



Inspection Report on

Hafod House Rest Home

**Hafod Ruabon
Wrexham
LL14 6HF**

Date Inspection Completed

26/06/2019

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Description of the service

Personal care for 25 adults is provided at Hafod House which is located in Ruabon, on the outskirts of the town of Wrexham. The building is an adapted, three storey farm house which retains many original features.

Surecare (UK) Limited is the registered provider and Sarbjit Singh Bedi is the Responsible Individual (RI)

The manager is registered with Social Care Wales (SCW).

This was the first inspection of the service since it was formally registered under The Regulation and Inspection of Social Care (Wales) Act 2016 on 15 October 2018.

Summary of our findings

1. Overall assessment

People are treated in a caring manner, have positive relationships with staff and are treated with respect and dignity. Staff understand the importance of recognising people's individuality and good relationships between residents and staff are evident. Overall relatives spoken with feel welcome, reassured and confident in the care provided this could be strengthened further by developing strategies to ensure information is shared consistently with family members to enable them to be a part of their relatives care. Staffing levels and the deployment of staff should be monitored and kept under review and a more rigorous contingency plan should be developed to ensure shifts can be more effectively covered. Policies and procedures are in place to direct and guide staff but inclusion of additional information would ensure their full understanding of processes. Systems are in place to assess and monitor the operation of the service, this should now be developed further to evidence when improvements identified have been acted upon.

Relatives spoke positively about the service and comments included

"Hafod House is a very well run establishment. All residents are cared for to the best of staff's ability and all person centred needs are met. The manager is very understanding approachable and fair, and the home is a lovely place to work."

and

"Hafod House has a nice homely feel and bright and happy and great staff"

2. Improvements

The home was recently re-registered under the new Registration 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, these include

A personal care plan must be in place for each person upon admission.

- Develop a system to enable all relatives to feel involved in the care and support of their family member.

Additional information or detail is required in the following records:

- Admission, safeguarding, health and safety, data protection/confidentiality and complaint policies. Statement of purpose.
 - Environmental risk assessments should be specific, evidence when reviews have been completed and any actions taken to minimise future risks.
 - More detail should be included in the registered provider's reports
 - Actions following staff supervision and audits should be signed off upon completion.
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- The refurbishment programme should be formalised.
 - Monitor and keep staffing levels under review. Care should be taken to identify at least one person on each shift who is fully trained in all core subjects.

1. Well-being

Summary

People are listened to and encouraged to make choices and decisions regarding their preferred lifestyle. Staff respect individual identities and cultures and the provider continues to develop its policy regarding the active offer of Welsh. Individual and group activities are offered.

Our findings

People are settled and comfortable with staff, enabled to make choices and treated with respect and dignity. On our arrival the mood around the home was relaxed and calm. Breakfast was served at different times, to suit the individual, and choice was provided. Throughout the day hot and cold drinks were offered. Food cupboards contained a variety of foods in good supply and people told us alternatives were offered at meal times. People told us their daily routine was chosen by them and restrictions were not placed on times of getting up, going to bed and when to shower/bath. We noticed people chose where and who they wanted to sit with and people, remaining in their bedrooms, told us this was their decision and the choice was respected by staff. They told us, if staff assistance was needed, they use their call bell and staff responded in a timely manner. There were varied conversations taking place between each other and with staff and we were told they felt comfortable in raising any concerns they may have, directly with staff. Residents meetings enabled people to voice opinions in relation to their everyday life. We viewed the minutes from the last meeting held in May 2019, which was attended by 10 residents. Discussions were held around décor, activities and food and people were asked for their opinions of the service they received and where improvements could be made. People have good relationships with staff and are able to express views and opinions.

People are encouraged to be involved in activities that interest them. One of the activity workers was spoken with and told us one of the most popular activities was 'bingo' and a session was held every week. Our questionnaire responses confirmed people were satisfied with the amount of activities but felt more opportunities for involvement in the community should be available; this was also raised at the last resident meeting. Over the last few weeks the activity worker had taken people to the local shops, visited a café in the local town for afternoon tea and socialisation and plans were in place to attend coffee afternoons at the parish Church. A larger group of residents had also visited the zoo earlier in the month and people told us they had enjoyed the day. We observed a number of occasions, throughout the day, when staff entered communal areas to sit and converse with residents; these spontaneous moments were enjoyed and encouraged involvement with staff and each other. One person began to 'hum' a tune, a passing staff member joined in which encouraged others, this then developed into an impromptu sing a long which was enjoyed by those involved. Throughout the day visitors called to see their friends and relatives and people were able to speak to them in private or in public rooms, dependent on their wishes. People are encouraged to be involved, participate in communal activities and have opportunities to socialise with people.

