



Inspection Report on

Llys Hafren Care Home

**Severn Road
Welshpool
SY21 7AR**

Date Inspection Completed

22/10/2019

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Description of the service

Llys Hafren is a care home providing accommodation and personal care in Welshpool for up to 40 people. It provides a specialist dementia unit for up to 12 people. The registered provider with Care Inspectorate Wales, (CIW), is Shaw Healthcare Group Ltd who have nominated Jeremy Nixey to represent them as the responsible individual. There is a manager who has responsibility for the daily operation of the home and is registered with Social Care Wales, (SCW). The manager was not present during the inspection.

Summary of our findings

1. Overall assessment

People are provided with opportunities to socialise and are treated with respect and courtesy by staff. Care records are not consistently completed and do not evidence care and support provided. Staffing levels in the dementia unit require review to make sure people's needs can be met. Checks made by the provider do not always make sure staff are suitable before they start work. Measures are being put in place to ensure staff are provided with training and support. The environment provided is not in line with promises made in the statement of purpose or the guide to the home and requires updating and improvement. Measures are not in place to ensure the premises are of a suitable standard. People are not provided with information about the service.

2. Improvements

This is the first inspection since the service was registered with the current provider. This is also the first inspection under The Regulation and Inspection of Social Care (Wales) 2016.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service.

- Welsh Active Offer.
- Care planning and records.
- Premises.
- Information.
- Quality assurance.

1. Well-being

Summary

People have choice about their daily lives. People spoken with were satisfied with the service provided. Comments included, *"they work really hard"*, *"they do their best for us"*. Comments from a relative included, *"very good service"*. People told us they enjoyed the activities when they took place, but would like more opportunities available, including being able to go out of the home. Comments included, *"I would like more to be interested in"* and *"can't watch TV all the time I get crick in my neck"*, (because of the position of the TV in the main lounge). A notice about activities available in October, November and December was displayed. This included a Christmas fayre, visiting entertainers and a Christmas party. A senior member of staff told us other events took place including bingo, scrabble, cinema club and quizzes. We did not see any items around the home for people to pick up freely such as dolls, soft toys, or magazines. Rummage boxes with items of interest were not provided. This meant many people were sat disengaged and asleep except when directly spoken to by staff. The layout of the main lounge made it very difficult for people to engage with each other for anything other than short periods, with staff constantly passing in front of people's chairs. A TV was on constantly but people told us it was, *"very loud"* at one end of the room but, *"can't see or hear it, its irritating"*, midway further down the room. In the dementia unit, the wrong day of the week and date was displayed. People cannot be confident they will be provided with regular, day to day opportunities for socialisation and occupation.

People are generally offered a varied diet. People told us they liked the food served and staff were familiar with their likes and dislikes. Comments included, *"food's very nice, there's always choices"* and *"food's nice, always enough"*. The menu was displayed in the main dining room. We observed the lunchtime in the dementia unit. The menu was not displayed in a way people could easily access or understand. They were not offered a visual choice of both meals and staff told us the puree meal was only available for one of the two choices every day. People were not always offered appropriate and timely support, which led to people leaving the table, leaving food uneaten, and eating cold food because staff did not stay with the person consistently until they had finished eating their meal. Several staff spoken with in various area of the home told us they did not feel there was enough staff to meet people's needs in a timely way. We saw 'clean' cups delivered to areas of the home from the kitchen that were stained, which did not afford people dignity or respect. People in the dementia unit are not offered appropriate support at mealtimes.

People were supported to maintain their faith. We spoke with a visitor to the home from a local church. They told us they visited to spend time with people and provided services such as Holy Communion. People told us they were supported to continue with their religious faith if they wanted to and a person told us they enjoyed the visitors from the church. One person told us they had previously been learning Welsh with a member of staff

and wished this was still available. The guide to the home and statement of purpose, (SOP), did not include any information about how people's Welsh cultural and language needs would be met in line with the requirements of the Welsh Active Offer. The pre admission assessment did not include a prompt for staff to ask people about their Welsh cultural heritage and wishes. The signage in the home varied with some, but not all, bilingual. People's faith needs are respected but Welsh cultural needs are not always given priority.

