Hafod Care Organisation Limited

Hafod Nursing Home

Inspection report

9-11 Anchorage Road
Sutton Coldfield
West Midlands
B74 2PR

Tel: 01213545607

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 30 June and 1 July 2016 and was an unannounced comprehensive rating inspection. The location was last inspected on 5 and 6 November 2014 and was rated as Requires Improvement. During the inspection the provider was found to be in Breach of; 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.

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.

During this latest inspection we could see that all issues relating to these breaches had been addressed and rectified.

HAFOD Nursing Home is a registered care home providing accommodation and nursing care for up to 29 people. At the time of our inspection there were 27 people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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.

The provider failed to protect people's confidential data and records.

Management systems to audit, assess and monitor the quality of the service provided were ineffective to ensure that people were benefitting from a service that was continually developing.

People were safe and secure. Relatives believed their family members were kept safe. Risks to people had been assessed and managed appropriately.

Staff had been recruited appropriately and had received relevant training so that they were able to support people with their individual needs. People safely received their medicines as prescribed to them.

Staff sought people's consent before providing care and support. Staff understood when the legal requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) should be followed.

People had a variety of food, drinks and snacks available throughout the day. They were able to choose the meals that they preferred to eat and meal times were flexible to meet people's needs.

People were supported to stay healthy and had access to health care professionals as required. They were treated with kindness and compassion and there was positive communication and interaction between staff and the people living at the location. Staff were aware of the signs that would indicate a person was unhappy and knew what action to take to support people effectively.

People's right to privacy were upheld by staff that treated them with dignity and respect. People's choices and independence was respected and promoted and staff responded appropriately to people's support needs.

People received care from staff that knew them well and benefitted from opportunities to take part in activities that they enjoyed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from the risk of harm and abuse because the provider had effective systems in place and staff were aware of the processes they needed to follow.

Risks to people was appropriately assessed and recorded to support their safety and well-being.

People were supported by adequate numbers of staff on duty so that their needs were met.

People received their prescribed medicines as and when required.

Is the service effective?

Good

The service was effective.

People's needs were met because staff had effective skills and knowledge to meet these needs.

People's rights were protected because staff understood the legal principles to ensure that people were not unlawfully restricted and received care in line with their best interests.

People were supported with their nutritional needs.

People were supported to stay healthy.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People were supported by staff that were caring and knew them well.

People's dignity, privacy and independence were promoted and maintained as much as reasonably possible.

Is the service responsive?

Good

The service was responsive.

People were supported to engage in activities that they enjoyed.

People's needs and preferences were assessed to ensure that their needs
would be met in their preferred way.

People were well supported to maintain relationships with people who were important to them.

Complaints procedures were in place for people and relatives to voice their
concerns. Staff understood when people were unhappy so that they could respond appropriately.

Is the service well-led?

Requires Improvement

The service was not well led.

Quality and assurance systems were ineffective.

People's records were handled inappropriately.

Relatives felt the management team was approachable and responsive to their requests.

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 is 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.

This inspection took place on 30 June and 1 July 2016 and was unannounced. The membership of the inspection team comprised of an inspector.

When planning 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. Before the inspection contacted the NHS commissioning service for any relevant information they may have to support our inspection; we also looked at the Health Watch website, which also provides information on care homes.

During our inspection we spent time with many of the people living at the location. Some of the people living at the home had limited verbal communication and were not always able to tell us how they found living at the location. Therefore, as part of our inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us and we also observed how staff supported people throughout the inspection to help us understand peoples' experience of living at the home.

We spoke with four people, three relatives, three staff members and the registered manager. We looked at the care records of three people, staff files of three staff members as well as the medicine management processes, and records that were maintained by the home about recruitment and staff training. We also looked at records relating to the management of the service and a selection of the service's policies and procedures to check people received a quality service.

Good

Is the service safe?