The provider is working towards offering a service through the medium of Welsh. There were three Welsh speaking staff employed which allowed residents to converse in their first language, when these staff were on duty. We saw bilingual signs around the building, and

although documentation was offered in English it could be translated into Welsh upon request. The provider is continuing to develop the Welsh language policy to enable people to receive their care and support in Welsh.

2. Care and Development

Summary

People are supported by staff who are kind and caring. Staff recognise the importance of respecting individuality but care should be taken to ensure personal care plans are developed with residents and in place from the point of admission and developed within the first week.

Our findings

An assessment process is followed to determine if staff at the service are able to meet prospective resident's needs. The Statement of Purpose sets out a summary of the admissions procedure and we also viewed the admission policy which provided information relating to the process of admission but required further detail to ensure it met current legislation. We spoke to the manager and deputy who told us all about the assessment process. The manager or deputy visit the prospective resident to determine if the placement would be appropriate. Currently there is no formal process at the point of admission; this should be developed to enable a smooth transition for the individual. We viewed the assessment record of the two people most recently admitted. Discussions around physical and mental health and what support would be needed had been held and brief details of past medical history had been obtained, the person had signed their agreement to the information. These forms were included on the residents file however, there were no care plans and risk assessments. Not only is this a breach of the regulations but also of the services own admission policy; which stated these plans should be in place within two weeks of admission. Personal plans should be in place for each individual to enable staff to provide care and support in line with needs and wishes. This was discussed with the manager and plans were written before the inspection was completed. As immediate action was taken a non compliance notice has not been issued however, this area will be monitored at future inspections.

People's well-being is assessed and monitored and they have access to health care services. The personal plans viewed, of existing residents, contained information describing the person and they had signed their agreement. Information around key changes was communicated between every shift and any important information included on the handover sheet. People's weights were monitored monthly or more frequently, should needs dictate and medication was kept under review. Assessments were in place identifying specific risks, the support needed by the person, evidence of reviews to monitor changes in needs and the involvement of other health professionals which included the chiropodist, dentist and optician. The GP visited to check resident's health and staff were observed speaking with people asking them if they would like to see the doctor. In addition the local surgery, practice nurse completed six monthly reviews of residents health needs. People are supported to remain healthy.

A person centred approach to the delivery of care and support is promoted at the Home. Staff provided examples of how this occurs in practice which included times of getting up, going to bed, interests and food preferences and this approach was supported by residents and relatives spoken with. One relative commented *'my relative has come on in leaps and bounds, she is happy warm and safe, that's all we wanted for her'* and one resident commented they were *"happy with the care and support"* provided.

The personal plan included reference to all aspects of daily living and we observed the attention given to respect the dignity of individuals. Staff maintained a record upon completion of tasks such as care of glasses/hearing aids and personal appearance; our own observations confirmed this. Processes to share information should be strengthened as relative views regarding involvement in their family members care varied. One relative felt unable to “*contribute ideas to the care given*” but two other relatives felt “*very involved*” and said staff ‘*always shared information around their relatives changing needs*’. On one file viewed, we read the communication sheet which showed regular contact with the person’s family to ensure they remained up to date with their health and any changes to care. This is an area the manager should develop to enable all relatives to feel a part of their family members care.

People experience warmth, attachment and belonging. We observed staff positively interacting with people living in the home and their approach was different with each person suggesting staff recognised the individuality of each person. Time was taken when providing support and people were asked or consulted about their care, staff listened and responded accordingly. Resident’s comments included “*all staff are very friendly and caring*” and “*all staff are really great and really helpful*” and two relatives told us “*staff are good and caring*” and “*staff are approachable and their attitude is good*”. Discussion with staff, people living in the service and observation of the manner in which care and support is provided, demonstrates individual needs and preferences are understood and anticipated.

3. Environment

Summary

There is a refurbishment plan in place but this is subject to change, the system should be formalised to ensure that all planned work is completed in an acceptable timescale. Environmental risk assessments are in place but the current system does not evidence when reviews have taken place. Records should also show when actions have been completed.

