



Inspection Report on

Safe Haven Care and Lodges Ltd

**SAFE HAVEN CARE LODGES LTD
TY HAFOD TUDOR
HAFOD TUDOR TERRACE
NEWPORT
NP11 7QQ**

05 February 2020

05/02/2020

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Description of the service

The service provides personal care and accommodation for up to five people with a learning disability and or mental health needs. It is owned by Safe Haven Care Limited who have nominated Dafydd Edwards as the responsible individual (RI) to oversee the operation of the service. The manager is suitably qualified and registered with Social Care Wales. The service is set in seven acres of woodland in Troed-y-Rhiw, Wattsville in South Wales.

Summary of our findings

1. Overall assessment

There had been changes to the people living at Ty Hafod Tudor. The service had supported a stable group of people for a considerable number of years. On the day of our inspection, three people were living at the service who looked comfortable and were carrying out their individual routines. Staff were sensitive and responsive to people's individual needs. The living accommodation promoted people's general sense of wellbeing. We found individual risk assessments and operational policies need to be revised to fully safeguard people. The responsible individual has not been completing his responsibilities in respect of carrying out three monthly visits to the service.

2. Improvements

This was the first inspection to the service under Regulation and Inspection of Social Care (Wales) Act 2016. Any improvements will be considered at future inspections of the service.

3. Requirements and recommendations

Section five of the report sets out the areas where the service is not meeting legal requirements which includes:

- The RI was not carrying out three monthly visits and
- Six monthly quality of care and support reports had not been completed for the service.

In addition, recommendations to improve the service and provide positive outcomes for people were noted which included:

- Individual Personal Emergency Evacuation Plan (PEEPS)
- Staff training
- Staff supervision
- Statement Of Purpose
- Individual care plans need to reflect people's individual needs
- Policies.

1. Well-being

Our findings

People have choice over their daily lives. The service's routines are flexible and varied to suit each individual's preferences and capacities. Individual profiles identified what was important to each person, their likes and dislikes and means of communication. We saw people had free use of the home to spend time doing things they wanted to do. The environment supports people to spend time alone and or with others. Individual bedrooms were personalised and reinforced people's hobbies and interests which promoted a sense of belonging. Residents are supported to attend a range of activities and social events. Staff support residents to maintain contact with their family, friends and others who are important in their lives. People are supported to have good and safe relationships with others.

People's physical and mental health and emotional wellbeing is considered. Individual care plans outline how individuals are best supported on a daily basis. The service worked with healthcare professionals to support people with their healthcare needs. We saw healthcare professionals had been consulted as part of a best interest decision made on behalf of an individual. People were assisted to access advocacy services to support their individual rights. We found staff were sensitive and responsive to the needs of the people they support.

Arrangements to manage people's safety need be strengthened. Staff receive safeguarding training and an organisational policy was in place to support and protect people. Management systems monitor complaints and accident reporting. Staff recruitment practices endorse staff are fit to work with vulnerable individuals. Medication arrangements further safeguard people. The environment is secure from unwanted visitors and any unnecessary risks are mitigated. Individual risk assessments should be reviewed to reflect people's current needs. Staff need to complete recognised manual handling training to ensure they have necessary skills to perform their role. The registered individual must take all reasonable steps to promote and protect the health, safety and welfare of people.

People are unable to receive support through the Welsh language if they choose it. We saw each person's individual communication needs would be considered as part of their pre-assessment before moving into the service. The Statement of Purpose failed to outline the services ability through the Welsh language medium. We identified this is an area of improvement.

2. Care and Support

Our findings

People are supported to move into the service on an individual basis. Two residents had moved into the service within the last six months. Staff had visited the residents prior to them moving in to assess if the service could meet their needs. There was evidence of consultation with the individual, the placing authority and or representative/s to determine what matters to each of the individuals. We found transition arrangements had been put in place which included introductory visits to the service if suitable. The manager had considered the compatibility of others living at the service. We saw written confirmation that the service could meet the individuals care and support needs before moving into the service. We found staff were knowledgeable of the individuals they supported and sensitive towards their needs.

