



## Inspection Report on

**Yr Hafan Nursing Home**

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

## **Date Inspection Completed**

20/08/2024

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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	11 December 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 satisfied with the care and support they receive at Yr Hafan Nursing Home. Care staff treat people with kindness and respect which has enabled them to build positive relationships with the people they support. Residents have choice and control over their lives and are supported to be as independent as possible. People have their own personal routines and do the things that matter to them both in the community and at the service.

There is information available for staff to understand how to best meet people's care and support needs. Care documentation is thorough and considers people's individual needs and how they are best met. People live in a homely environment that is warm, clean, and suitable to meet their needs. The building is safe and people have their own space.

Staff are available in sufficient numbers and have the skills to adequately provide support to people. Care staff are knowledgeable, respectful, and caring. Safety equipment is in place and health referrals are made to promote peoples' health and well-being. Improvements have been made to staff records.

## Well-being

People are treated with dignity and respect. Care staff have a good understanding of people's needs and engage with people in a positive way. Care staff encourage people to work toward fulfilling their personal goals and well-being outcomes. People told us they get on well with staff and commented, *"Staff are very courteous and very kind"* and *"There is always something going on, we have a great laugh here."* Records show people are offered choices to make everyday decisions. A relative confirmed this by telling us *"I'm so happy with this place. I think it's fantastic. I totally trust them."* The Responsible Individual (RI) told us they regularly speak with people who live at the home and their families about what is important to them and how to best support them. Staff told us they feel valued and well supported by the management team.

People get the right care and support. Records reflect referrals are made to a variety of healthcare professionals such as psychiatry and community nursing. This is also confirmed by comments from a visiting healthcare professional who told us they are satisfied with the care at Yr Hafan. People are happy and receive support from professional staff who know them well. Care staff levels are sufficient and a consistent team ensures people do not wait for their care.

People can do things that matter to them and feel valued in society. Records show people are supported to take part in various activities that are important to them. Regular house meetings take place to capture people's views. Feedback from people is sought as part of quality assurance process. People and their families told us they are supported to do as much as they want.

People are protected from harm and neglect. All care workers have received updated safeguarding training and are aware of their responsibilities and the procedures to report any concerns. There are robust and thorough staff recruitment checks in place. Policies and procedures to guide care workers are available which have been reviewed and updated where appropriate. Deprivation of Liberty Safeguards (DoLS) are requested for people who do not have the capacity to make decisions about their accommodation, care and support. The provider has some quality assurance checks in place and the service is visited regularly by the RI.

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 enables them to have private time. Yr Hafan is a welcoming environment where people feel part of the local community. People enjoy the company of each other and are well respected by staff.

## Care and Support

People get the right care at the right time. The staff at Yr Hafan have developed positive relationships with people. Staff have a good understanding of people's needs and provide support with kindness, compassion, and care. People we spoke to are positive about living at Yr Hafan. People are at the centre of care planning and are included in assessments and reviews of their needs. Care documentation is thorough and contains the required information. Personal plans of care highlight people's needs and how these should be met. We saw evidence that staff at the service work closely with external professionals and apply any advice or guidance into personal plans of care.

People enjoy a positive dining experience. We observed people during a lunchtime meal and saw care workers assist people in a relaxed and dignified way. Most people ate their meals at dining tables which had tablecloths, placemats, cutlery and condiments in place. Some people ate their meal at cantilever tables in the lounge. Staff assist residents in a respectful and dignified way and are aware of people's dietary requirements. There menu displayed for people to choose what to eat and they were verbally told what was on the menu. 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.

People can do things that matter to them when they want to do them. We saw a range of activities available which are meaningful to people. People told us they enjoy taking part in a variety of activities. Activities include bingo, gardening, quiz, one to one session with staff and '*Pampering and hairdresser.*' People are also supported to get involved in the running of the home by taking part in ordinary tasks of daily living. Records show people have access to local community facilities.

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. This consists of regular stock checks and monthly in-depth audits. Medication administration records are accurate and records of the disposal of medicines is completed. The audit process identifies mistakes and shows appropriate action taken. Staff who administer medication complete training and have competency reviews. The medication cabinets are secured in a locked room. As and when required medication is appropriately administered in line with instructions.

## Environment

People live in an environment that meets their needs. Yr Hafan is a detached property located in a residential area of Pontardulais that has local amenities and transport links. The home is set over three levels and benefits from communal space that enables people to spend time alone or with the company of others if they prefer. There are enough bathrooms and toilets within the service which are clean and in working order, there is a kitchen with separate dining room and lounge. There is an external paved garden area which is organised with seating and areas of interest.

The property is well maintained, warm, welcoming, and clean. There is a system of monitoring and auditing in place but this requires strengthening. We discussed with the manager the need to ensure that health and safety monitoring was strengthened. People are cared for in bedrooms which are comfortable, decorated to their taste and contains personal items but some could be further personalised. People are free to access their rooms or communal space as they wish and are encouraged to make their bedrooms as personal as possible.

People can be assured they live in a safe environment. On arrival we found the main entrance secure, we were asked for identification and to sign the visitors book before being permitted entry to the home. The environment is homely and mostly clutter free with hazards reduced as far as possible. However, we found the ground floor hallway to be cluttered with hoists which needed to be stored correctly and not obstructing the hallway. The manager assured us this would be addressed. Harmful chemicals are locked away safely. Safety checks to the building include gas, electric and repairs are completed without delay. There is a fire safety risk assessment in place and all residents have a Personal Emergency Evacuation Plan (PEEP) which is important as this document guides staff on how to evacuate people in the event of an emergency.

Laundry facilities at the service require reviewing as we found that the ventilation system risk assessment is out of date. This document is important as the system itself minimises the risk of contamination and infection. We discussed this with the manager who assured us this would be addressed as a matter of priority.

## Leadership and Management

There are arrangements in place for the smooth running of the service. The manager is respected in the service and has support from the staff. The manager is visible in the service daily. Care workers are complimentary of the manager and senior staff. The manager completes regular walk arounds in the service, spot checks and there is effective communication with the RI. We viewed the statement of purpose (SOP), which accurately reflects the service and describes what support they can provide. We looked at a selection of policies and procedures and saw these are reviewed routinely and updated to reflect any changes in legislation.

Systems are in place to regularly check on the quality of care and support. People are asked their views in different ways including questionnaires, face to face visits and telephone calls. We saw the RI evidence feedback discussions with people. The quality of care review was also seen and meets legal requirements. Team meeting records include important information for staff. People are given information about the service which includes details of how to complain if they are not happy. Complaints to the service are taken seriously and dealt with effectively. The quality assurance policy and arrangements in place for auditing requires strengthening. To ensure robust recording of care is undertaken by staff. We discussed this with the manager who assured us this would be addressed immediately.

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 that *"We have renewed our Home Office Sponsor License, allowing us to recruit overseas, supporting staff retention and providing team stability."*

People are supported by care staff who are safely recruited, feel supported in their roles and receive training to ensure people's needs can be met. Documentation to evidence safe recruitment has improved and was available, this includes identification checks, full employment history, reference checks and up to date Disclosure and Barring Service (DBS) checks. We saw a training matrix shows staff are up to date with mandatory training. Staff records are up to date with supervision and appraisals. However, we discussed with the manager, the need to ensure there was oversight and quality monitoring of these. We spoke to care workers who are all happy in their work and are very complimentary of the support they receive and the training they complete.

### 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.

### Area(s) for Improvement

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



	inspection	
35	Staff records were incomplete. Ensure there is a full record of the staff who are caring for people at all times.	Achieved

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