Our findings

A maintenance worker is employed 35 hours a week, their duties include general maintenance, decoration of the environment and attendance of the grounds. A patio had been installed to the front of the building and flower boxes were being placed around the areas for residents to sit and enjoy in the warmer weather. Staff record any areas requiring repair in the maintenance book and this was checked daily by the maintenance worker who also completed a monthly bedroom check to ensure the safety of electric, water and lighting. We viewed the premises which were clean and tidy but, we did note all waste bins did not have a lid; lids should be in place to reduce the risk of cross infection. We also found areas requiring cosmetic attention these included paintwork, replacement of laminated flooring in bedrooms and boxing in or filling of areas following completion of work. The manager and maintenance person develop a plan of refurbishment, should other work take priority the programme is then reviewed by the maintenance person and shared with the manager. Although this was an understandable process it did mean that planned work was delayed or some jobs were not fully completed. The process should be formalised to enable the programme to be maintained.

All residents and staff do not have a secure place for their belongings. We noted that not all bedrooms had a lockable piece of furniture; each individual must have a safe, secure place to store personal possessions. Staff also told us there was little room for the safe storage of their belongings. Consideration should be given to identifying a safe area for staff.

Equipment and service checks are carried out to ensure their safety. Fire equipment was checked on a regular basis to ensure its safety, weekly checks of the fire alarms were carried out and a record maintained. The fire risk assessment was due for renewal on the 7 July 2019. Although the Home is a smoke free environment there are residents who choose to smoke, and there is an area located in the grounds specifically for this use. This was clearly identified in the smoking policy. We viewed a sample of personal evacuation plans (PEEPs) of people living in the service (three related to the residents who smoked) which reflected the current needs of the person. Each individual was provided with a portable call bell, which could be taken with them when they moved around the service. We asked two people living in the service how they call for assistance and they provided a demonstration. The lift was last serviced on 13 May 2019. There have been two occasions when the lift had been out of order which led to residents being confined to their room, to reduce feelings of isolation and to ensure safety, staff were allocated to carry out welfare checks throughout the day and spend time with residents. Hoists were serviced six monthly and the last was carried out in February 2019. The kitchen was viewed, areas were noted to be clean and cleaning schedules followed and completed and attention was given to the safe management of foods. Domestic staff were employed and had a daily cleaning schedule, one worker told us when additional ancillary staff were on duty deep cleaning takes place. A

formalised system should be developed to ensure deep cleaning of the premises is carried out at as part of the schedule.

Environmental risk assessments were completed but did not always demonstrate an annual review or update when changes had occurred. A health and safety policy was in place and staff had completed health and safety training. We noted signs and tape in place to ensure people's awareness when there were sudden changes in gradients or stair wells. We observed a resident enter the kitchen to make themselves a drink, this is positive and it encourages independence however, as the kitchen is busy and carries additional risk, it is recommended that following assessment, a dedicated refreshment area be considered this would offer a larger number of people the same opportunity. Risk assessments for areas of the service were viewed. We noted some were generalised such as stair cases; these should be specific to the area. The assessments did not evidence if reviews had been completed or if actions had been taken to improve areas found lacking.

Systems are in place to ensure repairs, maintenance and decoration are carried out but these are not formalised and are subject to change. To ensure work is completed and there is evidence of actions being taken the system should be formalised.

4. Leadership and Management

Summary

There are systems in place to monitor the operation of the service however, when considering information we found policies and procedures and the statement of purpose would benefit from further review. There was not always evidence that actions identified following supervision or audits had been completed. A contingency plan should be in place to ensure that shifts are adequately covered when sudden absences occur. Until staff are fully trained, the rotas should identify a designated member of staff who has full training to enable them to provide guidance for staff should it be required.

