

# Hafod Care Organisation Limited

# Hafod Nursing Home

## Inspection report

9-11 Anchorage Road  
Sutton Coldfield  
West Midlands  
B74 2PR  
Tel: 0121 354 5607  
hafodltd@aol.com

Date of inspection visit: 5 & 6 November 2014  
Date of publication: 30/03/2015

## Ratings

### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



## Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 and 6 November 2014 and was unannounced.

Hafod provides nursing care for 29 people who require nursing care. There was a registered manager in post at

the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were not always supported safely when equipment was used such as a hoist. Risk assessments were in place so staff had the information to assist people

# Summary of findings

safely, However staff did not always following instructions so people were not always transferred safely. This resulted in a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Regulation 9 You can see what action we told the provider to take at the back of the full version of this report.

The manager told us some people lacked the capacity to make some decision about their care however no formal assessments had been made to establish what abilities people did have to make specific decisions when they needed to. The manager told us that although she was aware of the MCA she was unsure of the procedure to take. The manager had not updated her knowledge in relation to the MCA so application had not been made to ensure people's rights were protected. This resulted in a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 18 2010. Regulation.

We observed staff caring for people and this showed that staff were kind and compassionate and listened to people.

We saw that people's dignity was not always maintained because some staff were not always discreet when assisting people.

People told us they felt safe and staff were kind. People knew who they could talk to if they were concerned. People told us that they felt confident they were listened to and taken seriously.

Staff were recruited safely so that only suitable people were recruited to work in the home.

People's health care needs were met because they were supported to see healthcare professionals when needed and they received their medicine as prescribed.

People had equipment to support them and were encouraged to be as independent as possible.

We saw that systems were in place to monitor and check the quality of care provided. However these systems were not always used effectively so people were supported safely at all times.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Although people told us that they felt safe we found that people were not always supported to move safely by staff and people were placed at risk of injury.

People received their medication safely and as prescribed.

**Requires Improvement**



### Is the service effective?

The service was not always effective.

People were supported by staff who received training and supervision to help support them to meet peoples identified needs.

People were supported to have sufficient to eat and drink and their health needs were appropriately supported.

People rights were not always protected because people's ability to make decision had not been assessed so decision could be made in their best interest.

**Requires Improvement**



### Is the service caring?

The service was caring.

People told us they were treated well by staff and we saw that people were relaxed in the presence of staff.

People were supported to express their views and to make decisions about their support needs to enable them to be as independent as possible.

**Good**



### Is the service responsive?

The service was responsive.

People's needs were assessed and planned, so that they received care that was personalised and individual to them.

People were able to comment on their experience of using the service and were confident that they could speak with staff if they had any concerns and that they would be listened to.

**Good**



### Is the service well-led?

The service was not always well-led.

Systems for monitoring the quality of the service and how this was delivered by staff were not effective to ensure safe practices at all times.

The service gathered people views about the service provided, but information was not analysed so improvement could be made where required.

**Requires Improvement**



# Hafod Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection took place on 5 and 6 November 2014 and was unannounced. The inspection team consisted of one inspector and a specialist advisor. A specialist advisor is a person who specialises in specific areas. For this inspection the relevant area was 'nursing care'. Before our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

We also asked the provider to provide additional information in the form of a Provider Information Return (PIR). This is a form that asks the provider to give some key

information about the service, what the service does well and improvements they plan to make. The PIR was returned to us and we have used some of the information the provider told us about in the report.

We spoke with six people who lived there, ten care staff, two nurses, five relatives, two visiting professionals, the deputy and registered managers. We looked at the care records of four people. Other records looked at included two staff recruitment files, staff planner, complaints and safeguarding records. Following our visit we spoke with Birmingham City Council Commissioners, who commission and monitor the service provided to some people that live there.

