



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru  
Care and Social Services Inspectorate Wales

## Care and Social Services Inspectorate Wales

Care Standards Act 2000

# Inspection Report

Haulfryn  
Pistyll Hill  
Cymau

LL11 5ER

Type of Inspection – Baseline

Date(s) of inspection – Thursday, 20 August 2015

Date of publication – Friday, 11<sup>th</sup> September 2015

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### **About the service:**

Haulfryn is registered to provide personal care for up to 24 people with a diagnosis of dementia/mental infirmity. Two people under the age of 65 years may be accommodated within the overall number.

The registered provider of the service is Haulfryn Care Ltd. The nominated responsible individual for the company is Mrs Sandra Regan. Mrs Regan is also the registered manager of the service. The home is a large detached building situated in an elevated position in the village of Cymau with panoramic views over the countryside.

### **How we carried out this inspection:**

We, Care and Social Services Inspectorate Wales (CSSIW), visited the home on 20<sup>th</sup> August 2015 between the hours of 9:15 am and 16:30 pm. This was a baseline inspection, looking at all four themes, and was unannounced.

Information for this report was gathered from the following sources:

- Discussion with the registered manager, a director of the company, and the trainee manager.
- Discussions with two people using the service, and five visiting family members.
- Discussions with visiting professionals.
- Discussions with staff.
- A sample of records in relation to people using the service, staff and the operation of the home, including staff rotas, training matrix and the home's Quality Report from 2014.
- Our observations during the visit, including the use of the Short Observational Framework for Inspection (SOFI) tool. The SOFI tool enables inspectors to observe and record life from a service user's perspective: how they spend their time, activities, interactions with others and the type of support received.

### **What we found:**

We saw that people experience warmth, attachment and belonging and are supported in a positive manner, and this was confirmed by the relatives of people who live in the service. People looked relaxed and comfortable, both in the company of each other and in the company of staff members. We found that the home seeks to support both the people who live there, and also their families/representatives. We found that the leadership team were focussed on providing excellent care, and continually seeking ways to improve the service, and are keeping abreast of the changing nature of care giving and utilising opportunities to drive sector developments. Visiting professionals told us this would be their home of choice.

### **What needs to be done to improve the service:**

#### **Outstanding areas of non compliance from previous inspection**

There were no areas of outstanding non compliance.

#### **Areas of non compliance identified at this inspection:**

No areas of non compliance were identified at this inspection.

**Recommendations for practice improvement:**

The dining experience for people who live in the home could be enriched; we suggest current dementia research be used to further enhance the experience.

Currently snacks and drinks are not freely available for people to access independently, we suggest ways are sought to address this.

Consider the use of the double bedroom on the first floor, as currently it does not appear to provide homely accommodation for a second person.

To evidence care plans are produced with people who live in the home and/or their representatives, it would be good practice for them to sign them.

## Supporting Wellbeing

We saw that people experience warmth, attachment and belonging. People looked relaxed and comfortable, both in the company of each other and in the company of staff members.

People can feel they belong and have safe positive relationships. We saw people relating well to staff and other people using the service. One person told us the people here are friendly, and someone told us the staff were 'great'; we saw banter between the people who live in the home and staff, which made all involved smile and laugh. Whilst activities were taking place, we observed plenty of laughter and smiles from the people who live in the home.

People who live in the home are content and happy. We saw people enjoying themselves, being fulfilled emotionally, socially, physically and intellectually and having things to look forward to. We saw staff being kind and gentle with people, and people responding to that. People are able to have visitors at anytime through the day, so have their social needs met. People are offered a variety of activities from reading things of interest to them, to playing games like hoopla. One family member told us her father used to look forward to the musician coming in to the home. The home are proactive at arranging activities. Everyday there is someone whose duty it is to encourage people to do activities, and we saw this was as individuals or in groups. In one lounge there was music from the 50's and 60's playing, which people were seen to be enjoying. In another lounge there was a TV screen with a DVD of an aquarium on, with softly playing music, and in another lounge people were watching current TV programmes, including the news.