Our findings

At our last inspection in November 2014, the location was rated as 'Requires Improvement' for risk assessment and manual handling, specifically regarding lifting techniques and the use of hoists. During this inspection we observed staff using the correct techniques when moving and transferring people. The appropriate hoist slings were being used, in line with people's care plans, and foot rests were secured in place on wheelchairs. We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. Staff told us that risk assessments were completed on admission, and every six months after that, although they were vigilant in identifying any daily concerns that may arise. A member of staff we spoke with told us, "The manager and deputy do people's risk assessments, but if we [staff] notice anything, we let them know. For example, [person's name] is at risk of falls, so we check if he tries to stand up and anticipate what could happen". They continued to explain how risk assessments are based on people's history and that the staff ensured there were enough of them around to support if needed. We saw that the provider carried out regular risk assessments which involved the person, their family and staff. We saw that risk assessments were updated regularly in care plans. Any changes that were required to maintain a person's safety were discussed and recorded during shift handovers.

A person we spoke with told us they felt safe in the home and we saw that people looked relaxed in the company of staff. A person we spoke with said, "I can talk to the staff if I'm worried. I can talk to [manager's name] she's very good". Another person we spoke with told us, "They [staff] never upset me". A relative we spoke with told us that they were very happy with the care their family member received and that they felt they were looked after safely. We saw that the provider had processes in place to support staff with information if they had concerns about people's safety. Staff we spoke with told us that they received regular training in keeping people safe from abuse and could recognise the different types of abuse. A staff member we spoke with gave us an example of how they would recognise if someone was being physically abused; "I'd notice if they were emotionally 'down' maybe flinching in the company of certain people, or any unusual bruises or marks". Another staff member explained to us that they would report any concerns over a person's safety to the manager. We saw that the manager had a history of raising safeguarding concerns appropriately.

The provider had emergency procedures in place to support people in the event of a fire. Staff were able to explain how they followed these in practice to ensure that people were kept safe from potential harm. A member of staff told us, "There are four fire exits and we make sure that all exits are clear". We saw that fire extinguishers had been checked and maintained.

Everyone we spoke with felt there was sufficient staff working at the home to meet people's needs and protect people from the risk of harm or abuse. The provider had systems in place to ensure that there were enough staff on duty, with the appropriate skills and knowledge, to care for people safely. We observed that there were enough staff available to respond to people's needs and that they were attentive when support was requested. A relative told us, "There always seems plenty of them [staff] around to help". A staff member we spoke with said, "Yes, there's enough staff and we have others that come in to cover if we need them". Another staff member told us, "There's no stress, there's enough staff, we're a good team". The

provider had processes in place to ensure that people were continually supported by staff that knew them well and maintained consistency of care.

The provider had a recruitment policy in place and staff told us that they had completed a range of checks before they started work. Staff we spoke with told us that the provider had recruited them appropriately and that references and DBS checks had been completed. Records we looked at showed that this included references and checks made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.

People and relatives we spoke with told us they had no concerns with the administration of medicines. A person we spoke with told us, They [staff] get me my medicines when they should". We saw that the provider had systems in place to ensure that medicines were managed appropriately. This included how medicines were received, stored, recorded and returned when necessary. We saw that daily records were maintained by staff showing when people had received their medicines as prescribed. Staff told us that they could recognise when people were in pain or discomfort and when medicines were needed on an 'as required' basis (PRN). We saw that the provider had a PRN protocol in place to support people when they required medicines on an 'as required' basis.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
At our last inspection in November 2014, Hafod Nursing Home was rated as 'Requires Improvement' as the manager had not updated their knowledge of Deprivation of Liberty Safeguards (DoLS) and appropriate applications for people using the service had not been put in place. During this inspection we saw the provider had made applications for some of the people using the service to the Statutory Body to authorise the restrictions placed upon them. The provider had acted in accordance with the legislation and people's rights were protected. We saw that people moved freely around the home. We saw that staff had received Mental Capacity Act training and understood what was meant by depriving someone of their liberty.

