker was encouraging a small group of people to observe or participate in a craft session while one person was enjoying a fishing programme on the television. Staff also supported people to maintain links with the community. Two residents attended a college

course and one person told us they enjoyed visiting a local shopping outlet and went food shopping with staff regularly. Other people preferred their own company one person spent time in the conservatory reading and another enjoyed the same hobby but in a sheltered part of the garden. People have opportunities to be positively occupied and do things that matter to them.

Mechanisms are in place to safeguard people living in the service. Contact with relatives and friends was supported, and throughout the day we observed relatives and friends visiting. New phone lines and wireless hot spots were due for installation around the service to introduce additional lines of communication for people. A safeguarding policy was in place which provided direction for staff to identify and report any untoward incidents. Staff had received training in safeguarding and whistleblowing. Risk assessments were evident on personal files and regular reviews with outside health professionals provided people with additional opportunities to raise any concerns. The manager and staff were aware that any restrictions may result in deprivation of the individual's liberty and applications to authorise these deprivations were made, as necessary. Systems are in place to keep people safe and protect them from abuse and harm.

3. Environment

Our findings

The premises are well maintained and decorated to a high standard, providing a welcoming and homely environment for people living in the home and their visitors. The maintenance worker checked each room on a weekly basis to identify where maintenance or repairs were required; this was confirmed when viewing the maintenance book. Any work required was recorded and signed off when completed and we noted problems identified were swiftly resolved. We viewed a number of communal areas which provided people with opportunities to find a quiet space or socialise. We viewed a sample of bedrooms which were individualised and reflected the personality of the person. Areas viewed were clean, warm and comfortable.

Equipment is safe because of good maintenance and systems are in place to ensure servicing is completed in a timely manner. The electric wiring of the service had been checked and was valid until 2023 and small electrical appliances were tested for safety in October 2019. Hoists were serviced six monthly and a date for the next service had been arranged. Gas safety was confirmed in March 2019 and weekly checks of shower heads carried out, in line with the legionella risk assessment. Fire alarms were tested weekly and a full service of the alarms and equipment completed in October 2019. A clear plan to enable safe evacuation of individuals, should there be a fire, was in place identifying the room number, equipment required by the person and their abilities. Bedrooms included equipment required to support the person and any additional measures to reduce risks to the individual. One person, at risk of falls, had sensors on their bed and door which were linked to staff pagers which alerted them to sudden movement to enable staff to attend them quickly. Unnecessary risks are identified and as far as possible reduced.

Staff receive training to ensure they apply safe working practices. Staff had regular fire training and the fire procedure was clearly displayed for information. All nurses, working on the floor, had first aid and Cardiopulmonary Resuscitation (CPR) training and ancillary staff and support workers had completed emergency first aid which was renewed annually. All staff had completed health and safety training to identify and monitor risks in the service. Ancillary staff had also completed training to support them in their role such as infection control, food safety and hygiene and the appropriate care of substances hazardous to health. The service promotes safe practices and a culture of safety.

4. Leadership and Management

Our findings

People can be confident that the home operates effectively due to the structures in place. The statement of purpose provided details of the service and facilities available and was due for its annual review. The management team met monthly to discuss the operation of the service and put actions in place to address areas for improvement. Audits to assess and monitor practice in the service were carried out and evaluated to improve practices. Policies and procedures were in place to direct and guide staff and kept under review to ensure staff understanding of processes was current and the content was in line with legislation. The service had also achieved accreditation with ISO 9001 (an external quality tool to observe quality management principles). People receive quality care and support from a service which sets high standards for itself and is committed to quality assurance and constant improvement.

The quality systems in place provide opportunities for people using the service, or their relatives, to take an active role in defining and measuring the service. Annual quality questionnaires to gather views on the operation of the service were given to residents and visitors to the service and the information was evaluated and acted upon. The most recent review was underway; we viewed the 12 responses received so far which were complimentary about the care and support provided at the service. The Responsible Individual (RI) was based in the service and people living and working in the service knew who they were and told us they had an office in the service and were able to speak with them, if they wanted to. We viewed the report of their last formal visit which demonstrated all areas of practice and people's views were considered. People are able to contribute to the development and improvement of the service.

