Hafod Care Organisation Limited

Hafod Residential Home

Inspection report

14 Anchorage Road
Sutton Coldfield
West Midlands
B74 2PR

Tel: 01213556639

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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 6 and 7 September 2016 and was an unannounced comprehensive rating inspection. The location was last inspected in March 2014 and was rated as meeting all the standards.

Hafod Residential Home is a registered care home providing accommodation and personal care for up to 16 older people. At the time of our inspection 15 people living at the home.

There was an acting manager in post and the owner had submitted an application to become the registered manager. 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.

Staff did not always complete risk assessment documents correctly, to ensure effective monitoring.

People were safe and secure. Relatives believed their family members were kept safe.

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.

People's rights to privacy were upheld by staff that treated them with dignity and respect. People's choices and independence were respected and promoted. 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 provider regularly consulted with stakeholders to identify how the quality of the service could be developed.

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 staff were aware of how to keep people safe.

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 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.

People were treated with kindness and respect.

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.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People's risk assessment audits were not always recorded correctly.

People and relatives were consulted on the quality of the service provided.

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

Staff were supported and guided by the management team.

Hafod Residential 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 6 and 7 September 2016 and was unannounced. The membership of the inspection team comprised of one 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, the provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the services does well and improvements they plan to make. We also contacted the NHS and Local Authority commissioning services for any relevant information they may have to support our inspection and we looked at the Health Watch website, which also provides information on care homes.

We spoke with four people, one relative, one visiting social worker, two staff members, the acting manager and the provider. We looked at the care records of three people, three staff files as well as the medicine management processes, and records that were maintained by the provider 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

We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people. A person we spoke with told us, "I feel pretty safe, no concerns really". A relative gave us an example of how the provider addressed an identified risk around the home, "We [relative and provider] discussed the issue of some of the stones in the garden, being a bit of a risk to her [person using the service] tripping, but they [provider] sorted it out". A member of staff we spoke with said, "Risk assessments are done monthly by [manager's name], we [staff] also discuss things during [shift] handovers". Another staff member told us, "We're always keeping an eye on them [people using the service], looking for hazards and things that might be a risk". We saw that the provider carried out regular risk assessments which involved the person, their family and staff.

People we spoke with told us they felt safe in the home and we saw that people looked relaxed and at ease in the company of staff. One person we spoke with said, "Yes, I feel safe enough, they [staff] treat me well". Another person told us "I've got no worries, it's lovely here. The staff are lovely, I haven't got a bad word to say about them and they've never upset me". 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 on keeping people safe from abuse and avoidable harm, and could recognise the different types of abuse. A staff member we spoke with gave us an example of different types of abuse and how they would recognise some of the signs and symptoms. They told us, "If someone had bruises or marks that couldn't be explained. If they acted out of character, withdrawn, I'd think something was wrong and I'd speak to the manager". Staff we spoke with knew the procedure for reporting any concerns regarding people's safety.

People we spoke with told us, and records we looked at showed, that there were sufficient members of staff available at all times. People also felt that there were sufficient staff working at the home to meet people's needs and keep people free from risk of harm or abuse. A person we spoke with told us, "There's plenty of them [staff] around if I need anything". Another person told us, "There always seems to be enough of them [staff] around. They're a bit rushed at times but that's understandable". A staff member told us, "There's ample staff around and [manager's name] is usually here". Another staff member we spoke with said, "There's generally enough staff around". We saw that the provider had processes in place to ensure that staff shifts could be covered in the event of a member of staff being unable to work due to ill health. They also had systems in place to ensure that there were enough members of staff on duty, with the appropriate skills and knowledge, to ensure that people were cared for safely. The manager told us, and we saw, that staff had designated teams to work with and could identify well in advance when their shift patterns were.

