

Hafod Care Organisation Limited

# Hafod Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Hafod Nursing Home is a care home providing personal and nursing care to 22 people aged 65 and over at the time of the inspection. The service can support up to 29 people.

### People's experience of using this service and what we found

People's views were mixed about staffing levels. Our observations were staff were available to meet peoples' needs and they did not have to wait to receive their care. staff used personal protective equipment when required. Although there was a system in place to ensure individual slings were used for manual handling, not all staff were following this system. People told us they felt safe and staff knew how to recognise signs of abuse and how to report them. People received their medicines safely. Some care records had not been updated in a timely manner to mitigate against risk. Accidents and incidents were recorded and appropriate action taken.

People were not supported to have maximum choice and control of their live and staff did not always support them in the least restrictive way possible and in their best interests; and the policies and systems in the service did not support this practice. Staff had received training, but this wasn't always effective and some training to update skills, was not available to all staff. The environment was being re-decorated to improve the environment and people were positive about this change.

The provider's systems did not always support the service to be fully caring. People received care and support that respected their dignity and privacy. People and relatives were positive about the caring nature of staff. Relatives were made to feel welcome in the home at any time.

People told us they were not always involved in reviews of their care but we saw evidence relatives were. Improvements were needed so person centred activities were on offer for people to engage in. Complaints were responded to in a timely manner and people's end of life wishes were recorded and respected.

The service did not have a registered manager in post. A clinical lead had been recently appointed and staff were positive about the improvements they had made. The systems in place to monitor the quality and safety of the service were in place but were not consistent. People were unclear about who was in charge but felt able to raise concerns if needed.

### Rating at last inspection and update

The last rating for this service was requires improvement (published 25 July 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

You can see what action we have asked the provider to take at the end of this full report.

### Why we inspected

This was a planned inspection based on the previous rating.

### Enforcement

We have identified breaches in relation to regulation 11 consent to care and regulation 17 good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Hafod Nursing Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector, a specialist advisor with experience of nursing and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Hafod Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. There was a clinical lead in post who managed the day to day running of the service.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and clinical commissioning group who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and six relatives about their experience of the care provided. We spoke with ten members of staff including the provider, clinical lead, nurse, senior care workers, care workers, domestic staff and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and several medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including checks and audits. We spoke to two professionals who were visiting the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We asked for further information about two people's care records to ensure they had been updated.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as 'Requires Improvement'. At this inspection this key question remains the same. This meant some aspects of the service were not always safe and there were limited assurances about safety. There was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health and safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- We found one person's care records had not been updated to reflect their nutritional needs. They were receiving a soft diet as a precautionary measure. Although the records in the kitchen had been updated the care plan had not. We saw this person had a meal which included a food to be avoided on a soft diet. The staff member supporting was unclear about what food they should be having. This placed the person at increased risk of unsafe care and demonstrated the kitchen's staff knowledge required improvement. Following the inspection and specialist assessment the clinical lead sent the updated care plan.
- People told us they received their medicines as prescribed. One person told us, "Yes I take medication. They wait until I have taken them." Records we reviewed supported this view.
- Concerns were raised at the last inspection in relation to records for transdermal patch medicines. A transdermal patch is a medicated adhesive patch that is placed on the skin to deliver a specific dose of medicine through the skin and into the bloodstream. We checked the records and found improvements in this area and no further concerns.
- Where medicines were given "as and when" required there was guidance in place, so this would be administered consistently.
- Records showed prescribed creams had been administered but body maps had not been completed to show where. Staff knew where to apply creams and the clinical lead updated the records during the inspection.
- Records to monitor risks were in place, for example people at risk of sore skin had a treatment plan in place and records were completed to show when the person needed repositioning.
- People who were cared for in bed had access to a call bell and fall sensor equipment was used to alert staff of people at risk of falls and reduce risk.
- Records showed checks were carried out on the building to ensure people were kept safe. This included water temperature, window restrictor and checks on equipment used. Staff confirmed regular fire drills were carried out and fire equipment had been serviced.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received training on how to safeguard people and could describe the different types of abuse and how to report concerns. A staff member told us, "I would report to my line manager and document it. If no action I would report it to the local authority and CQC."
- People told us they felt safe. One person told us, "Oh yes definitely, the staff make me feel safe."
- The provider had effective systems in place to safeguard people. We saw these had been followed when staff had identified potential abuse to people and the provider had taken appropriate action in response to this.

