



Inspection Report on

Yr Hafan Nursing Home

**Yr Hafan Nursing Home
27 Bolgoed Road Pontarddulais
Swansea
SA4 8JE**

Date Inspection Completed

11/12/2023

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About Yr Hafan Nursing Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Plas Newydd Care Ltd
Registered places	26
Language of the service	English
Previous Care Inspectorate Wales inspection	05 July 2023
Does this service promote Welsh language and culture?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

People and their relatives are happy with the care and support provided at Yr Hafan Nursing Home. They live in a homely environment that is warm, clean and suitable to meet their needs. There is information available for staff to understand how to best meet people's care and support needs. A new electronic care records system has been implemented and continues to be established.

Staff are available in sufficient numbers and mix of skills to adequately provide support to people. Care workers receive appropriate training, support and staff supervision and appraisal that mostly meets regulatory requirements. Care workers are knowledgeable, respectful and caring. Safety equipment is in place and health referrals are made when necessary to promote peoples' health and well-being. There are opportunities for people to take part in activities.

The service provider has developed systems to enable them to capture people's views and to develop person centred information. The management team have put checks and processes in place to keep service delivery under constant review. Improvement is needed with staff records.

Well-being

People and their relatives are happy with the care and support provided at Yr Hafan. There is information available for staff to understand how to best meet people's care and support needs. People told us they get on well with staff and commented, *"it's great here, the staff are wonderful"* and *"I'm happy."* A relative commented *"the staff are welcoming, friendly and I'm really impressed"* and another commented *"I'm really pleased with the service."* Records show people are offered choices to make everyday decisions. The responsible individual (RI) told us they regularly speak with people who live at the home and their families about what is important and how to best support them.

People are not fully protected from abuse and harm. Yr Hafan Nursing Home has a safeguarding policy in place and staff receive training in the safeguarding of adults at risk of abuse. The Service Manager has a good understanding of the legal requirements and understands when a safeguarding referral needs to be made to the Local Authority. Staff recruitment needs strengthening as pre-employment checks are not always completed prior to employment commencing. These checks are important as they determine a person's suitability to work with vulnerable people.

People get the right care and support. Records show referrals are made to a variety of healthcare professionals such as psychiatrists and physiotherapists. This is confirmed by comments from visiting professionals who told us they are satisfied with the care at Yr Hafan Nursing Home. However, recording of monitoring of care activities requires strengthening and is discussed later in this report.

People can do the things that matter to them when they want to do them. We saw there are a range of activities available which are meaningful to the residents. Throughout our visits on each day, we observed activities taking place facilitated by care workers. People told us they enjoy taking part in a variety of activities such as jigsaws, arts and crafts and having a singalong and exercises. Relatives told us their family member is encouraged to stay active and to do as much as they can for themselves. This is reflected in people's records.

People live in suitable accommodation, which overall, supports and encourages their well-being. People's bedrooms contain personalised items of their choice and are suitably furnished. They have facilities which encourage their independence and enable them to have private time. The building is well-maintained and safety checks are completed when required. The environment is mostly clutter free and hazards are reduced as far as possible.

Care and Support

There is a care planning system in place providing personal plans for all aspects of the individuals' physical, mental, and emotional wellbeing. We examined a sample of care files, which contained personal plans and risk assessments which are regularly reviewed. Person centred information such as 'About Me' is in place and referrals for advice and professional help regarding health services are sought as needed. Electronic recording of monitoring of care activities is in place but would benefit from strengthening to ensure it is more robust such as monitoring of skin integrity and food and fluid intake.

People can do the things that matter to them when they want to do them. We saw there are a range of activities available which are meaningful to people. There was photographic evidence and written documentation as well as observations of people undertaking activities that matter to them. Activities include Bingo, various arm-chair exercises and cake making. People told us they enjoy taking part in a variety of activities. Visiting professionals told us they were satisfied with the service.

People enjoy a positive dining experience. We observed people during a lunchtime meal and saw the care workers assist people in a relaxed and dignified way. People ate their meals at dining tables which had tablecloths, placemats, cutlery and condiments in place in readiness for the meal being served. Some people ate their meal at cantilever tables. Staff assist residents in a respectful and dignified way and are aware the people's dietary requirements. There was a menu displayed for people to choose what to eat but were also verbally told what was on the menu and where people do not like what is on the menu, an alternative is offered. Where people wish to dine alone or eat in their rooms this is respected and facilitated by the staff.

