



Inspection Report on

Hafan

Haverfordwest

Date Inspection Completed

17/01/2024

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About Hafan

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Silver Springs Support Ltd
Registered places	4
Language of the service	Both
Previous Care Inspectorate Wales inspection	November 2022
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

Hafan is a small care home which provides care and support for people with learning disabilities and mental health support needs. A Responsible Individual (RI) is in place and the manager of the service is supported by a dedicated and committed care team. People receive a very good standard of care in the service and have up to date personal plans in place that are very specific to their individual needs. People are encouraged to be involved in the development of their personal plans and their independence is promoted as much as possible. Care workers know the people they support well and feel valued in their roles. The provider has safe recruitment procedures in place for new staff and good support is offered to staff through regular training, meetings, supervision and appraisals.

Hafan is a very homely service which is clean and well maintained throughout. The RI, who has very good oversight of the service, regularly visits the home to support the management and oversee performance. People and staff are asked to provide feedback to drive improvements in the service and all regulatory documentation and notifications are completed as required.

Well-being

People have a voice in the planning of their care and are encouraged to give their feedback to drive improvements in the service. Regular meetings take place between people and their named keyworker where they can discuss all aspects of their lives, care and hopes for the future. Personal plans contain clear information about peoples support needs and their goals and ambitions. Corresponding risk assessments are also in place, and these contain information on how best to support people at different times of need. Regular keyworker meetings inform any changes needed to these documents, which are updated as required. People are encouraged to share their views on the service and suggest improvements on a regular basis and also when the RI visits.

People are protected from harm. Care staff complete mandatory safeguarding training and those spoken with were aware of their responsibilities to safeguard the people they support. Personal plans are accompanied by detailed risk assessments. People who are lacking in capacity have appropriate Deprivation of Liberty Safeguards (DoLS) in place. Policies and procedures are up to date and reviewed appropriately. There are security arrangements in place to maintain the safety of people living in the service. Robust recruitment checks are completed for new care staff. Care staff receive good training and support in their roles.

People's emotional well-being, physical and mental health is promoted. People lead active lives and regularly participate in activities away from the service. Detailed risk assessments are in place for all activities carried out. Care workers know the people they support very well and can recognise any changes in their presentation and health, enabling them to take prompt and appropriate action. There are good procedures in place to manage medication in the service. People are supported to attend routine medical appointments as needed and these are documented in care records.

Care and Support

People are supported with up-to date personal plans of care that reflect their changing needs well. Specific care plans are in place to detail care and support needs of individuals. There is an emphasis within the service on supporting people to be as independent as possible. Staff communicate with people using a variety of methods and they have a named keyworker who knows them well. Regular meetings take place with people in which their personal plans, goals and general feelings about the service are discussed and recorded. Detailed risk management plans are also in place which notify care workers of the best way to support people at different times. Personal plans and risk assessments are reviewed at least every three months and are updated to reflect any changes as needed.

There are good systems in place to maintain people's health and manage medication in the service. We saw medication is stored securely with temperature checks in place. Routine audits take place to minimise medication errors and address any issues in a timely way. We looked at the medication administration records of two people and found these were completed accurately. People are supported by care workers who know them well and seek prompt support if there is any deterioration in health. Good records of medical appointments and consultations were seen in care files, for example, Occupational Therapy, Psychology and Behavioural Services and Speech and Language Therapy appointments.

Effective systems are in place to ensure people are able to participate in activities which are meaningful to them. We saw people going out into the community and returning home throughout the inspection. We saw records indicating that people are routinely active within the local community, for example, visiting a trampoline park, Oakwood theme park, swimming, to the shops and cafes and visiting family. People also attend courses at the local college, with the support of care staff if needed.

Care staff complete training in safeguarding and those spoken with understand their responsibilities to report any concerns they have about the people they support. There is a safeguarding policy in place which has been reviewed to reflect the Wales Safeguarding procedures. Appropriate Deprivation of Liberty Safeguards (DoLS) are in place in order to legally protect people.

Environment

Hafan is a welcoming and homely service that supports people to meet their personal outcomes. The décor throughout is of a very good standard. All bedrooms are of single occupancy, one with en-suite facilities. Sufficient shared toilets and bathrooms are available for people. We saw people relaxing in the spacious lounge/dining room and enjoying the sensory area located in one corner. The kitchen is accessible to people and is well stocked and domestic in nature. A communication board is located in the dining room in order to assist people to recognise topical matters such as who is on duty, what the weather is like and suggested meal options. Communal areas are well decorated, light and airy and furniture is in good state of repair. Bedrooms are personalised and people can influence and choose their furnishings and décor to suit their individual needs and tastes. An enclosed rear garden provides people with a safe and private area to enjoy recreation such as swing ball and football and to sit out and enjoy fresh air if they choose to.

The provider has good procedures in place to identify and minimise any health and safety risks in the service. Regular checks are carried out, including environmental checks, fire system and water temperature checks. We saw the fire risk assessment is reviewed annually and every person living in the service has their own personal evacuation plans which they have read and understand. Routine servicing takes place on utilities in the service and certificates are in place for these. The provider has maintenance procedures in place and any issues are addressed promptly.

Leadership and Management

People are supported by a care team who are recruited, supported and trained appropriately for their roles. We looked at three personnel files and found all documentation required was in place for safe recruitment. This includes previous employment history, two written references and up to date Disclosure and Barring Service (DBS) checks. Care workers and the manager receive regular supervision and annual appraisals. We saw the training matrix and saw that staff were up to date with mandatory training requirements and with service specific development training. Feedback from care staff about working in the service was positive, with comments including: *“the management are really supportive, enabling me work around my home commitments and to achieve a good work/life balance”*.

Good systems are in place to oversee the service effectively through ongoing quality assurance and routine monitoring. In house audits are carried out by the management team in the service and the RI visits the service regularly. During visits the RI double checks the management audits and carries out further checks on documentation and sampling of care and personnel files. The outcome of these is recorded in the RI quarterly reports. People and care staff are encouraged to provide feedback about the service during these visits in order to seek their views and drive improvements. The bi-annual quality of care reports evidence that the RI has good oversight of how the service is performing with recognition of achievements made and any areas for improvement. The service’s Statement of Purpose (SOP) gives an accurate reflection of the service and what it provides for people. We viewed a sample of the provider’s policies and procedures which have been reviewed and updated to reflect any changes in legislation where required.

Staffing levels meet the needs of people living in the home. We saw some people were being supported in the community, with appropriate staffing ratios, during the inspection. Staff turnover at the service is low which provides continuity of care for people living in Hafan.

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