## Staffing and recruitment

At our last inspection we found improvements were needed to how staff were deployed. At this inspection we saw improvements were made.

- People and relatives had mixed views on staffing. One person told us, "There are staff around if I press my call bell, they come immediately," another person said, "No there are not enough staff, a lot of agency staff."
  - The provider had a staff dependency tool in place which took into account individual people's needs and number of staff required to meet them, this was reflected in staff rotas. Staff told us they could meet people's needs, one staff member told us there were, "Good staffing levels. We look at residents as a whole."
  - Our observations were people did not have to wait for long periods to get their physical needs met.
  - Agency staff were used on a regular basis and shadowed more experienced staff to ensure the correct care was given. The provider was in the process of recruiting more permanent staff to address this.
  - The clinical lead had increased the consistency of agency staff used by forging links with one care agency.
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- Staff had been recruited safely. We saw evidence of Disclosure and Barring Service (DBS) checks and two references being sought before staff were appointed.

## Preventing and controlling infection

- At the last inspection we found improvements were needed to ensure manual handling equipment such as slings were clean and used for individuals. We checked this at this inspection and although we saw slings were not stained we observed an occasion where staff did not use the person's own sling and told us some slings were for communal use. This was not in line with the providers' own system to ensure good infection control. Following the inspection, the clinical lead sent an auditing tool to monitor this.
- Domestic staff were in place and a cleaning schedule was followed to ensure the home was clean and free from infection.
- People and relatives told us the home was clean. Comments included, "Yes lovely and clean," and "Very clean and hygienic."
- We saw staff using personal protective equipment when needed.

## Learning lessons when things go wrong

- Accidents and incidents were recorded and action taken to reduce risks. As a result of an accident increased observations had been put in place and referral to the appropriate health professional.
- Some staff told us they did not have time to read the care plans however staff could describe the care people needed to keep safe and advised handover was used to share information. The clinical lead was putting a shorter care plan in place called 'About me' which was a concise record of people's needs. Staff were positive about this change.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as 'Requires Improvement.' At this inspection this key question remains the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to ensure the service had worked within the requirements of the Mental Capacity Act 2005. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 11.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Mental capacity assessments had been completed but there was only one assessment for several different decisions which included skin care, medication, hoisting and personal care. The assessments lacked sufficient detail to evidence how the person had been involved and how each different decision had been assessed.
- Appropriate DoLS applications had been made to the Local Authority and there were no approved DoLS at the time of inspection. Staff's knowledge about DoLS was unclear, one staff member told us they didn't deal with DoLS and another said they had heard of it but couldn't remember what it meant. Staff we spoke with were not sure which people had DoLS applications and what this would mean in terms of the support they gave people. This increased the risk of people having their liberty restricted.
- People were at risk of having their liberty restricted without the principles of the MCA being followed. For example, one person's care plan identified that on occasions they may refuse to be supported with their personal care needs. There was no decision specific capacity assessment or best interest decision to guide staff how best to support this person. The care plan stated that three staff members may need to support the person with their personal care needs. Less restrictive options had not been considered to provide

necessary care and support.

- For some key decisions there were no MCA assessments or best interest decision in place for people who lacked capacity. For example, when someone who used bed rails or when consenting to sharing a bedroom.
- We were shown a training matrix which indicated additional training on MCA and DoLs had been identified for nurses. After inspection we received clarification this would be offered to all care staff.

We found the principles of the MCA were not being followed and people were at risk of having their liberty restricted. This was a continued breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The clinical lead shared decision specific capacity assessments they were working towards putting in place.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider carried out an initial assessment prior to admission to ensure they could meet people's needs.
- We saw care plans contained information about how people liked their care to be delivered.