The service has safe systems for medicines management. There is an appropriate medication policy and procedure in place with regular audits completed by senior staff. Medication administration record (MAR) charts are mostly accurate and the audit process identifies mistakes and appropriate action is then taken. The medication trollies are secured in a locked room when not in use. As and when required medication (PRN) is appropriately administered in line with instructions. The medication room temperatures are consistently checked daily to ensure medication is stored at the correct room temperature.

Environment

The accommodation is clean and comfortable and benefits from good quality decor and furnishings. The home is calm, informal and relaxed. We saw people sitting in the lounge and the dining room on the ground floor, sitting in the comfort of their bedrooms, relaxing or asleep in bed. The environment supports people to achieve their personal outcomes. We saw that improvements have been made in various parts of the home such as new flooring and wallpaper in various parts of the service. Bedroom and communal areas signage need to be consistent and clear to support people with orientation of time and place.

The service provider ensures measures are in place to manage risks to people's health and safety. Maintenance records show that checks are carried out to identify and address any problems, we saw these checks were up to date. We discussed with the RI, the need to ensure fire safety records are strengthened to ensure all the relevant checks are completed consistently.

There is a system of monitoring and auditing, which supports a planned maintenance schedule and renewal programme for the fabric and decoration of the premises, which is effectively managed by the maintenance officer at the service.

The laundry room is well organised and has a separate entry and exit. Appropriate systems are in place and all laundry equipment is in working order. There is shelving for linen storage in place, ironing and labelling facilities. There is an organised storage area for household waste and clinical waste bins. Materials that have the potential to cause harm are well organised and stored securely.

Policy, procedure and application of hygienic practices are in place to reduce risks of infection. Staff demonstrate an understanding of infection control and the use of personal protective equipment (PPE). Staff wear appropriate PPE and follow correct procedures when needed. The home is clean and tidy. Staff maintain appropriate standards of hygiene and cleaning schedules are in place with supervision from the manager. Oversight and auditing of infection control measures are in place. The home has sufficient stocks of PPE.

The service provider has oversight of the financial arrangements and investment in the service. The RI assured us the service is financially sustainable to support people to be safe and achieve their personal outcomes. The RI told us of investment such as staff development, training, information technology and dementia friendly activities.

Leadership and Management

The service provider has governance arrangements in place to support the smooth operation of the service. Arrangements for the oversight of the service are in place, such as systems for care planning, monitoring, and review to enable people to achieve their personal outcomes. The service is provided in line with the objectives of the Statement of Purpose, which is regularly reviewed. We discussed with the RI, the need to ensure that information about the service (Known as the service user guide) is made in an easy read format to ensure it is easier to understand for people.

People can be assured that the service provider and the management team at the service monitor the quality of the service they receive. The RI visits the home regularly and meets with residents and staff. We viewed the latest quality monitoring report, which shows the provider asked for people's feedback and that recommendations for improvements were implemented. We saw evidence that the RI has good oversight of the service. We looked at documentation that confirmed the RI conducts quarterly visits to the home for quality assurance monitoring. We discussed with the RI the need to ensure that the quality assurance policy was reviewed to ensure it is fit for purpose and to include audits of monitoring of care.

Improvement is needed with staff recruitment as pre-employment checks completed prior to employment commencing. We viewed a sample of staff recruitment records and found that one of the sample did not contain the required recruitment documentation. We discussed this with the RI, who agreed to address this as a matter of urgency. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

There are enough staff on duty to safely support and care for people. Records show there is a stable and consistent team in place with a mixture of experienced and new staff available, and this was seen during our inspection. People living at the home told us *"The staff are good to me"* and a relative commented *"The staff are excellent, I can't fault them."* Supporting and developing staff with supervision, appraisal and training is sufficient. The manager informed us that training is being updated to ensure all staff have completed the appropriate training required.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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35	Staff records were incomplete. Ensure there is a full record of the staff who are caring for people at all times.	New
21	Consistent monitoring of skin integrity with SSKIN bundles and monitoring of food and fluid intake was not sufficient. Ensure where identified a person is at risk of skin integrity issues or weight loss, that the appropriate monitoring is in place and recorded accurately.	Achieved
36	Not all staff members received core training, annual appraisal and some had no supervision records consistently. Ensure all staff receive consistent regular core training, supervision and annual appraisals.	Achieved
34	A qualified nurse was not on duty at all times as outlined in the Statement of Purpose. Ensure there is a qualified nurse on duty as stated in the Statement of Purpose.	Achieved

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