We observed how people were cared for by using a Short Observational framework for inspection (SOFI). SOFI is a way of observing people's care to help us understand the experiences of people who could not talk to us. By gathering this information, speaking to people and observing the care people received this enabled us to understand how people were involved in their care and the service provided to people.

# Is the service safe?

## Our findings

We observed that staff did not always support people safely when they used a hoist to move them. We saw two staff use an underarm moving technique which has a high potential risk to cause injury to the person. We observed that the same size sling was used for the 11 people who needed assistance with a hoist. We looked at the risk assessments of four of these people and saw that they all required a different sling to the one staff had used. This placed people at the potential risk of harm. The manager told us that staff all staff had been trained in manual handling. Staff spoken with confirmed this. This meant that although risk assessments were in place these were ineffective in minimising risks as these were not being followed by staff. This resulted in a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Regulation 9

People spoken with told us that they felt safe with the staff that cared for them. Relatives spoken with told us that they had no concerns about the safety or welfare of their relatives and felt confident speaking with staff if they had any concern. One relative told us I have had issues in the past but they were resolved when I informed the manager. One person told us, "I don't think staff are unkind, they are pleasant and help us here." Another person told us, "I feel safe, staff are fab, and they are kind and cheerful help when we need it. "I think they look after us well."

Staff spoken with told us that they had completed training in recognising and reporting potential abuse. Staff spoken with told us that they would report any concerns if they witnessed something that might cause harm to people living there. All staff spoken with told us they had never witnessed any ill treatment of people in the home. Staff were aware of the whistle blowing policy and knew how to report issues of concern. Whistle blowing means that staff can report issues of concern and their identity is protected. Records we hold and those seen during our visit showed

that the provider had told us about any safeguarding incidents and had taken the appropriate action to ensure people were kept safe. This showed that systems were in place to support staff to keep people safe from abuse.

People and relatives spoken with told us that they felt that there was enough staff to meet people's needs. People who could tell us their views said that there was enough staff to provide the support they needed. One person told us, "Well they are there when you call anyway so I think there is enough". We observed that people did not have to wait when they called staff. Staff told us they felt that there was enough staff to meet people's needs. One staff member told us, "The manager usually covers if we are short." A professional visitor to the home said, told us they did not have concerns about staffing levels there are always staff around." The manager told us, staffing levels depend on people's care needs and increase if required. This meant that actions were taken to ensure that there are enough staff to meet peoples care needs.

Staff spoken with told us that a number of employment checks were carried out before they started to work at the home including a police check and references to assess their conduct in their previous employment. Records confirmed that appropriate checks were made to ensure staff were suitable to work in the home.

People told us that staff gave them their medication when they needed it. Staff confirmed that regular checks were completed to monitor that people had received their medication as prescribed by their doctor. Staff told us that only the nursing staff gave medication to people. We observed the medication round and we saw that people were supported to take their medication with appropriate drinks and nurses told people what their medication was for. We looked at medication administration records [MAR]. All medication administration records had been correctly signed; each person's photograph was attached, in order to ensure that the correct drugs were given to the right person. Any allergies were noted on these sheets this meant people received their medication safely and as prescribed and any risk were minimised.

# Is the service effective?

## Our findings

Staff spoken with told us that they had received training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards. (DoLS) The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The DoLS provide a legal framework around the deprivation of liberty so people's rights are protected. Staff told us they had received training in this area.

The manager told us that all the people living there could make some day to day decisions about their care. For example, where they sat, what they wore. Staff told us that they always asked people what they would like help with. One staff member told us, "We do give choices and involve them as much as possible so they make the decision." The manager told us some people lacked the capacity to make some decision about their care. We saw that one person was unable to move from a recliner chair without assistance from staff. We saw that people were not able to freely go out of the building because of a locked doors and some people had bedrails. However the impact for those people had not been considered as a restriction of their liberty and the registered manager confirmed that no applications for Deprivation of liberty safeguards (DoLS) had been made. The manager had not updated her knowledge in relation to the MCA/ DoLS so application had not been made to ensure people's rights were protected. This resulted in a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulation 18 2010.