People get the right care and support as and when they need it. We viewed care documents which set out how best to assist individuals. People's likes and dislikes were considered. Individuals who did not use verbal communication had individual communication methods documented. People's care documentation showed that the service works collaboratively with local GP services, mental health and social services. People are supported to access a range of community healthcare services such as dentists and opticians. Aids to support and maintain residents' independence were in place. We saw responses from various healthcare professionals which were complimentary of the care and support provided at the service. People's health and emotional wellbeing is promoted.

People are safe from harm. Where people lack capacity, the necessary deprivation of liberty safeguard (Dols) authorisations were in place and access to advocacy services had been requested. Arrangements were in place to manage people's medicines safely. Staff had received medicine administration training. We saw a risk management protocol had been drawn up by a healthcare professional to ensure the safe administration of an individual's medication. In discussions, the manager confirmed systems were in place to safeguard people's personal finances. This included maintaining written records for each person of all financial transactions. Arrangements are in place to safeguard individuals living at the service.

People are supported to maintain contact with their family, friends and the local community. Individual interests are recorded and people are given opportunities for stimulation through leisure and recreational activities. We found individuals had access to personal items of IT equipment for stimulation and relaxation. Residents regularly attend a local club where they can meet up with their friends. One resident was accompanied to the Principality stadium to see Wales play Italy. The person told us how much they enjoyed the experience. We found people are stimulated and their likes and interests are supported and relationships maintained.

3. Environment

Our findings

Residents live in a clean, comfortable and homely environment. Ty Hafod Tudor is a domestic style, two storey residence. The property provided sufficient space for people to spend time alone and/or with others. It provided a range of suitable furnishings and seating and displayed individual's artwork. The upstairs bathroom has been earmarked for an upgrade into a walk in shower to promote people's independence. In accordance with fire safety recommendations the staircase had been widened to accommodate a stair lift. All bedrooms were single occupancy, three of which had en-suite facilities. We spoke with a resident who told us how much they liked their bedroom, the way it was decorated and were proud of their possessions. There was a level lawned garden to the rear of the property where we were told people sit out in warmer weather and take part in barbecues. The layout of the property suits people's needs and promotes a sense of belonging.

The service provider needs to ensure risks to people's health and safety are identified and mitigated. We viewed a sample of maintenance certificates. We found the service had a valid employers' liability insurance. It was awarded a 5 star food standards agency rating which demonstrated the service has very good food standards. However; the services five yearly electrical certificate had expired in September 2019. We were told that an electrician was due to visit the service within the month. Given that the certificate had expired five months previously we proposed an electrician was contacted as a priority. Before the end of the inspection, we were assured the electrician was due to visit the property within the next few days and a copy of the electrical certificate would be supplied to CIW to demonstrate the property's safety. In addition, personal emergency evacuation plan's (PEEP) had not been completed for each individual. These are important as they set out how each person is supported in the event of a fire. Also, the service's fire risk assessment needed be reviewed to reflect the individual needs of residents. We were assured the information would be revised and supplied to CIW within the next two days. This information was supplied within the timescales. We found arrangements to promote and protect the health, safety and welfare of people living, working and visiting the service need to be more robustly monitored and adopted.

4. Leadership and Management

Our findings

People are aware of the lines of accountability at the service. The manager is visible, approachable and responds to concerns. They are knowledgeable of people's needs as they routinely provide hands on support and assistance. We were told the service had experienced a number of recent changes which had questioned its future sustainability. The service had stable residents for a number of years who have since passed away. We viewed the statement of purpose and found the information contained needs to reflect the present service. The document fails to set out the Welsh governments 'active offer' in relation to providing a service to those individuals whose first language is Welsh. In addition, the organisations policies need to be reviewed to ensure they are up to date. We were assured that the service's key documents are to be updated. We identified this as an area of improvement.

Staff are vetted and developed to perform their roles. We examined staff personnel files and found there were appropriate identity checks and full employment histories recorded. References and disclosure and barring service checks (DBS) were carried out for all staff prior to the commencement of their employment. We considered staff records in relation to supervision. In this context, supervision refers to a one-to-one meeting with a senior staff member to discuss any practice issues, support needs and development requirements. We noted that staff had not received regular supervision. In addition, staff meetings were not routinely conducted at the service. Whilst we acknowledge the staff team is small in number it is recognised that people benefit from a well supported staff team. We therefore recommended regular staff supervision as an area of improvement.