2. Care and Support

Our findings

People were positive about staff and told us they felt well looked after by them. Comments included, *“can’t fault staff, they work very hard”*. Relatives spoken with were positive about the service. Comments included, *“always kept informed”*, *“very good communication”* and staff were described as, *“fantastic and very caring”* and good at paying *“attention to detail”* in relation to supporting people with their appearance. We saw the majority of staff were familiar with people’s needs and were able to anticipate them so care and support could be provided discreetly. However, we also noted a person told us, *“sometimes have to wait for staff, particularly in the mornings because they are short staffed”*. Staff were courteous and respectful but had positive and friendly relationships with people. The service did not have an ‘admission and commencement of service’ policy to provide staff with information and guidance about the admission process. People’s needs were assessed before they moved into the home but the pre admission document lacked detail. As noted in the Leadership and Management section people currently moving into the home are not provided with information to enable them to make an informed decision. Staff are currently using care records from the previous and current provider. We found both sets of records were often out of date and did not reflect people’s current circumstances or needs. Personal plans were not always in place for example, when people needed additional support with eating and drinking to avoid weight loss, in relation to the use of anti-psychotic medication, mental health and some records lacked specific detail and guidance for staff. Personal plans did not include details of why Deprivation of Liberty Safeguards, (DoLS), had been applied for, if they were in place, and what this meant. We could not evidence from records checked, that personal plans were developed with the person and based on a person centred ‘what matters to me’ approach. People spoken with knew staff, *“write things down”* but none could recall being asked how they wanted care and support to be delivered, asked their views of the service or offered a copy of their personal plan. Staff told us they did not have time or enough support with changing to the current providers’ documentation. People cannot be confident they will always receive the right care at the right time.

People generally have access to appropriate healthcare. Records showed people were supported to access healthcare such as opticians, district nurses and chiropody whenever necessary. We found medicines were stored securely and administered and recorded in line with good practice. Care records showed several people had lost weight over a period of time but there was no evidence the loss was appropriate, or that medical advice had been sought. Personal plans and risk assessments had not always been updated to reflect the weight loss. In the dementia unit, a healthcare professional arrived during mealtime, which staff confirmed was not unusual. We saw a person rush to finish their meal so they did not keep the professional waiting. We also saw healthcare professionals arrive in the dining room as people were finishing their meals, but still sat at the table. Healthcare professionals spoke with people, with other residents present, offering them a flu jab. Flu

jabs were given to people who agreed in the communal area which did not afford them privacy and dignity and staff appeared unaware this was inappropriate. Improvements are needed to ensure people have prompt access to healthcare in a way that ensures their right to dignity and privacy.

3. Environment

Our findings

People live in a home that generally meets their needs. People spoken with told us they liked their rooms and staff, *“always keep them nice and clean”*. A person told us, *“this is my home now”*. Two relatives commented the home was, *“always tidy”* and *“always clean”*. The home was clean and tidy, although there were some areas that smelt unpleasant including communal bathrooms and the lift. We saw the majority of rooms were personalised to reflect individual’s tastes and styles. People were able to bring in personal belongings within space constraints. The guide to the service incorrectly stated the accommodation provided en suite facilities for every room in the home, when only one room was en suite. The guide and the statement of purpose, (SOP), also stated everyone would be provided with a lockable bedside cabinet and a key to their bedroom. Staff were unable to confirm this had been provided. People spoken with told us they did not have a key to their private room and were unable to tell us if this had ever been offered. We saw the majority of bedroom doors in one corridor were left open and could be accessed by other people compromising people’s right to privacy, dignity and respect. In the dementia unit, memory boxes containing objects were outside bedroom doors but not people’s names or photographs to promote independence. The layout of the main lounge, the majority of chairs along a straight wall, made it difficult for people to both speak to each other and watch the TV that was at one end of the lounge. We saw many areas of the home were ‘tired’ and worn. The majority of the furniture was worn and chairs were institutional in style and some double glazing was ‘blown’. We noted some toilets were stained and could not be cleaned and in one communal bathroom, paper towels were not provided for people or staff to dry their hands. The window in the laundry was rotten and the paint on the ceiling flaking. We received two questionnaires from staff. Comments about what could be improved included, *“decorating, painting everywhere”*, *“new carpet in staff room (shameful)”* and *“better staff facilities’ i.e. lockers that lock”*. The record of the visit undertaken by the responsible individual in October 2019 noted the premises were, ‘old and in need of modernisation’ and some rooms, ‘seemed really small’. Records reviewed did not include any evidence of checks to make sure people’s needs could be met within the size of the rooms before they moved in or if their needs increased. The blankets used in the majority of rooms were ‘hospital style’ and not homely. We saw a difference in the standard of living and decoration between different areas, meaning people were not all provided with the same quality of service. In the dementia unit, we saw nails in the corridor walls that could be easily removed, dirty walls and paintwork that needed attention. Staff notices were displayed in communal toilets and bathrooms detracting from a homely atmosphere. This was discussed with the person in charge. One bedroom had heavily stained flooring. The staff area was in very poor condition with a heavily stained carpet, and worn and poor condition chairs. Notices were posted on the inside of the staff toilet door reminding staff to complete training courses. The fire risk assessment had been completed by the previous provider in April 2018. It identified nine issues that needed to be addressed with some

