



Inspection Report on

Hafan y Waun

**Primrose Hill
Waunfawr
Aberystwyth
SY23 3AY**

Date Inspection Completed

22/06/2022

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About Hafan y Waun

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Methodist Homes
Registered places	90
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	No. This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people /children who use, or intend to use their service.

Summary

This focused inspection is to review the three open Priority Action Notices (PANs) around the staff training, the statement of purpose and the provider's oversight of the service.

The PAN around staff training has been closed because the training has improved. There is a combination of E-Learning and face to face discussions with a tutor, that enable the staff to effectively support people. The provider has updated the statement of purpose to be a more accurate reflection of the service and this PAN is now closed.

The provider has improved the oversight of the service. The Responsible Individual (RI) has visited the home and involves people, their representatives and care workers in their visit and subsequent Quality of Care report. This PAN is now closed.

The environment was identified as an Area for Improvement in the last inspection and was not tested during this inspection. However, it was pleasing to see the improvements made and the positive impact they have had on people who live and work in the service.

Well-being

A well trained and enthusiastic staff team support people to meet their health and well-being needs. People receive person centered care and do things they enjoy. Care workers sensitively support people, and we observed a person telling a worker *"You are so lovely"*. People enjoy stimulating activities in the many different communal areas and the well-presented grounds.

People and/or their representatives are involved in decisions and express their views about the service. People are included in the refurbishment of the communal areas and individual rooms. When finished the environment aims to enhance well-being.

The Service User Guide gives people accurate and up-to-date information about what to expect. The provider reviews the Statement of Purpose to ensure they are able to assess and improve the quality of the service.

People are also able to express their views about the service because the RI involves them and/or their representatives in quality assurance audits. Staff contribute with ideas and suggestions to improve the quality of service during RI quarterly visits. Information from internal audits and surveys enables the RI to monitor and assess the quality of the service. Clear actions and time frames enable the provider to enhance the overall service it offers to people.

People receive care from workers who are motivated and feel valued. All of those we spoke with, feel things are improving in the service and attribute this to the managers leadership style and improved staffing levels.

Care and Support

Care and support was not a focus of this inspection, however our discussions with staff and observations of interactions show the service is meeting people's health and well-being needs. Care workers know individuals well and apply principles learned through training to effectively support people. For example, positive and encouraging communication with people who have memory challenges and stimulating activities that promote socialising.

Staff are guided by up-to-date personalised plans. Senior care workers are now involved in assessing people's needs, reviewing, and updating individual plans. Senior workers told us *"It's so important because we know people and it's good to be involved"* and *"the life story is the most important thing and that's what we focus on"*. Communication systems between the staff team are effective and ensure people get what they need.

People enjoy different opportunities in the service and in their local community, a care worker told us *"Lots of activities are a great help and people are going out, doing music therapy, going to services, enjoying the gardens, etc. Things are falling into place and it's nice to be here to see it"*

People speak positively about the support they receive from passionate and sensitive care workers. Everyone we spoke with are looking forward to the completion of the refurbishment works and the positive impact it will have for the service.

Good hygiene practices continue throughout the service. Staff wear the correct PPE and follow Public Health Wales guidance.

Environment

The environment was identified as an area for improvement in the previous inspection and it was pleasing to note the provider has made progress into addressing it.

The manager and maintenance team are decorating the building one section at a time to minimise the impact on people. An area that has been re-decorated has new flooring, paint work and all doors are different colours to help people orientate around the building. Communal areas are being re-designed to encourage people to interact by creating smaller seating areas with things for people to do.

The reception area is being re-designed to stimulate people with a tea shop, railway carriage and park bench. This area leads out into the newly refurbished gardens that have been designed with the support of the local community. The gardens are easy to walk around, have raised beds, areas to relax and a mural that connects people to the local area. A care worker said, *"the building work is going down really well, the community are involved and things are great and it's beneficial for the residents"*.

Although the Area for Improvement is not due to be fully tested until the next full inspection, we acknowledge that the provider has taken steps to address the environmental issues. We expect this action to continue and the refurbishment to be complete by the next full inspection.

Leadership and Management

Staff receive effective induction to meet people's needs, a care worker told us *"I felt it covered everything I needed to know. The drop-in session with the dementia champion was a good way to check I used the training practically"*. Ongoing development supports care workers to expand their knowledge and one said, *"I did dementia training face to face, and it was quite interesting, and things change, and it updated me"*. We have closed the PAN because staff have the skills and competencies to meet people's needs.

The PAN around the Statement of Purpose is closed because it has been reviewed and updated, it is now an accurate reflection of the service provided. People now have the correct information about the service and the provider can monitor performance against the Statement of Purpose.

The provider has improved arrangements to monitor, review and improve the quality of the service. The latest Regulation 73 report is comprehensive and details discussions with staff, people, and their representatives. Suggestions from relatives is recorded along with the actions to resolve them, as well as feedback from staff. Care workers are positive about the discussions with the RI around improving the service. A care worker told us *"[RI], I met him recently, he's very approachable and knowledgeable"*. The six-month Quality of Care Review is detailed and contains feedback from people and their representatives.

We can conclude that the oversight of the service by the RI has improved and is positively focusing on the well-being of people who live and work in the service. We have closed this PAN and expect this level of oversight to continue; this will be tested in future inspections.

The new manager has brought guidance and structure to the service. Staff are positive about their leadership, and we were told *"[Manager] is really good and a positive leader"* and *"my workload is structured, and I have more time to interact with residents"* and *"[Manager] is expanding my knowledge and I'm looking forward to the future of the home because I have trust in the manager"*.

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
6	Dementia training for the care staff is not adequate and this impacts on the quality of the service for people who live in the home.	Achieved
7	The service at the home is not a reflection of the Statement of Purpose, particularly around support for people who live with dementia	Achieved
8	Reg 73 visits take place but people and/or their representatives are not consulted, care workers are not involved and the views of partners are not sought. Generally the Reg 73 visits have been positive and have not identified issues with the environment or training until 17th December 2021. The Reg 80 Quality of Care Review does not identify any of the key issues with the environment or training. The review does not make of the quality audit system	Achieved

	such as falls and incident analysis and does not make any recommendation to improve the service from this data.	
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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
43	The building is not dementia friendly and does not support people with memory challenges to achieve their outcomes.	Reviewed

Date Published 01/08/2022