



Inspection Report on

Yr Hafan Nursing Home

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

Date Inspection Completed

06/07/2023

Welsh Government © Crown copyright 2023.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

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	[Manual Insert]
Does this service provide the Welsh Language active offer?	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

Yr Hafan Nursing Home is a purpose built property situated in a residential area of Pontardulais, Swansea. People and their relatives are satisfied with the care and support provided at the 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. People have personal plans in place. There is a Responsible Individual (RI) in place and a manager registered with Social Care Wales.

Staff are mostly available in sufficient numbers and mix of skills to adequately provide support to people. 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 at home and in the community.

The service provider has developed systems to enable them to capture people's views and put checks and processes in place to keep service delivery under constant review. Improvement is needed with monitoring of care activities such as skin integrity and food and fluid intake. Also, supporting and developing staff with training, supervision and appraisal and ensuring sufficient numbers of suitably qualified registered nurses are deployed needs improvement.

Well-being

People and their relatives are happy with the care and support provided. 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, *"They're all great" and "they're good to me, they're a laugh."* A relative commented *"The staff are brilliant."* Records show people are offered choices to make everyday decisions. The 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 and this is supported in records seen by us.

People are 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 Manager has a good understanding of the legal requirements and understands when a safeguarding referral needs to be made to the Local Authority.

Improvement is needed with care and support. Records show referrals are made to a variety of healthcare professionals such as psychiatrists and community nurses. This is confirmed by comments from visiting professionals who told us they are satisfied with the care at Yr Hafan Nursing Home. However, skin integrity, food and fluid intake monitoring and person centred information in care files requires improvement.

Improvement is needed with supporting and developing staff with supervision, appraisal and training. Also, improvement is needed with sufficient numbers of suitably qualified registered nurses.

People 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. During our visit we observed some activities taking place facilitated by care workers. People told us they enjoy taking part in a variety of activities such as singing and music, ball games, and quizzes. 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

Improvement is needed with monitoring of individuals care activities such as monitoring of skin integrity, with the use of SSKIN bundles (Public Health Wales), and monitoring of diet/food and fluids which was found to be inconsistently or not completed. We examined a sample of people's care files which all required reviewing and updating. Diet and nutrition records (All Wales Fluids Charts) were not completed resulting in insufficient monitoring of people's fluid intake. The sample of records seen by us show that skin integrity monitoring also needs updating. We also noted that in the sample of files viewed, there was insufficient person centred information such as what is important to people and there was little evidence of involvement of people in the development of their plans. We discussed this with the manager who agreed to address this as a matter of priority. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

We saw there is a limited range of activities available which are meaningful to people. Activities include visiting entertainers, Bingo and music and board games. People told us they enjoy taking part in activities.

Improvement has been made but mealtimes continue to not always be a positive experience but, where required, individuals are supported sensitively to eat and drink. Healthy choices of food and drinks are available. The mealtime lacked a sense of mealtimes being a good dining experience which can help enhance social interaction, build a sense of community and increase nutritional intake. For example, one person told inspectors that they "*did not usually sit at the dining table for meals*" and then went on to say, "*I think they have just arranged this in response to you being here.*" There was no menu displayed for people to see and make a choice, the dining tables were laid but the mealtime was not seen as an enjoyable social experience. We discussed this matter with the manager who agreed to address this.

The service has safe systems in place for medicines management. There is an appropriate medication policy and procedure in place with regular audits completed by senior staff. Medication administration records (MAR) are mostly accurate. However, we found that of the sample of MAR Charts, some contained missing signatures for when these had been administered. We discussed this with the Clinical Lead who agreed to address this immediately. We saw medication was kept in a secure locked cabinet in a medication room. A record is kept of the temperature and is monitored to ensure safe storage of medication.

Environment

The accommodation is clean, comfortable and benefits from recently updated quality decor and furnishings. We observed the environment to be clutter free. We saw people sitting in the lounge and sitting in the comfort of their bedrooms which were personalised to their tastes, hobbies and interests. Outside areas are sufficiently clean and tidy with flower beds and garden furniture for people to sit and enjoy when weather permits.

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 managed by the maintenance staff at the home under the guidance of the Manager. The sample of the bedrooms viewed had facilities and equipment that is suitable for the individuals.

Measures are in place to ensure risks to people's health and safety are identified and dealt with. The oversight of health and safety is in place with regular audits of the environment taking place. Maintenance records show equipment is regularly serviced to make sure people remain safe. People's personal records are held securely and access to the home is monitored by staff to help keep people as safe as possible.

Policy, procedures 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. Staff maintain appropriate standards of hygiene. Oversight and auditing of infection control measures are in place. The home has sufficient stocks of PPE.

Appropriate laundry systems are in place and all laundry equipment is in working order except for one washing machine which was in the process of being repaired. There is a separate area with shelving for linen storage and ironing facilities. There is an organised storage area for household waste and clinical waste bins. The storage of substances which have the potential to cause harm was initially insufficient because we found that materials used for cleaning were not stored in a locked cupboard but this was immediately addressed by the RI who arranged for locks to be replaced.

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 assessment, 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 saw policies and procedures are in place and updated.

People can be assured that the service provider and the management team at the home monitor the quality of the service they receive. The RI visits the home regularly and meets with people and staff. We viewed the latest quality monitoring report, which included people's feedback from consultation and recommendations for improvements were included and implemented. We saw evidence the RI has oversight of the service, and the service manager conducts a quality assurance system to ensure quality care is delivered, with regular walk arounds to achieve this. We looked at documentation that confirmed the RI conducts quarterly visits to the home for quality assurance monitoring. The Quality Assurance Policy needs updating to ensure it contains the correct up to date Welsh information.

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 *“Training and developing of staff are also our main priority. We have invested an electronic record system called Care Vision and we have started with the changing of the flooring around the home.”*

Improvement is needed with sufficient numbers of suitably qualified registered nurses deployed to work at the service at all times. An analysis of a sample of staff rotas over a four week period showed there were consistently insufficient numbers of nurses available. However, there are enough staff on duty to safely support and care for people. We discussed with the RI, who agreed to address this immediately. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Improvement is needed with supporting and developing staff with supervision, appraisal and training. We examined a sample of staff files and found supervision and appraisal was not provided at the frequency and amount required. Training records were also found to be in need of updating for the sample of staff files we saw. We discussed this with the manager who agreed to address this immediately. While no immediate action is required, this is an area for improvement and we expect the provider to take action. Staff recruitment pre-employment checks are completed prior to employment commencing.

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
------------	---------	--------

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.	New
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.	New
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.	New
57	Wheelchair foot rests – The R.I. should ensure that adequate risk assessments completed by an appropriately qualified person are in place for the use of wheelchairs when used without foot rests. The current risk assessments in place were not sufficient.	Achieved
44	Maintenance – The R.I. should ensure there is a system of monitoring and auditing in place, which supports a planned maintenance schedule and renewal programme for the fabric and decoration of the premises.	Achieved

Was this report helpful?

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

Date Published 02/08/2023