The responsible individual needs to ensure staff training and development fulfils the aims of the service and meets the changing needs of people using the service. We consider staff training records. One newly appointed staff member who was new to the care sector had completed Social Care induction training. The service provides its own induction for individuals who have achieved a recognised qualification in care. The service relies on IT training materials to refresh and update staff's knowledge. We discussed further staff training opportunities with the manager. We were told all staff were either working towards and/or achieved a recognised care qualification. The manager told us the service is looking to register all care workers with Social Care Wales. Staff used specific manual handling aids to assist individuals. An occupational therapist had provided instruction to staff on how to use one piece of equipment with an individual. Staff currently receive manual handling training from the managers. We proposed staff are trained in Manual Handling Passport training as endorsed by Social Care Wales to meet the needs of people residing at the service. People are supported by a staff team who are motivated to make a difference however; they need a variety of training opportunities and routine supervisions to update and refresh their skills.

There was a lack of systems in place to monitor the quality of service provided. We viewed an annual quality report for the service dated 2019. This included responses from a relative and healthcare professionals about the service. We asked for evidence that the RI had formally visited the service. No evidence was provided. The regulations expect the RI to visit the service on a three monthly basis. In addition, to review the quality of care and support on a six month basis and complete a report. The provider must ensure the arrangements for monitoring and reviewing the service meets regulatory requirements.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

This was the first inspection to the service under Regulation and Inspection of Social Care (Wales) Act 2016.

5.2 Areas of non compliance from this inspection

Areas where the service did not meet legal requirements of the Regulation and Inspection of Social Care Act (RISCA) 2016. The service does not meet regulatory requirements in relation to:

- The service was registered under RISCA in August 2018. There was no evidence that any formal visits to the service had been carried out by the RI since this time. The regulations expect the RI to visit the service on a three monthly basis. This is a breach of the regulations.
- The regulations expect the quality of care and support is reviewed and a report produced at least six monthly. We found a quality assurance report was compiled for the service dated 2019. The provider must ensure the arrangements for monitoring and reviewing the service meets regulatory requirements.

We did not issue non compliance notice/s in relation to either of the above deficits as there was no immediate or significant impact for people using the service. Action must be taken by the responsible individual to address each deficits as a priority.

5.3 Recommendations for improvement

Recommendations to improve the service and provide positive outcomes for people were noted which included:

- Individual Personal Emergency Evacuation Plan (PEEP)
- Staff training
- Staff supervision
- SOP
- Individual care plans need to reflect people's individual needs
- Policies

6. How we undertook this inspection

We visited the service on 5 February 2020 and carried out a post registration inspection.

The following regulations were considered as part of this inspection: The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

During the visit:

- We spoke with people living at the home and staff members. This included the manager and deputy manager
- We viewed two peoples' care documents, risk assessments and daily notes
- We viewed people's medication records
- We viewed the service's Statement of Purpose (SOP). The SOP sets out the vision for the service and demonstrates how, particularly through the levels of training of staff, and so on, the service will promote the best possible outcomes for the people they care for
- We viewed peoples' daily activities and routines
- We viewed three staffs individual personnel files which included training certificates, supervisions and appraisals
- We viewed a selection of maintenance certificates
- We made general observations of the environment.

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	Safe Haven Care Home and Lodges Ltd
Responsible Individual	Dafydd Edwards
Registered maximum number of places	5
Date of previous Care Inspectorate Wales inspection	This was the first inspection to the service under Regulation and Inspection of Social Care (Wales) Act 2016.
Dates of this Inspection visit(s)	05/02/2020
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service that does not provide an "Active Offer" of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people who use, or intend to use their service. We recommend that the service provider considers Welsh Government's "More than Just Words follow on strategic guidance for Welsh language in social care."
Additional Information:	

Date Published 23/03/2020

No noncompliance records found in Open status.