We saw that not all of the people who lived at the home had the mental capacity to make informed choices and decisions about some aspects of their lives. Throughout the inspection we saw staff cared for people in a way that involved people in making some choices and decisions about their care and support. Staff told us that they understood about acting in a person's best interest and how they would support people to make informed decisions. Staff understood the importance of gaining a person's consent before supporting their care needs. A staff member told us about the importance of gaining consent, "You don't just do things straight away in case you shock them [people using the service]". A person we spoke with told us, "They [staff] talk to me whilst showering; they ask if I'm okay with things". During our visit we observed staff asking for people's consent, examples being; when people were being transferred from their lounge chair to a wheelchair, or if they needed support at meal times.
We saw that staff had received appropriate training and had the skills they required in order to meet people's needs. A person we spoke with told us, "Staff are very well trained". A relative we spoke with said, "They [staff] appear to be well trained, they know what they're doing". The provider had systems in place to monitor and review staff learning and development to ensure that they were skilled and knowledgeable to provide good care and support. Staff we spoke with told us that they felt they were provided with the appropriate training to support people effectively. A staff member told us, "We have more than enough training, now it's more about the practicalities and application. I ask a lot of questions, to learn". Another staff member told us that they had received a variety of training which included Dementia awareness and moving and handling. Staff told us that they had received induction training when they started, which included observation and training from senior staff. We saw that the manager responded to requests made by staff. The manager told us, "Staff alert me if they need upskilling and we pick things up during handovers. We use DVD's a lot, they're handy if we need to refresh".

We found that not all of the people living at the location were able to verbally express their needs; however, from our observations we could see that staff knew how to support people. A member of staff we spoke with

told us, "Sometimes it's hard to communicate. You have to get to know their [people using the service] communication needs. We [staff] use visual aids or write things down". Another staff member explained how they checked peoples' care plans for information regarding the best communication techniques to use. Throughout our time at Hafod Nursing Home we saw good interaction between people and staff.

Staff told us they had supervision to support their development. A staff member we spoke with said, "We have supervision every two to three months, I had one last week". Another staff member said, "We've been a bit busy, so it's [supervision] a bit behind at the moment, but [manager's name] is very helpful, she solves things". The manager told us how they were trying to increase the regularity of supervision for staff through delegation, "We've done some in the last couple of months, the difficulty is time. One of the nurses is doing care staff at the moment". Staff told us, and we saw that the manager was accessible and that staff freely approached the manager for support, guidance and advice when needed.

Staff were knowledgeable about supporting people whose behaviour might become challenging to manage in order to keep people safe. One member of staff gave us an example of how they supported a person. They told us, "Try to calm them [person using the service] down. Don't be confrontational". They went on to explain how they referred to people's care plans to identify people's possible behaviour triggers. We saw that people's care plans had information of the types of triggers that might result in them becoming unsettled and presenting with behaviours that are described as challenging. People's care plans also showed staff how they were to support the individual at this time.

People and relatives we spoke with told us they were happy with the food at the home. A person we spoke with told us, "The food's nice, I have a salad in the evening. There's a choice of two meals at dinner and tea time. We can have drinks whenever we want them". Another person said, "The foods quite good". A third person told us, "I get drinks if I ask, but I prefer to have my own in my room". A relative we spoke with said, "The food seems okay". A staff member we spoke with told us, "There's a different menu for every day and we cook different food depending on their [person using the service] likes and dislikes". They continued, "There's always more if they [person using the service] want it. [Person's name] likes double portions". Another staff member said, "People are asked the day before about what they want to eat. The cook checks to make sure they have an accurate list". People appeared to be enjoying their food and we saw some of them asking for extra helpings, which staff provided them with. We saw that people were given a choice of what they would like to eat. We saw that there was a good selection of food available and observed that people had access to food and drink whenever they wanted throughout the day.

Staff we spoke with were able to tell us about people's nutritional needs and knew what food people liked and disliked. We saw that there was involvement from health care professionals where required and staff monitored people's food intake. A person we spoke with said. "I'm diabetic, and they [provider] control my diet. I get sugar free yoghurts, they're quite nice". A staff member told us how they monitor and record people's weight to ensure that their health care is supported. Another staff member explained how they supported people's nutritional needs; "We have food supplements for some people who need extra support. In the summer we give more fluids to hydrate people".

People and relatives we spoke with told us that their family member's health needs were being met. A person we spoke with told us about an appointment they were attending in the next few days, they told us "They're [provider] good at booking my appointments". Another person told us, "The doctor and optician pop in and I see them when I should". A relative told us, "We're kept up to speed with anything regarding her [family member's] health". We saw from care records that people were supported to access a variety of health and social care professionals. For example, psychiatrists, dentists, opticians and GP's, as required, so that their health care needs were met and monitored regularly.

Good

Is the service caring?

