



## Inspection Report on

**Haulfryn Care Limited**

**Haulfryn Care Ltd  
Cymau  
Wrexham  
LL11 5ER**

## **Date Inspection Completed**

11 May 2023

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## About Haulfryn Care Limited

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Haulfryn Care Limited
Registered places	23
Language of the service	English
Previous Care Inspectorate Wales inspection	29 August 2019
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

People living at Haulfryn are happy with the care and support they receive. Care staff understand people's needs and are enthusiastic about providing the best care to people living at the service. Personal plans reflect people's needs and are person centred, this is reflected in the care and support people receive.

Care staff feel well supported and receive regular supervisions and annual appraisals. Care staff receive regular training, which is person centred to meet people's individual needs.

The Responsible Individual (RI) frequently visits the service and has oversight of the service. There are ongoing plans to replace some bedroom furniture. The service is well maintained and all health and safety checks are up to date.

## Well-being

People are supported to maintain their independence and have control in their day to day lives. Personal plans promote positive risk taking and encourage people to do as much as they can for themselves. People are encouraged to participate in daily tasks at the service.

People are supported to maintain their physical, mental and emotional well-being. Activities are based on what people would like to do on the day and are tailored to people's preferences. People are enabled to access health care services and this is evidenced in the records within personal plans.

People are protected from abuse and neglect. We found any incidents, such as falls are recorded along with any actions taken to reduce further incidents. The provider ensures requests are made for Deprivation of Liberty Safeguards authorisations when required, which means people's rights are being upheld. People told us they feel safe at the service. We found staff receive regular safeguarding training and staff told us they feel able to approach management should they have any concerns.

People can maintain meaningful relationships, this is promoted within the service's own visitors policy. We found people are supported to receive visits from friends and relatives. Relatives say the service is welcoming and accommodating of their visits.

The accommodation provided is suitable for people living at the service. The home is well maintained throughout, with a plan in place to replace some furniture items. The service provider ensures the building and the facilities remain safe for people living at the service.

## Care and Support

People are provided with the quality of care and support they need, through a service which considers people's personal wishes and aspirations. Pre-assessments are completed prior to care and support being arranged, these are thorough and contain the relevant information to ensure the service can meet people's needs. Care staff work from people's personal plans which are very person centred and capture people's individual preferences and what is important to them. We found personal plans and risk assessments are reviewed regularly and when there are changes to the person's care and support needs, this means people are receiving the right care and support to meet their needs. The 'my life story' gathers people's preferences on a wide variety of areas, including their preferred wake up time. Personal plans promote independence, we found people are supported to do as much as they can, this gives people a sense of independence. Care staff complete the relevant documentation to evidence people's needs are being met, including 'Learning Logs' which help to identify any changes for the person. People are supported to access health care services, referrals are made in a timely way, ensuring people's health and well-being are maintained.

We observed warm interactions between care staff and people living at the service, care staff treat people with dignity and respect. Mealtimes provide a pleasant experience for people, they can choose where they would like to eat their meal, either in the company of others in communal areas or in the privacy of their own room.

People told us they are happy living at the service, one person told us "*I think it's lovely*" and said the care staff "*are very good to me*". People told us the food is either '*good*' or '*excellent*'. We saw people are offered an alternative meal if they do not like what is on the menu. Relatives told us the staff at the home are very welcoming. One relative told us "*Staff are lovely*" and praised the staff for how their relative's overall well-being has improved since moving to the home. They told us they are kept up to date with any changes or concerns regarding their loved one.

The provider has safe systems in place for medicines management. We observed a member of staff administering medication, we found they followed good practice. We completed a medication count for a selection of people's medications and found Medication Administration Record (MAR) charts are accurate. This means, medicines are being managed and administered safely. Staff receive regular medication training and are assessed regularly on their competencies to administer medication.

## Environment

Care and support is provided in an environment with facilities and, where relevant, equipment which promotes people's goals. The environment is accurately described in the service's Statement of Purpose (SOP). People have their own memory box attached to their bedroom door, these are person centred and reflect what is important to the person, including family/friends, hobbies and interests. Within people's rooms, we saw people have their own personal belongings on display, to provide familiarity and a homely environment. Where people require specialist equipment, such as moving and handling equipment, these are serviced regularly to ensure they are safe for their intended use. The provider has put in place dementia friendly equipment, to help orientate people and maintain their independence. This includes colour contrasting toilet seats and toilet frames, which makes them easier to see for people living with dementia. There are systems in place for any required works around the home to be recorded, these are signed by the maintenance person once completed and overseen by the RI. The grounds are well maintained and people living in the service are encouraged to participate with gardening activities. We saw people can access the grounds throughout the day. People who require call bells to request assistance from staff have access to these in their own rooms, we found care staff respond promptly to requests for assistance.

The service promotes hygienic practices and manages the risk of infection. We found the home is clean and tidy and there are measures in place to ensure the home remains clean. The provider completes regular infection control audits where any issues identified are quickly resolved. The service has maintained a rating of five for food hygiene by the Food Standards Agency.

The provider ensures people's care and support is provided in a safe environment. The service provider ensures the relevant health and safety checks are up to date, including fire safety equipment, five year electrical checks and legionella checks. Staff receive regular fire safety training, this follows the services own procedures which are clear on what action to take in the event of a fire. Relevant risk assessments are in place where a risk has been identified, these are clear to how the risks can be mitigated. Windows are fitted with restrictors, to ensure people remain safe within the home and these cannot be opened without a specialist device. Wardrobes are securely attached to walls to ensure safety in people's bedrooms. Personal Emergency Evacuation Plans (PEEPS) are in place and updated when required, to ensure people can safely be evacuated in the event of an emergency.

## Leadership and Management

The service provider has governance arrangements in place to support the smooth running of the service. The provider ensures the service provided is in line with what is described in the SOP. The Responsible Individual (RI) has good oversight of the service and frequently visits the service. Following each visit, the RI completes regular reports to evidence speaking with service users, observing interactions between care staff and people living at the service, and the inspecting of the premises. The quality-of-care reports reviewed, demonstrate the service provider seeks feedback from the relevant people, including staff and visiting professionals. Policies and procedures are accessible and are mostly in line with guidance and legislation, staff told us they know how to access these. New staff are provided with a handbook which contains key policies.

People are supported by a service which provides appropriate numbers of staff, who are suitably fit and have the knowledge, competency, skills and qualifications to provide the care and support they need. We reviewed a selection of staff personnel files, we found robust recruitment checks are carried out prior to their employment commencing. Staff receive training to not only meet people's specific needs, but also to support staff members well-being, for example, managing anxiety and stress. Staff receive regular supervisions and annual appraisals, these provide staff with the opportunity to reflect on their practice and identify any training and development needs. Staff told us they feel well supported in their roles, comments we received from staff include *"I love my job and the people I work with"* and *"I wouldn't like to work anywhere else."* Staff we spoke with, told us the management team are approachable and any issues they have raised have been dealt with appropriately. Staff meetings provide staff with the opportunity to discuss issues and share information, minutes are recorded from the meetings, and these include any required actions.

The service provider has oversight of financial arrangements and investment in the service, to ensure it is financially sustainable to continue to support people. The service provider is undergoing a programme to update furniture in people's bedrooms. Overall, furniture is well maintained. There is sufficient supplies of equipment, including Personal Protective Equipment (PPE). The provider has sufficient employers liability insurance in place.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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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N/A	No non-compliance of this type was identified at this inspection	N/A
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