



# Inspection Report on

**Hafod - short term care**

**Mold**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

15/02/2024

**Welsh Government © Crown copyright 2024.**

*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](mailto:psi@nationalarchives.gsi.gov.uk)*  
*You must reproduce our material accurately and not use it in a misleading context.*

## About Hafod - short term care

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Flintshire County Council
Registered places	3
Language of the service	Both
Previous Care Inspectorate Wales inspection	23 June 2022
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

Hafod provides a short-term care service, offering respite care for people and their carers. People look forward to their visits, and their relatives can be sure they will be well supported. People can maintain their usual routine during their stay. They can expect a friendly and welcoming environment. Support staff prepare for each individual's visit, ensuring they receive a warm welcome.

The building is comfortable and homely. Management ensure health and safety of the building is maintained. There was a priority action notice for this at our last inspection, and we saw this has now been addressed.

Management visit regularly to speak with people and support staff and review the service. The responsible individual (RI) visits the service every three months. This was an area for improvement at the last inspection which has been met. Support staff feel well supported in their roles. However, we saw support staff do not receive formal supervision as frequently as they should, in line with regulation. We also found gaps in the training support staff receive. We will follow this up at the next inspection.

## Well-being

Support staff ensure people have choices about what they want to do during their stay at Hafod. They can continue to participate in their usual activities in the local community if they wish. Some people view their stay at the service as a break from their day to day lives and like to do different things during their time away. People and families told us the service does not just provide a break for carers, but a break for people too. Relatives told us their loved ones look forward to staying there. One person told us the best thing about the service is “*it’s a break*”, and a relative told us their loved one regards their visit as a holiday. Support staff told us people staying at the service are considered as “*guests*”.

People plan their days collaboratively with support staff. During our visit, we saw people making decisions about how they wanted to spend their day. We were told some people look forward to attending a local disco, they can also plan trips out such as bowling, shopping or to the cinema. People form friendships while at the service, and some enjoy socialising and going on outings together. People can choose what they want to eat, and their menu each day is planned with support staff. The manager is planning to introduce some changes to ensure healthy options are actively offered to people.

People feel safe and secure when visiting the service. However, we found there are gaps in the renewal dates for safeguarding training. This means there is a risk staff knowledge of current safeguarding procedures is not up to date. We also found support staff are not receiving regular supervision. These issues will be followed up at the next inspection.

The service is working towards an active offer of Welsh. Some members of staff can speak Welsh, and it is possible for people receiving a service to have Welsh support staff for some of the time. Support staff have access to Welsh language courses and a conversation group. The manager also hopes to provide British Sign Language training for one member of staff in the future.

## Care and Support

Support staff consult people and their families prior to each visit to the service, to check for any changes and confirm their choices for their visit. Any changes are recorded and communicated to the support staff. The manager is making some improvements to ensure changes are reflected in personal plans, which will be reviewed more regularly. People may express preferences for what they wish to do during their stay, this may include trips out in the local community or having a takeaway one day. Support staff are aware of people's daily routines and ensure they can maintain any routines that are important to them. Management considers the compatibility between people and will try to ensure people stay at the same time as others they know well. This means people can enjoy the social aspects of their stay, with some people enjoying trips out together. One person told us they like meeting new people when they stay. They relayed stories about the people they have met and look forward to seeing on their visits.

Support staff are aware of people's individual needs. There are clear positive behaviour support plans for people. Personal plans have a clear description of triggers which may cause people to become distressed or agitated and how to support them if the need arises. Support staff are clear about people's health needs. They have safe systems to check medication in and out for each stay and we found medication administration records were clear and fully completed.

People are kept safe from the risk of infection. We found the service was clean and tidy throughout, and there is a cleaning rota in place. We saw stocks of personal protective equipment for support staff to access.

## Environment

The service is fully accessible with plenty of level access space for wheelchairs. There is specialist equipment available, such as hoists. People can expect a homely and welcoming environment for their stay. The bungalow is decorated in a homely manner, with minimal signs and notices. There are numerous photos on display of people enjoying different activities during their stay. People were pleased to show us photos of themselves and their friends. There is a dining room with a table at which people can enjoy a meal together if they wish. There is also a garden which people can access, and this provides an outdoor space for them to relax on warmer days.

The service is maintained to a good standard. Management ensure regular health and safety checks are completed. We saw evidence of up-to-date gas and electrical safety checks. Fire safety checks are completed, and scenarios are discussed in team meetings. This ensures support staff are clear about how to evacuate the building in the event of a fire. People have personal emergency evacuation plans which are clear for support staff to follow. Improvements have been made to the building since our last inspection to ensure it is fully compliant with health and safety. This was a priority action notice at our last inspection which has now been met.

## Leadership and Management

Management has oversight of the service and visit regularly to ensure it is running smoothly. They have introduced a weekly audit visit to the service. The deputy manager visits the premises weekly to check compliance with health and safety and medication records. They also review a sample of people's files. The support staff we spoke to told us they feel supported by the management. One member of staff told us their relationship with management was "*very good*" and "*they are always at the end of a phone.*" A quality-of-care report is completed every six months. These provide a thorough and honest review of what the service is doing well and where improvements could be made. The RI visits regularly, focusing on a particular area to review during each visit. This was an area for improvement at the last inspection, which has now been met.

People are supported by staff who have received appropriate recruitment checks and inductions before commencing their roles. We saw evidence of references and disclosure and barring service checks for support staff. Newer members of staff told us they received a thorough induction, with plenty of time to shadow and familiarise themselves with the projects and people. One member of staff told us they were encouraged to take their time on their induction and that it is "*nice to feel part of a team.*" Whilst support staff told us they felt well supported, the formal supervision records did not record supervision taking place every three months, in line with regulation. Training records contained gaps in mandatory and specialist training for support staff. The manager has a training plan to address this. Supervision and training for support staff is an area for improvement. We expect the service provider to take action and we will follow this up at the next inspection

The service provider ensures the service is well maintained and people have access to the things they need to make their stay comfortable. They have invested in a vehicle which is available to take people out, enabling them to access activities they enjoy in the local community.

### 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
57	The service providers do not ensure that any risks to the health and safety of individuals are identified and reduced so far as reasonably practicable.	Achieved

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
36	Staff are not receiving supervision every three months, and staff have not received all of the mandatory and specialist training required to meet people's needs. Ensure all staff receive regular supervision, and mandatory and specialist training is renewed when it is due.	New
73	The responsible individual does not visit the service at least every three months.	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** 10/04/2024