Staff support: induction, training, skills and experience

- We saw evidence staff had received training on manual handling and we saw some good practice. However, on one occasion a staff member used a toilet sling to hoist someone in the lounge. When questioned about this they advised some people didn't want to use a full sling. No conversations were had with the person prior to the hoisting about the sling used and other staff confirmed this was not good practice.
- Staff had received training, but this wasn't always effective. Some staff could not recall training they had completed for example, for MCA and challenging behaviour.
- People told us staff were skilled and knew how to support them. One person told us, "I am confident the staff know how to support me."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff told us lunchtimes were busy and one staff member felt better organisation was required. We saw people were seated for up to 25 minutes before their meal arrived and one staff member supporting two people with eating in their rooms. One person had to wait, which increased the risk of their food going cold.
- People and relatives were happy with the food provided. On relative told us, "They were not eating at the last place but is eating here," and a person told us, "The food is good."
- People were offered a choice of food and we saw people who did not eat their food being brought an alternative. Snacks and drinks were given to people throughout the day.

Adapting service, design, decoration to meet people's needs

- At the last inspection it had been identified improvements were needed to ensure the environment was adapted for people living with dementia. This still required improvement as there was inconsistent signage and signs used were small. We recommend the provider consider best practice guidance in relation to adapting the environment further to meet people's needs.
- The home was undergoing some re decoration and a new dining room floor was being fitted. The provider told us there were further plans to replace carpets and paint the outside of the building.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Appropriate referrals were made to healthcare professionals. A health care professional told us the service

were, "Trying to explore all avenues" for a person and had referred appropriately.

- A daily handover meeting was held with staff to share updates about people's needs and any important information that needed to be shared. Staff told us they found this useful.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as 'Requires Improvement'. At this inspection this key question has remained the same. This meant although we received positive feedback about the caring attitude of individual staff, the providers systems did not always support the service to be fully caring. This can be demonstrated by the concerns found in other areas of the report.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff were kind and caring. One person told us, "They are very kind the girls," another said, "Yes they treat me well, everybody is happy,"
- We observed kind and caring interactions. When a person was becoming anxious, staff supported them in a kind and calm way, re-assuring them and giving them choices about what they wanted to do.
- People were supported to meet their religious needs. One person told us, "The vicar comes and talks to me."
- We saw many visitors to the home and relatives told us they were welcomed and could visit at any time.

Respecting and promoting people's privacy, dignity and independence

- On one occasion we saw a person's dignity was compromised. We observed on both days of the inspection they had food on their clothing and this had not been picked up by staff. From our observations this appeared to be a one off and people and relatives told us they were supported in a dignified way. A relative told us, "Yes they respect her dignity. They shut the door when washing her."
- People and relatives told us they were treated with dignity and respect. One person told us, "Yes they respect my privacy, when I have visitors they don't hang about."
- Staff told us for people in shared rooms they used curtains and room dividers to ensure people's privacy was maintained. We observed this equipment in use.
- People told us their independence was encouraged by staff. One person told us, "Yes they encourage me to be independent. They let me do what I can for myself."

Supporting people to express their views and be involved in making decisions about their care

- Some people told us they could not recall being involved in reviews of their care. There was no evidence in the care records we viewed of people's involvement although we did see relatives were consulted. This meant that people did not always have an active voice in decisions about their care.
- People told us they made choices about their care. One adult told us, "I have a shower. I can have a bath if I want, when I want."
- We observed one person liked to keep their room locked. Staff asked for permission to go into the room so it could be cleaned.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as 'Requires Improvement'. At this inspection this key question has now remained the same. This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Our last inspection found opportunities for people to be engaged and stimulated were limited. The provider told us they planned to introduce activity plans for people and introduce staff training around activities. We did not find evidence of this and further improvements were required.
- Staff told us the activity co-coordinator was off work and there needed to be more activities for people. One staff member told us, "Activities need to change to be increased," and another said, "We go around and play cards but there could be more."
- During the inspection we observed people sitting and looking around with no stimulation for periods of the day. We did observe some activities, we saw a staff member reading a book to a person, playing a board game with someone and another involving people in a game of cards. However, this was inconsistent and we could not see evidence of how people who were cared for in their bedrooms were involved in activities.
- People and relatives told us there were activities on offer they could take part in. One person told us, "Fitness class, I enjoy it," however they also said, "Yes, I get bored". A relative said, "They have animals come in. They go out in the garden. There are singers that come in." We did not see any of these activities whilst we there or any plan of activities. The clinical lead told us activities were offered and a local school visited. They were putting an activity folder in place to evidence this.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We did not see evidence in care records of people being involved in care plan reviews and some people said they were not involved. One person told us, "No they have not involved me in making decisions about my care." We saw evidence relatives were involved and contacted regularly.
- We saw personalised information on people's care records, for example, for one person it was important they had a paper every day. We saw this choice was followed.
- Staff demonstrated a good understanding of people's individual preferences and people and relatives confirmed this.