noted as 'ongoing' and five others needing to be addressed by July 2018. There was no evidence on the day of the visit that these issues had been addressed. Following the inspection the manager assured us all issues had been resolved. Improvements are needed to provide a suitable and adequate standard of living.

Health and safety measures were generally in place. Records showed the water system had been checked in September 2019. However, there was no evidence issues identified, including four determined as high, had been addressed. In the laundry, we saw the same sink was used for laundry and hand washing which was inappropriate and an infection control risk. In a communal bathroom, there were gaps between the skirting board and floor behind a toilet and seals were not always watertight around sinks. Improvements are needed in health and safety procedures.

4. Leadership and Management

Our findings

Accurate and relevant information is not provided about the service. A guide to the service was displayed but this was written by the previous provider and no longer relevant. A senior member of staff told us they did not have any information about the service published by the current provider they could give out to people considering moving in. We were later given a guide dated October 2019 produced by the current provider but this had not been made available to current or prospective residents. The guide did not contain accurate information about the service provided as detailed in the environment section of this report. A SOP was in the office but this was stamped 'not for circulation' so staff were not providing people or relatives with copies. The SOP also contained inaccurate information about the facilities offered. Both documents contained information about how to raise a concern or complaint. People spoken with, and two relatives, knew how to raise concerns and were confident they would be listened to and taken seriously. Comments included, "*I would talk to XX (the person in temporary charge)*" and "*can tell the staff anything, they always listen*". The complaints record did not include any complaints. However, the audit undertaken by the provider showed two complaints had been received so we could not check if the correct process had been followed. People cannot be confident they will be provided with accurate information about the service so they can make an informed decision.

Measures are not always in place to ensure staff are suitable before they start work. We checked the recruitment records of two staff. Records included an application form and record of interview. Completed application forms did not always include specific details such as the dates of employment, and one person had started work two weeks before a reference had been received and 10 weeks before a second reference had been received. We could not evidence a satisfactory Disclosure and Barring Service check had been received. The second record contained more information but neither record included a recent photo of the staff member. The provider employment history record referred to English, not Welsh regulatory legislation. People cannot be confident recruitment checks make sure staff are suitable.

Measures are in place to ensure staff are provided with training and support. A senior member of staff told us information about the training completed by staff was not available from the previous provider. A training programme had been set up and staff confirmed they were encouraged and supported to attend training. Staff spoken with told us they felt very well supported by the senior member of staff in temporary charge of the home who was described as, "*approachable*", "*great, very supportive*" and "*very good*". Staff told us staff morale had recently improved, staff worked, "*together as a team now*", "*team work excellently together to provide a very caring service*" and "*everything's much better now*". Responses in staff questionnaires noted staff did not feel supported by the manager. Records showed not all staff had been provided with formal supervision or checks of their

competency. Records also showed new staff were not always subject to probationary period checks and three staff had not been provided with any checks or supervision since May 2019. A senior member of staff evidenced they had set up a system to address this and once supervisions were up to date, all staff would be provided with an appraisal of their performance. People are supported by a dedicated staff team who feel well supported in their roles by the person in charge.