Our findings

There are systems and processes in place to ensure the provider's awareness of the operation of the service but some areas require closer consideration or improvement. The Responsible Individual (RI) last visited the service on 11 April 2019. Their report did give an overview of the operation of the service but lacked detail. Policies and procedures were in place which provided guidance for staff to carry out their duties and we viewed a sample. A copy of the safeguarding policy and procedure was provided for information and provided detailed information for staff. Deprivation of Liberty Safeguards forms were completed and forwarded to the local authority for assessment and authorisation; CIW had also received copies of these for information. Prior to the inspection we had been advised by relatives of occasions when staff, in order to ensure confidentiality, had not felt confident to share information regarding the family member. We viewed the data protection and confidentiality policies which were comprehensive and set out the responsibilities of staff to ensure information was kept secure and not shared inappropriately however, one section referred to sharing information only with the 'right people'. Staff should be clear 'who' information can be shared with. There was a statement of purpose which included information, setting out what services and facilities were offered additional detail should be included. A system had been established for staff to follow in order to prevent any financial abuse. This process was not followed on the day, as a receipt for money received was not given. The receipt book was viewed at the second visit and confirmed that it was used on a regular basis, the manager reassured us they would revisit the process with the member of staff. We viewed a sample of individual financial records there was evidence of receipts, two signatures were recorded for every transaction and regular balance checks carried out. These additional details will enable people to have access to information to manage and ensure improvements to their well-being.

We viewed the complaint book which provided basic information regarding concerns raised, details of any investigation were stored separately and securely in individual files. Three visitors told us they had not had cause to raise concerns but felt confident to do so if they had. However, two relative responses in the questionnaires were that information was not shared with them and action was not taken appropriately by the manager when they raised concerns and they had received little or no feedback. This step of the complaint process should be reviewed.

Audits to monitor practice around the service were completed by the manager and we viewed a sample which confirmed this practice, it is important that when actions are identified they are signed off upon completion. Details of incidents and falls occurring were recorded and the personal plan or risk assessment updated accordingly.

Levels of staff and their deployment should be reviewed and a more effective contingency plan put in place to cover sudden absences. Before the inspection we were informed of a high turnover of staff and staff told us this had contributed to lower levels of staff on duty. We found nine staff had left over the last nine months, ten had been appointed. This is an area that could be reviewed at a higher level by the provider to determine any root cause. The manager stated there were two staff on duty each night and a change to the working hours of day staff meant that a staff member may come in at 6 am and another remain until 10 pm to assist in supporting residents to get up or go to bed and there were four or five staff each day, which included the manager or a senior. At our first visit there were four staff on duty in the morning but this number reduced to three after 3 pm. This was discussed with the manager who explained this was due to the sudden departure of two staff, usually shifts were covered by their own staff and then offered to staff from the sister homes, agency staff may also be used. However, this had not occurred at our visit. To determine average levels we requested additional rotas and noted, in general, four or five staff were on duty however there were nine occasions in June 2019 when there were only three staff on duty; due to the layout of the building less than four may increase risks to the safety of residents. At both visits care and ancillary staff spent time with people in communal areas which was a positive approach and an additional opportunity for staff to observe and support people but this was not a formalised system. Staffing levels must be carefully reviewed, involvement of ancillary staff and a more rigorous contingency plan would protect people further and enable them to benefit from a service where best use is made of resources.

Systems are in place to ensure staff are vetted before employment begins, they receive ongoing training and supervision of practice. Checks of staff suitability were carried out before they began working at the service and Disclosure and Barring Service checks were repeated every three years. The staff files viewed confirmed this practice. Upon appointment staff were signed up to complete the Social Care Wales Induction programme; this was confirmed when viewing a sample of staff files. The training records confirmed the majority of staff had received core training in subjects such as manual handling, first aid, and fire; courses had also been booked for those requiring refresher training. Two 'classroom' practical training sessions for core training were held each year and staff completed training work books in between. E Learning had also been sourced and a comprehensive list of courses was provided for information. Two staff had recently attended an oral health care course which was to be extended for all staff, upon completion dental care champions within the staff group would be identified. One staff member told us there were *'excellent' training opportunities*. Staff meetings were held to discuss areas for improvement around the operation of the service and one to one supervision of practice meetings were held with staff. Records viewed showed they were held regularly, combined comments around actual practice and identified areas for improvement but lacked detail as to how this would be achieved. Staff comments included *'excellent network of support in the home, should it be required. All staff work very well together, both individually and as a team'* and *'deputy manager and manager are supportive and willing to listen'*

People benefit from a service where well-being of staff is given priority and staff are well lead, supported and trained.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

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

5.2 Recommendations for improvement

The following are recommended areas of improvement to promote positive outcomes for people:

We have advised the registered persons that we found two people, recently admitted to the service, did not have a personal plan this is a breach of Regulation 15. In conversation staff did provide verbal information of the needs and the manner in which care and support was provided and this was confirmed, in discussion with the residents. However, a written record of this agreed support must be in place as this provides a clear and constructive guide for staff about the individual and ensures the provision of care and support is consistent.

