Description of the service

Hafan y Coed is a care home service located in Lluest on the outskirts of Aberystwyth. The town centre and local amenities are a short distance away. The accommodation is two adjoining houses rented from Mid Wales Housing. Hafan y Coed provides care for up to 7 people aged 18 and over. Within the grounds there are two other Livability residential care services Oakview and Brodawel.

The registered providers Livability are registered with Care Inspectorate Wales (CIW) as a charitable company. The nominated responsible individual (RI) on behalf of the company is Jane Percy. There is manager at the service who is registered with Social Care Wales (SCW) and manages the three services.

Summary of our findings

1. Overall assessment

Overall, care and support is provided at Hafan y Coed by a consistent, stable staff team. Staff provide good care and support that is planned with the individual, and includes access to support with health and social care. Activities are arranged dependent on individual choices and capabilities. Leadership at the home encourages staff to continue developing their skills and training to further improve the support provided. The manager demonstrated their knowledge of the people living at the home and their individual needs. The home is domestic in character and there is nothing to distinguish the home as a care home to the outside community thus preserving the dignity of people living there. Recommended areas of improvement are made as referred to within the relevant sections of this report.

2. Improvements

This was the first inspection following its re-registration under the Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016. Improvements made at the service will be considered at the next 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:

- Medication – we found numerous references to prescribed medication in individual’s documentation which could lead to medication administration errors.
- Health and safety - risk assessment regarding the use of disposable gloves and aprons should be produced.
• Statement of Purpose – the document does not have up to date information.
1. Well-being

Our findings

People feel respected as individuals and that their identity is recognised and valued. Staff provided good care and support that was planned with the individual, this included access to additional support for health care. There was a variety of activities which interested people and they could make choices about how they spent their time. People looked generally happy and we evidenced a good rapport between staff and people living at the service. Leadership at the home encouraged staff to continue developing their skills and training to support the people. Policies and procedures provided clear guidance for staff to understand their role and how they should provide care and support. We conclude that people receive good care and support, have the opportunity to stay healthy and active and do things that make them happy.

People have control over day to day matters. We saw the Statement of Purpose (SoP) contained information regarding the services provided. The manager operated an open door policy and spent time talking to people and staff. People were encouraged to be involved in creating their personal plans and the reviewing of their plans. People had choices available to them and were encouraged to take part in social and community activities. People have their individual identities and cultures recognised and are supported to maximise their physical health and well-being.

Policies and procedures are in place to ensure people are protected from abuse and neglect. We observed staff interacting with people and saw they treated individuals in a friendly manner. Staff records evidenced they had a valid Disclosure and Barring Service (DBS) record to ensure they are suitable for the role to enable them to carry out their duties safely. People are generally safe and protected from abuse and neglect.

People live in an environment that supports them to achieve their well-being. The home comprises of two adjoining properties with interlinking internal doors for access to all communal areas. The home was clean and furnished to a good standard. People told us they were happy living at the home. There were sufficient lounge and dining areas for people and staff to sit together, with bedrooms personalised to the individuals liking. People’s well-being is enhanced by having access to internal and external space.
2. Care and Support

Our findings

People are happy because they can do things that matter to them. We saw that support staff interacted with people in a friendly manner. We saw people were able to choose where and how they wished to spend their days. One person told us how they enjoyed music and were looking forward to the “dance afternoon” where they took on the responsibility of being the disc jockey (DJ). Another person told us how with support from staff they were able to care for their pet cat. We spoke briefly with a person who had returned from their volunteering work and told us how they enjoyed their work. We found through discussions with people and staff that people’s support plans were being followed. This indicates people are settled and comfortable with staff who know them well and give them consistent and continuous support.

People receive timely, appropriate, person centred care. We looked at the personal care plans of two people and found the plans included the assessed needs recorded in the social care assessment. The plans included sufficient detail about specific needs such as people’s likes, dislikes and what was important to the person. We saw evidence of regular reviews taking place with outcomes of these recorded, actioned and communicated to relevant persons involved in their support/lives. We found that personal plans were accessible to support staff who confirmed they had read and understood the support required to promote people’s well-being. This was further evidenced by staff signing to acknowledge they had read and understood the information provided. This indicates that staff have awareness of the individual needs of people using the service.