Measures were in place to check the quality of the service but this requires improvement. A whistle blowing policy gave staff information about how to raise concerns within and outside the service. A policy and procedure was in place to provide information to staff about how to keep people safe. A residents and relatives meeting was held in July 2019 to explain to people the change to a new provider. We saw RI visits were not carried out in line with the legal requirements of at least once every three months. There were currently four people overseeing this role on a temporary basis. We saw a written record of a visit by an acting RI that took place on 1 October 2019 in which they spoke to staff and visitors. The report had been shared with a senior member of staff but it was brief and did not evidence the person had spoken to anyone living at the home. Audits of the environment, medicines management or care records had not been undertaken in June, July or August 2019. A senior member of staff provided evidence of checks made during September and October of medication management and the environment. The audit document did not contain a section to detail any issues found or record any action taken. A monthly record was made of accident and incidents but they did not include details of any action taken, for example, updating records or considering measures to reduce further occurrence. Staff meetings had taken place in June 2019 and a team leader meeting in October 2019. We could not evidence meetings for all staff took place as required, although plans were in place by the senior member of staff to address this. People benefit from a service that has some quality assurance systems in place to assess the service but more support is needed for management and staff to implement changes effectively.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

This is the first inspection since the service was registered with the current provider.

5.2 Areas of non-compliance found within this inspection

None.

5.3 Recommendations for improvement

- Documentation used in the service must refer to the registered provider.
- A policy should be developed to provide information to staff about how the service will meet the requirements of the Welsh active offer.
- Improvements are needed to ensure care is delivered, including at meal times, in a person centred and dementia friendly way.
- People must be asked how they want their care and support to be delivered and involved in reviews. They must be offered a copy of their personal plan.
- Care records must be up to date and reflective of peoples current circumstances. Staff should receive further support to manage the change over from the old to the new personal plans and associated documentation.
- Consideration should be given to ensuring people are provided with opportunities for stimulation and occupation in line with their preferences and abilities.
- People must be offered a lockable facility and key to their private room in line with promises made in the statement of purpose and guide to the home.
- A plan must be in place to ensure the facilities are adequately maintained. The furniture and fittings must be in adequate condition and should be homely in style. Consideration should be given to layout of the main lounge to provide a homely environment that enables and encourages people to interact and communicate. All areas of the home should offer the same standard of living.
- A separate hand-washing sink should be provided in the laundry.
- Evidence must be provided that fire safety issues identified in April 2018 have been addressed. The fire risk assessment must be relevant to the current provider.
- An 'admission and commencement of service' policy must be developed.
- The statement of purpose must be readily available to people using, or considering using the service. It must accurately reflect the service provided, for example the environment.
- The guide to the service must be readily available to people using, or considering using the service. The guide must accurately reflect the service and facilities provided, for example that people are not provided with en suite accommodation.
- Staff meetings should take place at least six times a year.
- All staff must complete necessary training.
- Significant improvements are needed in staff recruitment processes

- All staff must be provided with formal supervision of their practice in line with the required frequency.
- Improvements are needed to the quality assurance process. Audits should include a record of issues identified, how they are to be addressed, and within what timescale.
- Records must be kept in the home of all complaints received.
- The responsible individual must visit the home in line with the required frequency.

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 care home on 21 October 2019 between 8:45 a.m. and 17.20 p.m. and an announced visit on 22 October 2019 between 9:00 a.m. and 13:15 p.m.

The following regulations were considered as a part of this inspection:

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

The following methods were used:

- We spoke with six people living in the care home, two relatives, a visitor, the person in charge on the day of the visit, a senior member of the organisation and six members of staff
- We looked at a wide range of records. These included staff recruitment and training records, policies and procedures and six care records.
- We reviewed the Statement of Purpose and compared it with the service we observed. The SOP sets out the vision for the service and demonstrates how the service will promote the best possible outcomes for the people they care for.
- We reviewed the guide to the home.
- We used the Short Observational Framework for Inspection, (SOFI2). The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- We toured the premises.
- We reviewed how medicines were managed.
- We reviewed information held by CIW about the service.

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	Shaw Healthcare (Group) Limited
Responsible Individual	Jeremy Nixey
Registered maximum number of places	40
Date of previous Care Inspectorate Wales inspection	This is the first visit since the registration of the current provider and the first under the Regulation and Inspection of Social Care (Wales) 2016.
Dates of this Inspection visit(s)	21/10/2019 & 22/10/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	The provider is working towards implementing the “active offer” of the Welsh language as required under the Welsh Government’s Strategy “More than just words 2016-2019”.
Additional Information:	

Date Published 10/01/2020