End of life care and support

- Staff told us they hadn't received training about End of Life care, although training was being implemented.
- We saw people had end of life care plans which included their wishes and preferences, including consideration of religion.
- A staff member explained how they had sensitively supported someone with their wishes at the end of their life.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The clinical lead was aware of the AIS. There was an easy read guide to complaints available, although this was kept in the office and only shared with people when they wanted to make a complaint. There were plans in place to introduce the menu in a picture format to assist people to make choices.
- People had a communication plan in their care records which gave staff guidance on how to enhance people's communication and give them choices.

### Improving care quality in response to complaints or concerns

- The provider had a complaints process in place and complaints had been responded to in a timely manner.
- People and relatives knew how to complain one person told us, "Yes I know how to complain. Yes I have made a complaint and it was sorted straight away."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as 'Requires Improvement'. At this inspection this key question has now remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risk and regulatory requirements

At our last inspection the provider had failed to ensure there were effective governance systems in place to identify concerns and drive timely improvements. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 17

- Systems and processes to assess if information was up to date were in place but not working effectively. Audits undertaken had failed to identify the issues we found on inspection. This included inconsistent information about a person's dietary needs.
- Systems had not addressed the issue of mental capacity assessments not being decision specific and in line with the principles of the MCA.
- There were no effective systems to ensure people were involved in the reviewing of their care plans.
- Systems had failed to consistently identify gaps in staff knowledge. Training to update skills had been put in place however documents we saw on inspection, indicated some key training was not available to care staff, for example MCA and DoLs and End of Life Care. Following inspection it has been clarified this training will be offered to all care staff.
- The system in place to ensure infection control guidance was followed by staff in relation to using individual slings for people was ineffective.
- Systems had failed to identify equipment such as hoists were stored in a room with a fire exit. This increased the risk of the fire exit being inaccessible. We discussed this with the clinical lead they advised they would ensure the fire exit remained clear and look into changing the purpose of this room.

There were insufficient systems in place to monitor and improve the quality of the service. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Organisations registered with CQC have a legal obligation to tell us about certain events at the home, so we can take any follow up action needed. Whilst the provider had informed us of some events, we identified

two events which should have resulted in a notification but which had not been completed, one of a serious injury and one in relation to the lift not working.

This was a breach of Regulation 18: Notification of other incidents (Registration) Regulations 2009.

- At the time of the inspection there had been no registered manager in post for over a year. The provider told us the clinical lead would be registering as the registered manager. This application was not in process at the time of the inspection.

This was a breach in the conditions of registration, Section 33 of the Health and Social Care Act 2008.

- It is a legal requirement the overall rating from our last inspection is displayed within the service and on the provider's website. While the provider did not have a website we saw the inspection report was displayed within the home.
- Staff spoke positively about the clinical lead one staff told us, "[Clinical lead] is a good driver, they are pushing standards up."

Working in partnership with others

- The service made appropriate referrals to social workers and health professionals to ensure people received the appropriate care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had carried out a recent survey with people to gain their views. However, we received mixed responses about people's involvement. One person told us, ""Yes I have been asked to give feedback" whilst another said, "No, never asked any questions about the home".
- The provider's complaints policy advised people could make comments "via relatives and service user meetings." We spoke to the clinical lead who advised there had not been a residents meeting for a few months but they planned to organise one.
- Most people we spoke with did not know who the manager was and the service user guide and registration certificate on display showed the previous manager's details. People did tell us they would approach a senior member of staff if they wanted to discuss a concern and felt able to do this.
- Staff told us they felt supported in their role and found the clinical lead approachable and fair.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The management team was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.
- The clinical lead had arranged an appointment with their GP practice to discuss and enhance their joint working.
- Staff told us the monitoring charts for people had been put onto one sheet, which had improved recording. We saw these charts were filled in comprehensively.



This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	We found the principles of the MCA were not being followed and people were at risk of having their liberty restricted.

### The enforcement action we took:

Issued warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	There were insufficient systems in place to monitor and improve the quality of the service.

### The enforcement action we took:

Warning notice issued