Our findings

We saw that the atmosphere at the home was warm and welcoming. From our observations we could see that people enjoyed the company of staff and looked relaxed in their presence. There was light hearted interaction and we saw that staff were attentive and had a kind and caring approach towards people. A person said to us, "I absolutely love it, it's a wonderful place". Another person we spoke with explained how they had decided to come to Hafod Nursing Home based upon how well they had cared for a relative in the past. A third person we spoke with said, "It's nice here, the staff are lovely". A relative we spoke with said, "They [staff] look after her [family member] really well, they're nice people". They continued, "They're really good here and we're [relatives] happy with how she's being taken care of". A staff member told us, "It's like looking after my own mom, I love them [people using the service] with all my heart".

We saw that the provider supported people to express their views so that they were involved in making decisions on how their care was delivered. We saw that people and relatives were involved in developing care plans that were personalised and contained detailed information about how they would support people's needs. A person we spoke with told us, "Whatever I ask for, I get". Another person said, "My daughter's involved with my care plan". A relative of a person who had just recently moved in to the home told us, "We haven't had any meetings yet, other than the initial care meeting, but we can talk to [manager's name] whenever we want". Staff we spoke with told us how they spoke to people and checked their care plans to understand people's care and support needs. This provided a consistent understanding of what people wanted. We saw that care plans were regularly reviewed and updated when people's needs changed.

Information was available about independent advocacy services and we saw that some people had been supported by an advocate. Advocates are people who are independent and support people to make and communicate their views and wishes. The provider had supported people to access advocacy to ensure they could fully express their views.

We saw that people were supported to make decisions about what they did, where they went and what they liked to do. A person we spoke with told us, "They [staff] listen to me, if I want a shower they take me". A staff member told us, "I like to give people options, for example [person's name] likes to choose her own clothes in the morning".

Staff we spoke to explained to us the importance of ensuring that people's rights to confidentiality were maintained. Staff we spoke with told us how they would not discuss anything they were told in confidence unless a person's safety was compromised, in which case they would alert the manager. During our inspection we saw that staff were respectful of people's confidentiality and did not discuss their individual issues.

Staff we spoke with and observations we made showed us that people were treated with dignity and respect. One member of staff we spoke with explained to us how they promoted people's privacy and dignity within the home. They said, "We cover them [person using the service] when giving personal care, we

use shower curtains and towels". A person we spoke with said, "Whatever I want, I get. They [staff] respect me". We saw signs on people's room doors which informed others when they were receiving personal care and not to enter. We saw staff knocking on people's doors and asking permission before entering.

Everyone we spoke with told us there were no restrictions on visiting times. A person we spoke with told us, "I've been here a long time and my family pop in quite often, when they like". We saw visitors coming and going throughout the day, choosing where around the home they preferred to speak to their relative.

Staff told us how they supported people to be as independent as possible. A person we spoke with told us, "I'm very independent, I go to the bathroom on my own". During our time speaking with this person, they halted our discussion at one point to go to the bathroom on their own. A member of staff we spoke with said, "We [staff] encourage people to do their own personal care and feed themselves". From our observations at meal times we could see that most people ate their meals independently.

Good

Is the service responsive?

Our findings

Relatives we spoke with said they knew how to complain if they needed to and would have no concerns in raising any issues with the management team. A person we spoke with told us; "I've go no complaints, but sometimes the foods cold, not often. I talk to [manager's name] or the carers and they sort it out ". Relatives told us that they knew the complaints procedure and how to escalate any concerns if they needed to. We found that the provider had a procedure in place for recording complaints in the event of one being raised, however they were not always recorded.

We saw that staff knew people well and were focussed on providing person centred care. We saw that people were encouraged to make as many decisions about their support as was practicable. A person we spoke with told us, "My care and support needs are met the way I like it". Relatives we spoke with told us they were all involved with their family member's care reviews and were in regular contact with the home about people's care and support needs. We saw records of care planning meetings involved people and their relatives. We saw detailed, personalised care plans that identified how people liked to receive their care.

We saw that staff were responsive to people's individual care and support. We observed staff responding to people's needs promptly when required throughout the day. A person we spoke with told us how they alert staff to their care needs when they are in their room, "I pull the cord and they [staff] get here pretty quick".