People using the service have access to professional services. Written information in personal care files showed people had access to various health and social care services whenever required. These included access to doctors, chiropodists, specialist nurses and social workers. This was evidenced by one person who told us they were going to see the chiropodist on the afternoon of the inspection. The outcome of any health appointment were clearly recorded with any action required to promote the persons health and well-being. We saw that in the event of an emergency admission to hospital, information was readily available to take with individuals by using the ‘Traffic Light Hospital Assessment’. This document had been developed for people with a learning disability which gave hospital staff up to date information including the needs and preferences of the person admitted. Peoples’ individual health needs are understood and anticipated as they have access to professional services for advice and support.

People are supported to fulfil their potential and do things that matter to them and make them happy. Personal plans had sufficient information for staff to meet the individual’s well-being, care and support needs on a day to day basis. This included the details of their care needs, their personal preferences and routines for how their needs would be met. Risk assessments were in place for care provision, in addition to specific risk assessments associated to individual social and physical activities. Staff told us how people were involved in their daily living skills including healthy living, shopping and preparing their own meals. Deprivation of Liberties Safeguards (DoLS) records were referenced in personal plans. DoLS is a process which ensures decisions which are made in the best interest of
people who lack capacity, are made within the correct legal process. Individuals are given ongoing support and encouragement to motivate or enable them to take part in daily life.

Arrangements are in place for medication to be stored and administered safely. The storage and administration of prescribed medications were conducted in line with the services policies and procedures. We conducted a medication audit and found that overall the service had safe systems for medication management. We looked at peoples’ medication administration records (MARs) and found these were completed correctly and contained no gaps. On looking at documentation a record was made of prescribed medication on individuals various documents including the pre assessment records, personal plans, emergency medical information and the hospital passport. Referring the reader to the MAR on any reference to medication on documentation would ensure the person was receiving the correct medication. None of the people living at the service self-medicate, however this would be considered following a capacity assessment. People are supported by staff to take prescribed medication however systems need to be strengthened to ensure medicines are managed in line with good practice.
3. Environment

Our findings

People who use the service are cared for in a safe, warm and well maintained environment. The home is set within a residential area and is not distinguished as a care home. We were shown around the home by one person who also showed us their bedroom which was personalised to their liking. A maintenance programme for refurbishment and redecoration was in place. People who use the service can feel valued because they are cared for in a comfortable, clean and personalised environment.

The service has systems in place to reduce risks to health and safety. People live in a generally safe environment, with safety and maintenance checks including electrical, fire safety, legionnaires and water temperatures. The property is owned by a housing association which conduct weekly checks on the fire alarm and emergency lighting systems. During the inspection of the premises we observed further action was required to reduce the risk of harm to people. We looked at food stocks and although chilled food stocks were low we were told the grocery and food shopping took place on Monday afternoons. Food we saw in one fridge was not dated when opened and some frozen foods were not appropriately stored. One freezer was also seen in need of attention due to thick ice forming on the interior. We found portable hand sanitisers located in bathrooms and disposable aprons and gloves were not locked away. These were shared with the manager who told us none of the residents were at risk of harm as a result of these issues and took prompt action to reduce risk of further similar incidents. Health and safety processes are in place but these could be strengthened to promote people’s well-being.

Security arrangements were in place which ensure individuals were safe and secure without compromising their rights, privacy and dignity. Care records and employee personnel records were kept securely. The home operates an open door policy but people are requested to make themselves known to staff and sign the visitor’s book on arrival and departure. This was verified on our arrival were we were requested to identify ourselves and sign the visitors book. People’s privacy and personal information is well protected including being confident they are safe from strangers entering the building.
4. Leadership and Management

Our findings

The service was clear about its aims and objectives. We viewed the SoP which provided information about the services available including reference to providing services in Welsh. None of the residents communicate in Welsh, however Livability literature is available in Welsh and the management would ensure Welsh speaking staff would be available to support the person if Welsh was their first language. The SoP requires updating regarding daily activities as the day services are no longer provided at the day centre located on site. Staffing information also requires updating. People have access to information about the services that are provided however requires reviewing and updating to reflect the current situation and facilities provided.