The provider had emergency procedures in place to support people in the event of an emergency, such as a fire for example, and 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 explained to us, "The fire alarm sounds, we call 999 and evacuate the building. There are fire doors throughout the building and we don't use the lift". Staff knew where the fire exits were and that the location had fire doors that would protect people until the emergency services arrive. Another staff member told us how they responded if they found someone had collapsed,

they told us, "I'd stay with them, place them in the recovery position and call 999".

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 Disclosure and Barring Service (DBS) checks had been completed. A staff member we spoke with said, "I was really happy with the recruitment process, they [provider] checked my references and my CRB (Criminal Records Bureau) check". Records we looked at showed that this included references and checks made through the DBS. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care. CRB was the recognised way of checking a person's criminal record prior to the inclusion of the DBS check.

People and relatives we spoke with told us they had no concerns with the administration of medicines at the home. A person we spoke with told us, "They [staff] get me my medicines on time, oh yes, there's no problem there". 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 all people were able to tell them when they were in pain or discomfort and when medicines were needed on an 'as required' basis. We saw that the provider had systems in place to support people when they required medicines on an as required basis, if they were unable to ask for it themselves.

Good

Is the service effective?

Our findings

We found that staff had received appropriate training and had the skills they required in order to meet people's needs. A person we spoke with said, "The girls [staff] all seem pretty good at their job, I've got no complaints". A relative told us, "We're quite happy with the staff, they're good at their job as far as I can see". Staff we spoke with told us that they felt they were provided with the appropriate training to support people effectively. A staff member we spoke with told us, "The training we get is really good. I've asked to do medicine handling training and they've [provider] booked me on". The provider had systems in place to monitor and review staff learning and development to ensure that staff were skilled and knowledgeable to provide good care and support. We saw that the manager responded to training requests made by staff and was aware of the knowledge and skills that they needed to support people who used the service.

All of the people living at the home were able to verbally express how they preferred to receive their care and support. A person we spoke with told us, "I don't really want for much, but I've only got to ask and they'll [staff] get it". A member of staff we spoke with told us, "We've [staff] all been here so long, we know people really well". Another staff member told us how, in the past, they had used visual aids or written things down for people who needed extra support when communicating. Throughout our time at the location we saw good interactions between people and staff. People we spoke with told us that they were able to speak openly to staff about their care and support needs.

Staff told us they had regular supervision and appraisals to support their development and that the manager and senior staff were always available if they needed support. The manager told us, "Staff have supervision five times a year, unless they need support at any time in between". We saw staff development plans showed how staff were supported with training and supervision. We saw that the manager was accessible and staff freely approached the manager for support, guidance and advice when needed.

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.

Not all of the people who lived at the home had the mental capacity to make informed choices and decisions about all aspects of their lives, although they were all able to communicate effectively with staff about their care and support needs. 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 person we spoke with told us, "Yes, they [staff] ask if it's alright before doing things [care and support] for me".

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). We saw that people's capacity had been assessed and

that the provider had made appropriate DoLS applications to the Local Authority.

Staff were knowledgeable about supporting people whose behaviour might become challenging to manage in order to keep people safe. A member of staff told us, "I'd make sure they were safe, I'd walk away and get support from colleagues if needed". Another member of staff said, "I'd walk away, keeping an eye on them, give them time to calm down and then try again". We saw that people's care plans included 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 location. A person we spoke with told us, "There's always plenty to eat and drink as you can see (showed us their tea and biscuits) and the foods nice. There's a menu and we [people using the service] get a choice of things to eat. And they [staff] don't just put the plate in front of you, they serve you properly, which is nice". Another person said, "The food's alright. I like it anyway". A third person we spoke with told us how much they were enjoying their lunch and was complementary about the chefs at the home. We saw menus were available to help people make decisions about what they would like to eat. Meals looked appetising and people seemed to be enjoying them. 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. A staff member we spoke with told us how they discussed menu choices with people on a regular basis to ensure they ate the food they preferred. We saw that staff and people using the service had regular meetings to discuss menus.