It is imperative that personal plans are in place at the point of admission and developed, with the person, during their first week. This ensures the health, safety and welfare of people living in the service is protected.

A notice has not been issued on this occasion as there was no immediate or significant impact for people using the service as staff were verbally able to share with us, information about each person and the individuals were able to vocalise their needs to staff. There was evidence that all existing residents had personal plans and the manager reviewed the information and provided us with evidence that the missing plans had been put in place immediately following the inspection.

- The provider should develop a system to enable all relatives to feel equally as involved in the care and support of their family member.

Additional information or detail is required in the following records:

- Admission policy. Develop this further to ensure it is in line with Regulation 14, details such as full medical history and the process upon admission should be included
- Safeguarding policy and procedure. It would benefit staff if it also included a brief summary, of the local steps staff should follow should abuse be suspected, this would enable the process to be followed more quickly and easily.
- Health and Safety policy. Should identify who has responsibility for specific areas for attention.
- Data protection and confidentiality policy and procedure. It is recommended that further training is provided for staff so they fully understand when and with whom information can be shared.
- Complaint policy and procedure. The complaint policy provided details of the steps to process a complaint but not details of other bodies that could be contacted should a person wish to take a concern further.
- The Statement of Purpose. Some amendments were required to ensure the document was a true reflection of the service such as the range of needs and

training provided to meet these needs. The manager was made aware of these areas and although amendments have now been made further detail is required.

- Environmental risk assessments should be specific, evidence when reviews have been completed and any actions taken to minimise future risks.
 - The RI's report should contain more detailed information to demonstrate the service has been fully monitored and to inform the quality of care review.
 - Where actions to improve staff performance is required, this should be detailed on the supervision record this would then provide a trail that can be followed at the next inspection.
 - Actions identified following audits of the service should be signed off upon completion or details recorded as to why action has not been taken.
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- The refurbishment process should be formalised to enable the programme to be kept up to date. Consideration should be given to the appointment of additional maintenance support to enable planned work to be completed within acceptable timescales.
 - Due to the departure of staff and the appointment of new staff there may be occasions when the staff group have not yet received all core training. As there are only two staff on duty at night, until all staff have received the required training, there should be at least one identified person on each shift who is fully trained in all mandatory subjects to ensure they can guide and direct staff in untoward situations.

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 18 June 2019 between the hours of 08:20 and 16:45 and 26 June 2019 between the hours of 08:45 and 13:00. This was a full, scheduled inspection reviewing all four quality themes.

There were 23 people resident at the service.

We based our findings on

- Observing staff interaction and engagement with people living in the service.
- Observation of daily life in the service.
- Conversations with ten people living in the service, three relatives, a visiting professional, the cook, a domestic worker, maintenance person, activity worker, three care workers, the deputy manager and the manager.
- A review of information held by CIW about the service.
- Viewing communal areas, the kitchen and a selection of bedrooms.
- Reading care plans and a sample of corresponding care and support charts.
- Staff rotas from 27 May to 22 July 2019.
- Reading four staff files and the staff training programme.
- Resident meeting minutes from 30 May 2019 which demonstrated how people living in the service are consulted about the operation of the home.
- Reading a sample of service records and environmental risk assessments.
- Reading a sample of audits including care plans, infection control and medication.
- Viewing the accident and complaint file.
- Viewing financial transaction records.
- Viewing the staff meeting minutes from 20 June 2019.
- Viewing a selection of records including confidentiality, safeguarding, smoking, health and safety and admission policies.
- Viewing the RI report completed following their last visit on 11 April 2019.

Questionnaires were sent to four residents, four relatives and four staff. At the time of writing the report we had received completed forms from four residents, three staff and two relatives.

Feedback was given to the manager and deputy throughout the inspection and areas for improvement were discussed. Before the report was completed we received details of the actions taken and those planned. These areas have been referred to in the main body of the report.

Feedback was given by telephone to the Responsible Individual.

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	Sure Care (UK) Ltd
Manager	The manager is registered with Social Care Wales
Registered maximum number of places	25
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)	18/06/2019 and 26/06/2019
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:	

Date Published 28/08/2019