

Hafod Care Organisation Limited

# Hafod Residential Home

## Inspection report

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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?

Good ●

# Summary of findings

## Overall summary

About the service: Hafod Residential Home is registered to provide accommodation and personal care. The service provides care and support for up to 16 older people some who may be living with dementia.

People's experience of using this service:

People were not all able to fully verbalise their views therefore they were not able to tell us about their experience of living there. We observed the interactions between people and the staff supporting them. There were 13 people living in the service on the days we visited.

The management team and staff knew people well and understood their likes and preferences and health needs. Staff were caring and chatting with people as they moved around the service. Relatives told us they were welcome at any time and any concerns were listened and responded to.

People and staff told us the service was well managed. People said they were treated with kindness and compassion. Staff showed a true fondness for the people they cared for and there was a friendly atmosphere. People's wellbeing was promoted.

Staff were recruited safely in sufficient numbers to ensure people's needs were met. People and staff said there was limited time for social interaction and activity with staff. However, the registered manager was in the process of employing an activities coordinator to improve activities provided.

The environment was safe, and people had access to equipment where needed. The jacuzzi bath was currently out of action. However, the required part had been ordered. Staff had received appropriate training and support to enable them to carry out their role safely, including the management of medicines.

There were positive working relationships with external professionals and a passion for continuous learning and improvement.

People were kept safe and protected from avoidable harm and abuse, and people had their medicines safely managed. Processes had been put into place to ensure a robust oversight. People lived in an environment which was fully assessed for safety.

People received personalised care and support, and had their human rights protected. Staff were competent in their roles and were well supported. Quality monitoring systems had been further developed. Rating at last inspection: Good (Report published 2 November 2016). However, it was rated as Requires Improvement in Well-Led. This had now improved to Good.

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection, the service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Hafod Residential 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector, and one expert by experience. An expert by experience is a person who has personal experience of using services or cares for someone who lives with dementia.

Service and service type: Hafod Residential Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was also the provider, registered, with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did: The provider sent us a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the records held on the service. This included previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law. We used all this information to support our planning of the inspection.

During the inspection we spoke with six people and one relative. We looked around the premises and observed staff interacting with people. We also spoke with the registered manager and five members of staff and two professionals.

During the inspection we used SOFI observations which gave us the opportunity to see the interaction between people and staff.

We looked at the care and medication records of four people who used the service, we undertook a tour of the premises and observed information on display around the service such as information about safeguarding and how to make a complaint. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- Policies in respect of safeguarding were in place. Staff received training and had a basic understanding of what action to take if they suspected someone was being abused, mistreated or neglected.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to make sure people were protected from harm or abuse.
- People told us they felt safe. One person said; "I feel safe here" and another said; "It's safe."

Assessing risk, safety monitoring and management.

- Risks were identified, and staff had guidance to help them support people to reduce the risk of avoidable harm.
- The environment and equipment was safe and well maintained. However, people said the bath had been out of action for some time. The registered manager confirmed they were still waiting for the part to come to have it repaired.
- Where people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans included instructions for staff to identify indicators, so they could respond quickly.
- People were protected in the event of a fire. The fire alarm system was checked and serviced in line with manufacturing guidelines and people had personal emergency evacuation plans (PEEPs) in place to tell staff and emergency services what support they needed.

Staffing and recruitment.

- Staffing levels were satisfactory to meet people's need.
- People told us there were enough staff.
- The provider had robust procedures in place to ensure recruitment was safe. Staff told us the management team also actively listened to their views about staffing within the service.

Using medicines safely.

- The management team undertook weekly and monthly audits. Any actions needed were identified and completed to improve medicines management at the service.
- There were reporting systems for any incidents or errors.
- People's medicines were managed safely. Systems were in place to check the safe administration of people's medicines.
- Policies and medicines training were in place.
- People had care plans which described to staff the support they needed.

Preventing and controlling infection.

- The service was odour free. Bathrooms/toilets had a good supply of paper towels and soap.
- Staff were supplied with personal protective equipment (PPE) for use to prevent the spread of infections and this was worn appropriately.
- Staff received training in infection control.

Learning lessons when things go wrong.

- Management were keen to develop and learn from events. Risk assessments were reviewed following accidents and incidents to mitigate the risks of it occurring again.
- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.



# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff applied learning effectively in line with best practice. This led to a good service for people who lived at Hafod Residential Home and a good quality of life.
- Assessment of people's needs were completed, expected outcomes were identified and care and support was being regularly reviewed.
- Checks of staffs practice helped to ensure people received a good standard of care and support.

Staff skills, knowledge and experience.

- Staff were knowledgeable and carried out their roles effectively.
- Staff received an induction which was in line with national standards.
- Staff undertook training to meet people's specific needs, such as dementia and diabetes. Staff said plenty of training was offered and provided.

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

- We observed staff supported people with their meals, where required, with a sensitive respectful approach. People told us meals were of a good standard and choices were offered every day. One person told us; "It's very nice food and yes nice and hot." People had a four-weekly menu and people confirmed there was plenty of choice.
- People's care plans were detailed to ensure they received consistent support with their nutrition.
- People who needed their nutrition to be monitored had records in place which were used to help identify any concerns. Those who needed assistance were sensitively supported with their drinks and meals.
- People who had dietary requirements based on their own cultural wishes were flexibly catered for.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain good health and were referred to appropriate health professionals as required.
- District Nurses visited daily to help ensure that changes to people's needs were managed effectively.
- Systems were in place to ensure that referrals were made promptly to external professionals and people's care plans were updated as required.