People are being enabled to do things for themselves, to maintain and recover individual skills. We saw people being encouraged to do things for themselves, and care plans we saw evidenced that staff are encouraged to allow people to do as much for themselves as possible. Care plans also evidenced that if people have activities they enjoy they are encouraged to continue with this; in particular people are encouraged to garden. We were told some people, when first admitted had difficulty eating, but with support they can independently eat their meals, evidenced by weight gain after being in the home for a short time.

People who live in the home have continuity of care, because family are able to visit and continue to provide care, which gives people a sense of familiarity and reinforces family connections.

## Quality of Care and Support

Overall people are supported in a positive, friendly and warm manner. However improvements could be made to improve meal time experiences.

People can feel sure that they receive the right care, at the right time, in the way they want it. This is because we saw that care plans are detailed in what care people need, and how to deliver it, noting things that work well. They also encourage independence, often noting that people should be encouraged to do things for themselves if possible. We saw there was a one page profile which gave a clear picture of the person, including their likes and dislikes and interests, and strengths. There was also a 'My life story so far', which we were told the family are asked to fill in, but also over time is completed with the individual. This will ensure that staff know individuals and will enhance the care experience.

People are supported to be as healthy as they can be. This is because we saw the care plans clearly describe any health issues and how to support people with them. We saw evidence that outside professionals come in to support people with their health needs, including Community Psychiatric Nurses, district nurses, doctors, dentist and chiropodists. We spoke to two visiting professionals who told us the home delivers good care and they are called if there any issues that people need support with. The home have appointed Champions for Dental care, Falls, Dementia and End of Life. This will encourage staff to ensure these important domains are planned for, and knowledge is kept up to date.

People enjoy appropriate, healthy and nutritious meals and drinks. The person in charge of the kitchen maintains a very high standard and has obtained a score of 5 in the environmental standards. People are offered choice for all meals, and vegetarian food is also provided for those who wish it. People are also able to take their meals when they choose, and we saw people eating breakfast at various times. We noted that on occasions the meal time experience could be enhanced. In line with current research, e.g. Alzheimer's Inspiring Action, Leadership Matters in Person Centred Dementia Care; it should be turned into a social occasion and not a task, and staff should support people to keep conversations going. People are provided with drinks throughout the day; however we did note that there were no drinks around the home that people could access independently. We also noted that there were no snacks readily available for people to help themselves to independently, which is recognised as good practice. We have discussed this with the home manager who will consider how this can be addressed.

People are treated with kindness and compassion, and are offered warmth, encouragement and emotional support. People living in the home told us they are treated with dignity and respect, and visiting professionals told us that they always observe people being treated with dignity and respect This is also what we observed. One family member told us that over a number of days, when she was there continuously, she observed her father being cared for with 'warmth and love', and said the staff are 'amazing'. They also told us the management and staff gave her a lot of support to deal with the difficult times they were going through.

## Quality Of Leadership and Management

The leadership team show a strong commitment to driving continuous improvement and consulting with others on the quality of service they provide.

There are robust and transparent systems in place to assess the quality of the service in relation to outcomes for people, which includes feedback from people using the service and their representatives. The home sends out surveys to people, including visiting professionals and prepares a quality report, which we have had sight of. This is available on their website, along with quotes from people who have completed the surveys, most of which are very positive.

The needs of the people living in the home are compatible. We saw evidence that the home complete a pre-assessment to ensure they can meet the needs of people using the service. We saw that the people in the home had similar needs, which the home were able to meet. This is also compatible with the vision and the purpose of the service as stated in the home's Statement of Purpose.