All the people we spoke with felt staff were trained. One person told us, they (staff) seem to know what they are doing." Another person told us, "I know they (staff) have some training here, and I am happy with what they do for me." All the staff spoken with was aware of their roles and responsibilities and told us they had received training to help them provide safe care. For example, only nurses administered medicines. Staff told us they had received training in several areas so they could meet people's care

needs. Records seen confirmed there were ongoing plans to ensure that staff received the training they needed to keep their skills and knowledge up to date. All the staff spoken with told us that they had received supervision on a regular basis and meetings were held to discuss practices in the home. This showed that staff were aware of their roles and responsibilities and were supported to meet people's needs.

People told us that they enjoyed their meals and we saw that meals were well presented. People told us that they had a choice of meals and could ask for something different if they wanted. Staff spoken with knew about people's dietary needs and they were able to explain what people liked and disliked and how they ensured people's individual needs were met. We observed the lunch time meal and we saw that staff who supported people were caring and encouraged people to eat their meals. People's specialist dietary needs were met. For example, soft diets were available for people who needed them. Records showed where needed people were referred to the dietician and speech and language therapists to assess their swallowing abilities so that their needs could be met safely. Staff told us and we saw that there were two sittings for meals so that people who needed assistance with their meals were supported in a relaxed way. One staff member told us that this enabled staff to give time to each person so there were no distractions. We saw that staff supported people at a pace suitable to each person's needs. This meant that people received support to meet their nutritional needs.

People spoken with told us that they saw the GP when needed and during our visit we observed the handover from the nurse to a paramedic who had been called for a person whose health had rapidly deteriorated. The paramedics were confident that the relevant information had been passed to them. We saw that the provider worked in cooperation with the community tissue viability nurse in planning the care for people with pressure sores. A visiting professional told us that the home worked closely with GPs, and other health and social care professionals. This ensured people's health care need was met.

# Is the service caring?

## Our findings

People who were able to tell us said staff was kind. One person told us, "I think staff are very good they help all of us, I think they are very patient with the people who have dementia because it can be hard for them to understand what staff are trying to do." We observed staff speaking with people in a kind and friendly way. We saw people responded well when staff spoke with them. People spoken with told us that staff assisted them when needed. One person told us, "When staff help me it is always done with regards to my preference. I can say if I want a male staff or female staff to assist me." This showed that staff understood people's preferences about who cared for them and where possible ensured the person's preference was made available.

We spent some time in communal areas observing the care provided to people and interactions with staff. We saw that staff were respectful and spoke with people kindly and in a way that ensured people could understand. Staff spoken with knew the people they cared for. One staff member told us, "We gain information about people from their relatives if they are unable to tell us about their past so we can understand the persons history and important details about them." Staff told us that information was available in

people's care plans for them to refer to so that they had the information needed to meet people's needs. One staff member told us that it was the first time they had worked in a nursing home and felt that they had enough support to do the job well. They told us that other staff supported her and the manager and nurses were always there to ask for guidance if she did not know about a person's care needs." This meant that staff are supported to meet the needs of people living there.

People spoken with told us that staff respected their privacy. One person told us, "The staff make sure I am covered up when they help me in a morning and always shut my door. Staff spoken with were knowledgeable about how to promote people's privacy and dignity but this was not always practiced when supporting people. For example we saw some staff were discreet when asking people if they wanted to go to the toilet. Other staff were heard telling other staff in front of [the person name] that they wanted to go to the toilet across the room so all the people in the lounge area knew about this personal request. The individual was not able to tell us how this made them feel. Another person told us, sometimes this happens, not all the time but sometimes." This showed that there was some variation in the way staff interacted with people and promoted people's dignity.