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

- The premises had sufficient amenities such as toilets and communal areas to ensure people were supported well. The lounge/conservatory/dining area was a popular place for people to mix. The service had disability access.

- There was a suitable range of equipment and adaptations to support the needs of people using the service. A out of service bath was waiting for a part to arrive.

Supporting people to live healthier lives, access healthcare services and support.

- Where people required support from external healthcare services this was arranged, and staff followed guidance provided by those professionals.
- People were encouraged to stay healthy. Staff supported people to continue to mobilise independently.
- People were supported to access external health and social care services as needed.

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

We checked whether the service was working within the principles of the Mental Capacity Act (MCA). 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.

- Where people did not have the capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Mental capacity assessments were completed appropriately.
- People were encouraged to make decisions for themselves and staff ensured people were involved as much as possible in decisions.
- Care plans were developed with people. People had agreed with the content, had signed to receive care and treatment and gave their consent.
- Staff had a sufficient understanding of the MCA.

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff were kind and patient with people. People told us staff were kind and caring. Commenting, "Kind (staff) and always very nice" and "The staff are lovely."
- People's, relatives and professionals said they were welcomed and at any time.
- People were kind towards each other, and respectful of each other's differences.
- Staff spoke fondly of the people they supported.
- Personal histories for some people had been documented in care plans to enable staff to have meaningful conversations with people. The registered manager was aware some people needed completing.
- People's religious wishes were respected, and people were supported as needed to continue practicing their chosen faith. Holy communion was arranged for people who wished to take part.
- Staff had received training in equality and diversity, and consideration and respect was shown to people despite their diverse needs and cultures.

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

- People and their representatives were regularly asked for their views about their care plans and the delivery of their service. For example, resident and staff meetings.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity.
- Staff told us they encouraged people to do as much for themselves as possible, for example, helping with shaving.
- People's independence was encouraged. People were empowered to be part of their 'own home', by helping with some tasks including laying tables.
- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.
- People were supported in a dignified and respectful manner. One person became anxious due to our visit. Staff offering reassurance without drawing unnecessary attention to them.

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care and support specific to their needs and preferences. Each person was respected as an individual.
- Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved. They were reviewed regularly or in response to changing needs.
- People's wellbeing was promoted by the variety of social engagement and activities available. However, some people said there was a lack of activities available to them. With one comment; "There was a singer yesterday but not much more." The registered manager had recognised the lack of participation on activities by people and was the process of employing an activity co-ordinator.
- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. Each person's care plans included a section about their individual communication needs. For example, about any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.

Improving care quality in response to complaints or concerns

- There were known systems and procedures in place. People's concerns and complaints were listened and responded to.
- People and professionals said that they felt able to speak with the management team at any time.
- We saw evidence that complaints received were taken seriously, and used to help improve the service where possible, with appropriate actions and records in place.

End of life care and support

- Where it was necessary, people had end of life care plans in place, which helped to provide information to staff about how they wanted to be cared for. Care plans took account of people's religious wishes.
- Some staff had received training in end of life care. Staff understood people's needs, were aware of good practice and guidance in end of life care.
- There were positive links with external professionals, such as GPs and community nurses.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There were clear lines of responsibility across the staff team. Staff understood their roles and responsibilities and received training to deliver the level of care and support to meet people's individual needs.
- The registered manager understood their role in terms of regulatory requirements. For example, notifications were sent to CQC when required to report incidents that had occurred and required attention.
- Staff were required to read policies and procedures, and they were discussed during meetings to ensure they understood what was expected of them.
- The quality assurance system included checks which were carried out by staff, the manager and the provider representative to ensure regulatory requirements were being met.

Planning and promoting person-centred care and how the provider understands and acts on duty of candour responsibility.

- Staff spoke positively about the registered manager and the management team. They told us the registered manager was approachable and made themselves available. One staff member said, "We can contact them at any time." Another said; "They were really helpful in showing me how things needed to be done when I first started." All staff had worked at the home for some time.
- The culture of the home was open and transparent. Staff were encouraged to raise any concerns in confidence. Where mistakes were made, the registered provider was open and honest with people and families and made improvements. All of which demonstrated the requirements of the Duty of Candour (DoC), to be open, honest and transparent.
- A quality assurance system was in place to enable the registered manager to monitor and identify any shortfalls in the quality of the service people received. There was a business plan in place to identify any improvements required because of service audits and quality checks by the provider. This showed action was taken in response to the findings and monitored for completion.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were asked to complete regular questionnaires to obtain their views. Feedback was used to help positively improve the service.
- Regular engagement meetings took place with all stakeholders of the service. This gave people an opportunity to discuss any changes to the organisation and working practices and raise any suggestions. There was an open-door policy.

#### Continuous learning and improving care

- The registered manager completed a range of quality audits to ensure they provided an efficient service and constantly monitored Hafod Residential home. These included, medicines, care records, the environment and infection control. This demonstrated improvements could be made to continue the home to develop and provide a good service for people who lived there.
- Accidents and incidents were recorded and regularly reviewed so any patterns or trends would be quickly identified.
- Organisational audits were in place and used to develop the service by reflecting good practice.

#### Working in partnership with others

- The registered manager had forged good links for the benefit of the service with key organisations, reflecting the needs and preferences of people in its care, and, to aid service development.