



# Inspection Report on

**Hafod House Rest Home**

**Hafod Ruabon  
Wrexham  
LL14 6HF**

## **Date Inspection Completed**

10 & 16 January 2024

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## About Hafod House Rest Home

|                                                       |                                                                                                                                                                                                                         |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Type of care provided                                 | Care Home Service<br>Adults Without Nursing                                                                                                                                                                             |
| Registered Provider                                   | Sure Care (UK) Ltd                                                                                                                                                                                                      |
| Registered places                                     | 25                                                                                                                                                                                                                      |
| Language of the service                               | English                                                                                                                                                                                                                 |
| Previous Care Inspectorate Wales inspection           | 20 May 2021                                                                                                                                                                                                             |
| Does this service promote Welsh language and culture? | The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture. |

### Summary

People are happy with the care and support they receive at Hafod House. Activities take place regularly and provide people with the opportunity to interact with others. Most personal plans inform staff on how best to support people and they are updated regularly.

Care staff feel supported, they have regular supervisions, appraisals and staff meetings. Care staff are keen to provide the best possible support to people. They have access to regular training, including specialist training. The provider ensures robust recruitment checks are carried out before employing new staff.

The environment is clean and welcoming. Health and safety checks are up to date and people are provided with specialist equipment when needed. The Responsible Individual (RI) regularly visits the service to seek the views of staff, people and visiting relatives. People are provided with opportunities to contribute their views on the day to day running of the service.

## Well-being

People have control over their day to day lives. They can choose when they get up, when they go to bed, what to do during the day and where to eat. Personal plans promote independence by encouraging people to do as much as they can. People told us they are involved in the development and ongoing reviews of their care and support. Regular resident's meetings are held, these enable people to make suggestions and raise issues regarding the service. They told us they can choose whether they have a bath or a shower. The service provider is working towards the 'Active Offer' of the Welsh language, there are a few staff who can speak fluent Welsh, key Welsh words are displayed on a board at the service and there are bilingual signs throughout the building.

People are supported to maintain their health and well-being. The service provider employs activity co-ordinators at the service. People told us they enjoy the activities on offer. They told us they are happy with the menu choice and said the food is "very good" and staff are "very accommodating" when they request an alternative meal. The service provider has assured us they are working with care staff to enhance mealtimes for people.

People are supported to access relevant health services when needed. We saw correspondence with health professionals is recorded as well as the outcomes of visits from professionals. Where health advice is obtained, this is included within people's personal plans. People told us they "only have to ask" and the staff arrange for a visit from the relevant health professional. People are supported to maintain relationships with friends and relatives and can receive visits as often as they wish.

People are protected from abuse and neglect. We saw safeguarding referrals are made to the Local Authority when required and the outcomes are recorded. There are systems in place to monitor incidents, such as falls. Care staff receive regular safeguarding training. The majority of care staff we spoke with are familiar with the safeguarding procedures. People told us they feel safe at the service and said staff are friendly and approachable. Appropriate safeguards are put in place for people who are unable to consent to the care and support provided.

The accommodation meets the needs of the people who live at the service. The home is clean and tidy throughout. The service provider continues to invest in the service, improvements to the décor are ongoing. The areas which have been redecorated are homely and overall the building is well maintained.

## Care and Support

People have a say in the way their care and support is provided. People and their relatives told us they are involved in the development and ongoing reviews of their personal plans. We reviewed a sample of personal plans and found detailed pre-assessments are carried out before agreeing to provide the service. These gather relevant information and help to develop the personal plans. Care staff work from personal plans and risk assessments which are mostly clear on how best to support people and how to reduce risks. Personal plans are reviewed at least every three months and when there are changes to people's needs. Care staff record the support provided and these show they are meeting people's needs. We viewed records which show people are supported to maintain their personal hygiene.