# Is the service responsive?

## Our findings

People who lived there told us staff helped them when they needed help but also enabled them to be more independent by doing things for them self. One person told us, They [staff] know how I like things done so they just do it. I don't have to keep repeating myself, unless I want something different. I like the routine". The manager told us everyone was involved in their care. People told us and we observed people were involved in their care as much as possible. We looked at the care records of two people. We saw that they had an assessment of their needs as well as a plan of care. A visiting professional told us, I think that the care plans reflect people's care needs. The people I see always have the information in the care plan which I feel are quite personal to them. This meant care was provided on an individualised basis. We saw that staff involved people when assisting people with their care and gave people the opportunity to say what they wanted. A staff member told us, "We always make sure we ask people what they would like help with in relation to their care.

One person told us that they were asked about their hobbies and interest and made some suggestions for activities they might enjoy. People told us they were involved in activities within the home and during our visit we saw some people had their nails painted and one person told us that they enjoyed this as this relaxed them.

We spoke with the activity person who told us, "People's Individual interests are recorded. Some people like to sit and chat. Some people like to make things and others liked films. We also have external activities when the weather is warm, or people come in to entertain. It depends on what people what to do." We saw when suggestion were made to some people they declined and this was respected. Records showed individual interest had been noted and information was available to say what people had participated in. This showed that people individual likes and preference in relation to hobbies and interest where supported.

People and relatives spoken with told us they were given information on how to make a complaint and we saw that there was information displayed in the home about who to contact if they wanted to make a complaint. This outlined the procedure to follow, contact details, timeframe for how and when the complaint would be responded to and information of where people could go to if they were not happy with the outcome. Records confirmed that complaints had been investigated and outcomes relayed to the complainant. One person told us, I have nothing to complain about." Another person told us, "I have made a complaint and this was dealt with, I was happy with what the manager did and it's not happened since so I feel this was resolved. This showed that people were able to make a complaint and felt assured that they would be listened to.

# Is the service well-led?

## Our findings

People told us they knew who the manager was. We observed that people spoke with the manager and staff without hesitation and the door to the office was kept open so people could speak with the manager at any time. A visiting professional told us that the service sought guidance and support and maintained strong links with other healthcare professional so people health care need were met.

People spoken with told us that they were asked about their care by staff which included any suggestion to improve the service. One relative told us that they were invited to meetings so they could give their views on the service provided. One person told us that they filled in questionnaire about the service provided with the support from staff. Another person told us they did not know if any suggestions made had been done.” Staff told us that they had meeting so they could say what would improve the service for people. One staff member told us, We make suggestion and although these are written down, we don’t hear about them after.” This meant that although monitoring systems were in place to gather the views of people so improvement could be made and promote a positive open culture the systems were not used effectively.

There was a registered manager in post and there had been no changes of managers since our last inspection. The

registered manager was aware of her roles and responsibilities in reporting events that may have an impact on the health and welfare of people living there and we had received them as required. We saw that all incidents and accidents were recorded and that changes were made to plans of care and risk assessments to take account of incidents. This meant preventive measure could be taken to minimise the risks of future accident.

The manager told us that all staff practices were monitored reviewed and further training provided when needed. Staff confirmed that training had been provided in various different subjects including manual handling. However on the first day of our visit we brought to the attention of the manager that during our observation we saw some manual handling practices by staff that could potential cause harm to people. The manager spoke with staff about our concerns. On the second day of our visit staff continued to place people at risk of injury by continuing with the practices that had previously been brought to the manager attention. We informed the manager who told us that she would speak with staff again. Following our visit we received concerns from an independent person informing us about their concerns when staff assisted people using a hoist. This meant the systems in place to monitor the delivery of care were not effective to ensure all care practices were delivered safely at all times to prevent potential injury to people.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services

**The provider must ensure that people are protected against the risk of receiving unsafe care by monitoring staff practice.**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment

**The provider must ensure where any restrictions apply that the appropriate assessments have been carried out to ensure any restrictions are in the person best interest.**