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, relating to people's dietary needs and staff monitored people's food and fluid intake, where necessary. A staff member told us, "We make sure they [people using the service] have enough to eat. We [staff] call the doctor if people abstain for too long". Another staff member we spoke with said, "We [staff] watch to make sure people eat enough. We monitor and record in their care plans if they're not eating, we use weight charts". A staff member explained to us that some people were on soft food diets or were diabetic and that dieticians were involved in supporting them when needed.

People and relatives we spoke with told us that their family member's health needs were being met. A person we spoke with said, "I can get the doctor in at any time if I need them". Another person told us, "My eye's aren't what they used to be, but I see the optician every now and then and the doctor too if I need him, but I'm pretty fit and healthy generally". We saw from care plans that people were supported to access a variety of health and social care professionals. For example, 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 were comfortable and relaxed in the company of staff. We saw that staff were attentive and had a kind and caring approach towards people. There was light hearted interaction between people and staff throughout our time at the home. A person said to us, "I'm happy with the care I'm getting here. I can talk to them [staff] about anything, they're very helpful". Another person we spoke with told us, "The staff are lovely here, I've got no concerns really. They look after me". A member of staff we spoke with told us, "I love my residents, they're family to me". Another staff member said, "I love working here, it's like having 16 Nan's. It's not just a job for me, it's because I care".

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 their relatives were involved in developing care plans that were personalised and contained detailed information about how staff could support people's needs. A person living at the home told us, "Yes, I'm involved in decisions about my care. They [staff] ask me what I want and they're always checking and asking if I'm alright". A member of staff we spoke with said, "We [staff] talk to them [people using the service] all the time, it's important. We know from care plans what people want and they talk to you anyway". People's care and support needs were supported by staff who knew them well, providing a consistent understanding of what people wanted. We saw that care plans were regularly reviewed and updated when people's needs changed.

We saw that people were supported to make decisions about what they did, where they went and what they liked to do. People we spoke with told us that they had attended meetings where they were consulted on activities that they would like to do, for example, deciding where to go on day trips and choosing what food to be included on the menus. During our visit we saw people making choices about what they were doing, either in the communal lounge or their own rooms.

Staff we spoke with and observations we made showed us that people were treated with dignity and respect. A person we spoke with told us, "Oh yes, they're [staff] very respectful. They listen to me and respect what I'm saying". A member of staff we spoke with explained to us how they promoted people's privacy and dignity within the home. They said, "We [staff] always ask permission before providing personal care, and ensure that they [people using the service] are covered appropriately". We found that people could spend time in their room so that they had privacy when they wanted it. A person we spoke with told us, "I've got plenty of privacy. I've got my own room if I just want to go and sit on my own". We saw that staff knocked on people's room doors and asked to be allowed in before entering.

Staff told us how they supported people to be as independent as possible. A member of staff we spoke with said, "We [staff] try to support their [people using the service] independence as much as possible, for example I encourage them to wash themselves when bathing". Another staff member explained how they encouraged a person who had had a stroke to persevere with trying to feed them self.

Staff we spoke with explained to us the importance of ensuring that peoples' right 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. A staff member told us, "I wouldn't tell anyone tell anyone else, unless it was putting them [person using the service] in danger".

Everyone we spoke with told us there were no restrictions on visiting times. A person we spoke with told us, "I'm seeing my family soon to celebrate my birthday". This meant that people were supported to maintain contact with people who were important to them.

Good

Is the service responsive?