We received positive feedback from people who live at Hafod House, comments include *"I think it's great, they all work hard"* *"It's alright, yeah, better than being at home alone"* *"[I have] made friends here"* *"I think it is alright, no problems at all"*. When asked what is good about the service, people said *"They work hard"*, *"Everything"*, *"Staff are accommodating"* and [they have] *"Plenty of freedom"*. Overall, people receive care and support in line with their personal plans. When people request support with personal care, care staff support people discreetly and with dignity. We completed observations during a mealtime and found people are supported to maintain their independence and to eat at their own pace. We spoke with visiting professionals, feedback included *"They treat all the residents individually. They are very good"*. They told us the service meets the needs of the people they support, care staff engage well and follow any advice given.

There are safe systems in place for the management of medicines. Accurate Medication Administration Records (MAR) charts are kept, which show people receive medication as prescribed. Medication audits identify where actions are required and record when these have been completed. Care staff who administer medication receive regular medication training and their competencies are assessed, to ensure they are safe to do so. Medication is stored appropriately and daily checks are completed to ensure medication is stored safely.

## Environment

People receive support in a location and environment, which has the equipment and facilities to help them achieve their personal goals. The accommodation provided is accurately described in the Statement of Purpose (SOP). There is ongoing refurbishment work being carried out at the home. We saw an action plan which covers the remaining areas which require refurbishment. The service provider employs a maintenance person to undertake repair work around the home. There are systems in place for staff to report and record maintenance required around the home and these are signed off once completed. Furniture is well maintained. Where required, people have access to specialist equipment such as mobility aids. The home is warm and has sufficient lighting. People have facilities to store their belongings. People can choose where they spend their time and all communal areas are accessible.

The service provider identifies and mitigates risks to health and safety. When entering the building, all visitors sign the logbook for fire safety purposes. Throughout the building window restrictors are in place and large pieces of furniture are securely attached to the wall. Radiators are covered and there are bins with appropriate lids in place to manage the risk of infection. All health and safety checks are up to date, including gas safety, electrical, fire safety, moving and handling equipment and legionella checks. Unauthorised people are prevented from accessing the laundry and cleaning products. Kitchen staff complete the required daily checks and the service has a rating of five from the Food Standards Agency.

## Leadership and Management

The service provider has good governance arrangements in place to support the running of the service. The RI completes a report following their regulatory visits, which take place every three months. As part of the visit, the RI speaks with people who live at the home, relatives and care staff. Quality of care review reports are completed every six months and analyse feedback received from people, their relatives, professionals and staff who work at the service. More detail is required within these reports to reflect on ways in which the service could improve. Feedback is captured, we saw thank you cards and messages from relatives, who were complementary of the service. Policies and procedures are reviewed regularly. Regular audits are completed, which help identify ways the service can improve, what actions are required and when these are completed.

The service provider has good oversight of financial arrangements and invests in the service. We found there is a sufficient supply of food, Personal Protective Equipment (PPE) and cleaning equipment. The service provider continues to invest in the work around the home. There is appropriate public liability insurance in place.

People are supported by a service which provides appropriate numbers of staff, who are robustly vetted and have the knowledge, competency and skills to support them. We reviewed staff training records and found care staff receive regular training, including specialist training to meet people's needs. Before new staff are employed at the service, the appropriate checks are carried out, such as Disclosure and Barring (DBS) checks and references are sought. All DBS checks are up to date. Agency staff are checked to ensure they are suitable to work at the service. Most staff are registered with Social Care Wales (SCW), the workforce regulator. Staff are supported through regular supervisions and annual appraisals, which provide staff with the opportunity to review their learning and development needs. Regular team meetings take place, staff told us they find these useful and any issues discussed are recorded. We reviewed a sample of shift rotas and found the service provider ensures there are appropriate staffing levels in place, in line with the SOP. We received positive feedback from care staff, comments include "*I'm proud of Hafod House, it is very person centred*".

### 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 |
|------------|------------------------------------------------------------------|--------|
| N/A        | No non-compliance of this type was identified at this inspection | N/A    |



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