Throughout our inspection we saw that people had things to do that they found interesting. They were engaged in activities that they found enjoyable and were supported to maintain their hobbies and interests. We saw a person knitting, others were reading or chatting with other people and visitors, some were watching TV. We observed a member of staff polishing a person's finger nails and others were visiting the hair dresser. We saw that care plans included information about hobbies and interests that people liked to do. A person we spoke with told us, "I like to listen to the radio and read magazines. They [people using the service] do some activities but I don't take part. I don't like bingo and skittles". Another person told us, "We play bingo, skittles and bean bag throwing, I like the activities". A third person said, "Every day's different here, it's never boring". A member of staff told us, "We join in with their [people using the service] exercise classes, and some like singing".

We saw that the provider held regular family meetings to share information however relatives attended infrequently. Relatives we spoke with told us that they could contact the manager at any time for information about their family member. A relative we spoke with told us that they had received surveys in the past. The manager explained to us that all surveys and questionnaires were returned to the provider's head office and they were informed if there were any issues which needed to be addressed. The manager told us, "We send out a newsletter with invoices and put posters up around the home". They explained that although surveys and questionnaires were sent out to relatives, very few were returned.

Requires Improvement

Is the service well-led?

Our findings

We saw that quality assurance and audit systems were in place for monitoring the service provision at the location although they were not consistently documented. For example; the provider had templates to document feedback, i.e., complaints, people's views and staff training updates, however some of these records had not been updated since 2014. The manager told us that they were continually talking informally to people, relatives and staff to monitor the quality of service being provided to identify any areas for improvement. However the lack for recorded data highlighted that monitoring processes were ineffective and did not allow the provider to identify any trends or recurring themes in order to improve the service.

We observed that Hafod nursing home was not maintained to a good standard. A relative we spoke with told us that they had been waiting for two days for someone to repair the curtain in their family member's bedroom. During our time with this relative and their family member the maintenance person arrived to fix the curtain. We saw a smoke alarm cover was broken, there were weeds growing through the roof of a conservatory which was used as a dining room.
Information gathered from the NHS CCG Commissioning Team had highlighted that the owner had shown little investment in maintaining the home. The manager informed us that the owner had provision in place to refurbish the location although they were not aware of the precise details and time frame. The manager explained that the owner had asked for a list of refurbishment requests and that she was in the process of compiling it. The manager also told us, "There's scaffolding going up on Monday to repair the windows".

We discussed with the manager their lack of internet access at the location, the manager told us, "We do feel isolated at times, it would be useful to access resources and information regarding health and social care issues. We've asked for it [internet access] but there's no sign of it happening anytime soon". The manager told us that any research via the internet was done on her own time from home. Information gathered from the NHS CCG Commissioning Team had identified issues relating to internet access and the manager not being provided with the appropriate resources to carry out her job effectively.

We observed that people's care documents were not handled appropriately by staff. Documents were left on the main hallway table, where they were accessible for any one visiting the location to pick up and read; these included; People's daily records, weigh charts, fluid charts and the staff communication book. We discussed this with the manager who accepted that a better system was required to ensure that people's information was protected during periods when staff were using their files.

We saw that the provider supported staff and that the staff were clear about their roles and responsibilities. We saw evidence from house meetings that people and staff were involved in how the home was run. We saw that there was a good relationship between the manager, people using the service and staff. Staff told us that they felt confident about raising any issues or concerns with the manager at staff meetings.

A staff member we spoke with said, "The manager's very approachable, the nurses too, they're very helpful". Staff told us they were happy with the way the home was managed, one staff member told us, "I'm happy

with how it's [location] managed. It's so nice working here all the staff are so friendly". Staff we spoke with told us that they felt that they were listened to and valued by the manager. A staff member told us, "I think I feel valued? They [management] compliment me for my work. It's very nice to receive compliments". A person we spoke with said, "The staff seem happy here".

Staff told us that they understood the whistle blowing policy and how to escalate concerns if they needed to, via their management team, the local authority, or CQC. Prior to our visit there had been no whistle blowing notifications raised at the home. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about: malpractice, risk (for example, to a person's safety), wrong-doing or some form of illegality. The individual is usually raising the concern because it is in the public interest. That is, it affects others, the general public or the organisation itself.

At the time of our inspection there was a registered manager in post and this meant that the conditions of registration for the service were being met. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law.