Our findings

We found 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 said, "I think I've got a care plan but I can't remember what's in it". A relative we spoke with told us how they were involved in care planning, along with their family member and the provider. They told us "We've talked about what she [person using the service] needs and what they're [provider] going to do. It's all in her care plan". Another relative we spoke with explained, "We're meeting with the social worker this morning to make sure she's [person using the service] settling in okay and that everything's as she needs it".
We saw records of care planning meetings involving people and their relatives. We saw detailed, personalised care plans that identified how people liked to receive their care. We saw that the provider was responsive to people's individual needs, for example supporting their cultural or religious preferences. 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 said, "If I need anything they're [staff] on it in a flash". At lunch time we saw that people wanted food that was not on the menu and staff obliged by providing a meal that the person liked. A member of staff we spoke with told us, "They're [people using the service] all different, they all have different needs and we must respect that".
We saw that all people living at the home had their own rooms and chose whether to stay in them or join the communal areas. Rooms were clean and personalised to suit people's preferences. A person we spoke with told us, "My room's very nice, it's really comfortable and I've got everything I need there".

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. For example some people were reading, doing crosswords or chatting amongst themselves. A person we spoke with told us, "I don't really like doing much, except having a joke with people. You've got to have a laugh"! A staff member told us how they had supported a person to access things that they enjoyed, "[Person's name] likes crocheting, so we do it together sometimes".

People and 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 got no complaints at all but I can bring things up with the manager if I need to. Trust me, if I wasn't happy I'd soon let them [provider] know". Another person said, "I've got no complaints, the staff are lovely, a nice bunch of girls". We found that the provider had procedures in place which outlined a structured approach to dealing with complaints in the event of one being raised.

We saw completed satisfaction surveys and that these had been used by the provider to enhance the quality of service provided for people at the location. We saw that the provider held residents meetings to share information with people on a monthly basis. The provider operated an open door policy where people and relatives were welcome to discuss issues or concerns at any time and there was a quarterly newsletter informing people and their relative of past and future activities.

Requires Improvement

Is the service well-led?

Our findings

We saw that both internal and external audits were used to identify areas for improvement and to develop and improve the service being provided to people. However, there was inconsistency when recording risk assessments in people's care plans. Not all preventative actions were recorded to ensure that future risk to people was minimised. For example; a person's 'Personal Cleansing' risk assessment had identified that there was an issue with them maintaining their personal hygiene independently. The provider had identified that the person's goal was to maintain consistency of personal hygiene, however there were no actions recorded to say how the person would be supported to achieve their goal. Staff signatures and dates were also missing, to identify staff responsibilities and time frames associated with action plans. Another example related to carelessness when recording information by staff. For example; A question on the risk assessments asked; 'Is the lighting inadequate?' On a number of assessments staff answered 'Yes', however there were no actions detailing how this would be rectified. We discussed this with the manager who recognised that staff had probably miss read the question due to the way the risk assessment template was written. The manager assured us that these issues would be rectified through immediate staff training and reformatting of risk assessment templates.

We saw that the provider supported staff and that the staff were clear about their roles and responsibilities. We saw that there was a good relationship between the manager, people using the service and staff. The manager was visible and people using the service knew them by name. Staff told us that they felt confident about raising any issues or concerns with the manager at staff meetings or during supervision. Staff we spoke with told us that they were happy with the way the location was managed and that the manager was approachable and that they felt that they were listened to and valued by the manager. A staff member told us, "I get on well with the manager, they always listen if we have any suggestions". Another staff member we spoke with said, "Management respond well to any suggestions". They gave us an example of a how the manager had responded positively to introducing a relaxation therapy idea for people living at the home. A person we spoke with said, "[Manager's name] is smashing, we have a chat every now and then. The staff seem happy, nothing's too much trouble and they all get along with each other". One staff member said, "They're [management] definitely supportive. If you have a problem you can talk to any of them. I feel settled".

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 an acting manager in post. The owner had applied to become the registered manager, however they were still awaiting confirmation from CQC of her interview date. We contacted the registration department who confirmed that they had received the provider's application and would be proceeding with their registration. 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.

We saw that quality assurance systems were in place for monitoring the service provision at the location. This included surveys to relatives where they were encouraged to share their experiences and views of the service provided at the location. Prior to the inspection the provider had carried out an audit of the service by completing a Provider Information Return (PIR) form. We saw that the PIR reflected what we saw on our inspection.