The management promotes good recruitment process and people benefit from a service where the well-being of staff is promoted. We looked at the records of one support staff member. Checks were completed including obtaining references from previous employers and checks from the Disclosure and Barring Service, (DBS), before support workers started work. Such records and checks help to safeguard people using the service. Staff told us they were supported by the manager and training was provided. We saw evidence in the staff training matrix that staff had received mandatory and specialist training. Certificates of training undertaken were retained in staff files to verify attendance. Training on first aid was taking place the week of the inspection. We spoke with a staff member who told us they had a full in depth induction programme and attended various training including complaints and safeguarding. They told us they were enrolled to commence the Quality Care Framework (QCF) training and said “They enjoyed their work” and “the manager was very supportive”. We looked at supervision records and found support staff development plans contained details of reflection of practice, well-being and areas of safeguarding, learning and development. This evidence shows staff are supported, supervised and receive training.

There is generally effective management of staff and resources. We discussed the management of the service and support provided to support staff. The manager Overseas the management of the three registered services on the site. The main office is located in Oakview with an office/sleep in room at Hafan y Coed. Arrangements were in place for the manager to attend each service during their working days. In addition to an open door policy the manager would also work alongside support staff if and when required to cover sick, annual leave and training days. Management, development and improvements to the service were also discussed through formal staff supervision sessions. Monthly team meetings take place where staff were encouraged to participate in discussions and share their views in relation to service provision. Policies and procedures were in place to safeguard both people and staff. The manager demonstrated her awareness of General Data Protection Regulations 2018 (GDPR) and we found confidential information retained on individual staff and people’s records were stored securely. We discussed the information on the notice board in the office as it displayed details regarding people’s health needs and appointments. The manager took prompt action by removing the information and referring staff to check daily diaries for people’s programme of social and health activities. The manager was supported by the regional manager and RI. We discussed the home’s quality review with the manager who told us the RI conducts regulatory visits as required. We were
provided with the recent quality review report, dated August 2019 which contained feedback from people, their relatives and staff regarding the services provided. People told us they could talk to the manager and staff and share their concerns and contribute to the development of the service. This shows that the management ensure people using the service and staff contribute to the development and improvement of the service.
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:

- Any record of medication prescribed to people should be signed and dated. A statement referring the reader to the current medication administration record (MAR) would reduce the risk of medication administration errors.
- The Statement of Purpose needs reviewing and amending to include up to date information in relation to services provided and staffing information.
- Policies and risk assessments should be in place to reduce the risk of people suffering from potential harm, these include portable hand sanitisers and disposable gloves and aprons.

6. How we undertook this inspection
This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the home on 9 September 2019 between 12:05 p.m. and 5:30 p.m.

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 met five people living at the home. We spoke with three people.
- We held discussions with the manager and spoke with one support worker.
- We looked at a wide range of records. We focussed on:
  - Two people’s personal care records;
  - Two staff records;
  - Health and safety records, including fire safety records;
  - Selection of policies and procedures.
- We reviewed the Statement of Purpose (SoP) and compared it with the service we observed. The SoP sets out the vision for 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 conducted a medication audit of the safe administration, recording and storage of medication.

CIW is 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. Further information can be found on our website:

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

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<tr>
<th>Type of care provided</th>
<th>Care Home Service</th>
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<td>Service Provider</td>
<td>Livability</td>
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<tr>
<td>Responsible Individual</td>
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<td>Registered maximum number of places</td>
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<td>This was the service’s first inspection following its re-registration under the Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016</td>
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<td>Operating Language of the service</td>
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<tr>
<td>Does this service provide the Welsh Language active offer?</td>
<td>The service is working towards the ‘Active Offer’ of the Welsh language.</td>
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Additional Information:
This is a service that is working towards the ‘Active Offer’ of the Welsh language. We recommend that the service provider considers Welsh Government’s ‘More Than Just Words follow on strategic guidance for Welsh language in social care’.

Date Published 08/11/2019