Staff are safely recruited and their potential is developed. Staff files evidenced completion of recruitment checks before appointment and of continued fitness checks once appointed. Social Care Wales (SCW) induction was followed by new employees, the provider's own induction process was followed if the new staff member had a vocational qualification. We discussed with the deputy the possibility of linking their own induction programme to that of SCW to ensure all staff were initially trained to the same standard and suggested this be discussed at the management meeting. The training programme and staff files showed regular training opportunities for staff in core and specific areas of practice. There was a clear direction for staff, they worked well together and spoke with us regarding their daily duties and practices. The care supervisor worked alongside staff to supervise and monitor their performance and guidance and direction was given at that time. One-to-one supervision with staff members was carried out regularly to ensure practice was monitored, training needs identified and provided staff with the opportunity to discuss any issues. Records viewed confirmed these sessions took place. People benefit from a service which invests in and values its staff in order to improve outcomes for people living in the service

Staff levels and deployment are monitored and reviewed. Some people require one to one support and where able, tell the deputy who they 'like' and 'don't like', every effort was made to accommodate these wishes when developing the rotas. The deputy explained they try to match people with staff who have the same interests or the same things in common so people '*get the best out of the day*'. 14 people living in the service require one to one support and in addition to the 14 staff there were an additional four staff (which includes the

care supervisor) on duty, the nurse was separate to that number. Ancillary staff, the activity worker and physiotherapist were available but not included in the daily levels. However, one resident observed *'staff seem to ring in sick at weekends which means they are in a hurry and get stressed'* and this was confirmed by a staff member who said staff sickness did cause problems and felt the service could be improved if there was a contingency plan in place. We shared this with the manager who stated this had already been identified and the provider was actively recruiting extra staff, one improvement planned was to have two nurses on duty each day. Staff told us they had worked at the home for several years and one person commented *"I love working here it's the best place I have ever worked. Everyone works as a team."* People are supported by sufficient numbers of staff to provide the level of care and support they need.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

None

5.2 Recommendations for improvement

We recommend the following to further improve the service:

- Staff should ensure that all intervention and support provided is documented.
- Ensure that any review of medication is clearly evidenced in the individual's records.

6. How we undertook this inspection

This was the first inspection of the service following re-registration under The Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016. The inspection was completed as part of our inspection programme.

We, Care Inspectorate Wales (CIW) carried out an unannounced inspection on the 23 October 2019 between 08.30 am and 6:50 pm. This was a full, scheduled inspection reviewing all four quality themes.

We based our findings on:

- Observing staff interaction and engagement with people living in the service.
- Conversations with six people living in the service, one relative, a domestic worker, the activity worker, two support workers, a care supervisor, human resource manager and the deputy.
- A review of information held by CIW about the service including the Statement of Purpose.
- Viewing communal areas and a selection of bedrooms.
- Reading four personal plans and medication charts.
- Reading five staff files, supervision records and the staff training programme.
- Reading a sample of service records which include fire equipment safety records, portable appliance testing from October 2019 and confirmation of six monthly servicing of hoists and manual handling equipment.
- Viewing the maintenance book which demonstrate repairs were identified and addressed quickly.
- Viewing a selection of policies including admission/safeguarding/aggression/concerns/whistleblowing which had been reviewed in March 2019 in line with the introduction into practice of the RISCA regulations.
- Viewing a sample of the minutes of the meetings (April – September 2019) between the deputy and care supervisor's. These meetings were held bi-monthly and demonstrated how the care and support provided was monitored and kept under review.
- Viewing the minutes of the staff meetings held in February, May and August 2019 which showed how information was shared with staff and of actions taken to improve the operation of the service.
- Viewing a sample of the monthly management meeting minutes which demonstrated the oversight of the management team in monitoring the operation of the service.
- Viewing a sample of completed audits for areas of practice including staff files, infection control and catering.
- Reading the Responsible Individual's quality review report for the period August – September 2019. Which showed that in addition to reviewing documentation people's views had been considered.

- Five questionnaires were sent to residents, relatives and staff. At the time of writing the report we had received completed forms from four residents, one relative and two staff.

Feedback was given to two members of the management team at the end of the inspection and by telephone to the manager following the inspection.

Further information about what we do can be found on our website:
www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	Hafod y Green Rehabilitation and Nursing Centre
Manager	The manager is registered with Social Care Wales
Registered maximum number of places	34
Date of previous Care Inspectorate Wales inspection	This was the first inspection since the service attained registration under The Regulation and Inspection of Social Care Act (Wales) 2016.
Dates of this Inspection visit(s)	23/10/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	The provider is working towards meeting this requirement.
Additional Information:	

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