There is evidence of driving continuous improvement and a willingness to learn from best practice, incidents and feedback from people using the service. The director is a member of Care Forum of Wales, and has been part of a project which has been developing the 'Wales Outcome Based Service Specification for Care Homes to provide Enriched Care for Service Users Living with Dementia', and is ensuring their practice is in line with this specification. The registered manager has been representing the home in the consultation of Betsi Cadwalader University Health Board's Falls Pathway, and has ensured that all people living in the home have this pathway in place, ensuring preventative measures are taken where possible to reduce the risk of falls. Further evidence of learning from best practice is that the Flintshire Quality Contracting report identifies good practise to record oral care needs, and we saw that this is now being done. Another way that the home is ensuring that they learn from incidents and feedback is the use of learning logs. This is where staff record negative or positive incidents, and then this is analysed so that all staff can learn the best way to support individuals.

People can be sure that they are safe and protected from abuse and neglect. This is because all staff are recruited safely and have the necessary checks made and are trained in safeguarding issues and how to whistle blow if required. Staff told us they would feel confident in reporting any concerns. However we did note that some references were obtained after the staff member had stated work; the manager was made aware and advised us they were aware of some management issues that are in the process of being resolved.

## Quality Of The Environment

Overall people in Haulfryn are living in an environment which is uplifting, clean and warm and meets their needs.

People feel uplifted and valued because they are cared for in a comfortable, clean, homely and personalised environment. The home was clean on the day we visited, and other visitors told us the home is always clean and well cared for. There is a cleaner on duty everyday, who also looks after the laundry. The care home was homely, there are three lounges, of various sizes, which can be used to meet different needs, i.e. a quiet lounge, a TV lounge and a more active social lounge. Each bedroom is individualised and people can choose their curtains and bed linen, as well as bring in personal items. The home has two double bedrooms. We observed that one double bedroom, whilst currently being used as a single room, does not offer homely accommodation to the current occupant or to a potential second person. We advised the home to consider how this room is used in future.

People's well being is enhanced by having access to safe, pleasant and interesting outdoor space, which is easily accessible. The garden is enclosed by an attractive metal fence to one side, and natural hedging to another, which leads to open vistas over the valley. The garden is well stocked with flowers and bushes, and people living in the home, help with maintaining the garden. As there is someone in the home who is fond of feeding birds, the home have invested in numerous bird feeders, so the person can continue her hobby of watching the birds feed, and others can enjoy this as well. The garden is easily accessible independently, and this has just been enhanced by the addition of French doors from the main lounge, with a ramp to make it easy for those with mobility issues.

People are cared for in safe secure, warm and well maintained surroundings. We saw that in a staff meeting it was identified there were issues with the bath seat in the upstairs bathroom, this has now been completely replaced. We received confirmation from the fire service that the home had a fire safety audit on 14/7/15, and it was satisfactory. We were advised that all equipment had maintenance contracts, and were regularly serviced and maintained.

**How we inspect and report on services** We conduct two types of inspection; baseline and focussed. Both consider the experience of people using services.

- **Baseline inspections** assess whether the registration of a service is justified and whether the conditions of registration are appropriate. For most services, we carry out these inspections every three years. Exceptions are registered child minders, out of school care, sessional care, crèches and open access provision, which are every four years.

At these inspections we check whether the service has a clear, effective Statement of Purpose and whether the service delivers on the commitments set out in its Statement of Purpose. In assessing whether registration is justified inspectors check that the service can demonstrate a history of compliance with regulations.

- **Focussed inspections** consider the experience of people using services and we will look at compliance with regulations when poor outcomes for people using services are identified. We carry out these inspections in between baseline inspections. Focussed inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focussed inspections may be scheduled or carried out in response to concerns.

Inspectors use a variety of methods to gather information during inspections. These may include;

- Talking with people who use services and their representatives
- Talking to staff and the manager
- Looking at documentation
- Observation of staff interactions with people and of the environment
- Comments made within questionnaires returned from people who use services, staff and health and social care professionals

We inspect and report our findings under 'Quality Themes'. Those relevant to each type of service are referred to within our inspection reports.

Further information about what we do can be found in our leaflet 'Improving Care and Social Services in Wales'. You can download this from our website, [Improving Care and Social Services in Wales](#) or ask us to send you a copy by telephoning your local CSSIW regional office.