



Inspection Report on

Hiraeth House

Swansea

Date Inspection Completed

06/06/2023

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About Hiraeth House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Empower Support Limited
Registered places	6
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

Hiraeth House is a newly developed service that is located close to Swansea City centre. People receive a good standard of care and support. People told us they are happy living there; we saw people settled and at ease in their environment. Care workers are knowledgeable, compassionate, respectful, and support people to achieve their goals. The responsible individual (RI) and manager have a strong presence in the service and aim to provide the highest standards of care and support to people. The service has systems to monitor care and support. People have detailed and up to date personal plans which are reviewed regularly with people and their representatives. Policies and procedures are in place to help protect people from harm or abuse. The service has auditing systems and meets the legal requirements in relation to RI consultation and quality of care reviews. The environment is of a high standard, clean and supports people to meet their needs. Infection control measures are of a good standard. Care staff are recruited following robust recruitment checks, receive supervision and thorough training, and feel supported in their work.

Well-being

People receive a good standard of care and support by an experienced, well trained and dedicated staff team, manager and RI. We observed care workers supporting people in a friendly way with positive and supportive interactions. People told us they like living at the service. We saw good examples of person-centred support by the service. The service supports people to access independent advocacy, helping them to make sure their voices are heard. People's views and wishes are actively and regularly sought.

People's physical, mental health and emotional well-being is promoted and maintained. Personal files viewed, indicate people's needs are fully considered including their ability to participate in care planning. We found personal support plans are up to date, regularly reviewed and give a good reflection of the current needs of people. People are involved in and consulted about their care and support needs on a regular basis. Risk assessments are detailed and thorough to ensure people are supported safely. There are thorough and detailed staff recordings and daily records. There are good procedures in place for the recording, storing, and auditing of medication in the service. People are supported by care workers who know them well and seek medical assistance quickly to support them appropriately when required.

People live in a home that is safe, secure and homely. There is a sign-in process to enter and leave the premises. The service is new and has recently been completely renovated and refurbished to a high standard. The service is clean, clutter free and comfortable throughout. Health and safety building checks are completed and documented routinely. There is good compliance in relation to building safety certificates and checks. The environment meets the needs of the people living there extremely well.

There are systems in place to help protect people from abuse and harm. Training ensures care workers are sufficiently skilled, for example around how to manage medication safely, or supporting people with their manual handling needs. Policies and procedures support good practice and can assist staff to report a safeguarding concern or 'whistle blow', should this be needed. Care workers report they feel confident if they raised an issue with the manager, it would be responded to. The service ensures staff are fit to work at the service, and supervision and appraisals support continued development. Incidents and accidents are logged, and appropriate actions taken by the service. Ongoing quality assurance audits ensure systems remain effective and improvements are identified and addressed. The service acts in an open and transparent way.

Care and Support

People are provided with a good standard of care and support and their personal wishes and aspirations are consistently valued and supported. We saw positive interactions between care workers and people. Care and support is provided in a dignified and respectful manner and people are well cared for. People receive support to access meaningful and beneficial internal and external activities of their choice. The activity schedule details both internal and external activities. We saw good levels of staffing which align with personal plans and commissioned support. One person told us; *“I get along really well with all the staff and enjoy living here. I complete a range of household tasks like cleaning, clothes washing, shopping, cooking etc. I have no concerns or issues”*.

The provider has current and up to date plans for how care is provided in order to meet support needs. An electronic support planning system is used to document and record people’s care and support. Compatibility is considered before a person moves in. Staff recordings give important information about people’s progress and identifying changes in care needs. We saw good examples of person-centred support by the service, helping people achieve their goals and improve their well-being. Personal support plans demonstrate what matters to the person and how best to support them to achieve their identified goals. Detailed and thorough risk assessments are in place to correspond with support plans. People’s ability to be involved in care planning is considered and the appropriate legal measures are in place to safeguard them where necessary. The provider ensures people have access to advocacy where appropriate. Recording of support given is detailed and evidences that’s people’s needs are monitored and reviewed when necessary. People and/or their representatives are involved in reviews, with plans being updated accordingly.

There are generally safe systems in place for the management of medication and people’s health is promoted by good practice. We saw medication is stored securely in locked individualised cupboards in a secure office. Records of daily temperature checks were seen. Medication Administration Records (MAR) are completed appropriately with signatures of care workers present. However; we saw MAR charts are currently handwritten and we have advised the manager to seek further guidance regarding this practice. Staff assisting people with medication are trained and deemed competent to do so. We saw medical appointments are clearly documented in care files with any subsequent action required noted.

The provider has relevant safeguarding policies and procedures in place. Staff understand the importance of reporting safeguarding and whistle blowing concerns. We spoke to a range of staff during our inspection. All had received safeguarding and whistleblowing training and have a good knowledge of their responsibilities and duties.

Environment

The provider ensures people's care and support is provided in a location and environment with facilities that promote people's well-being and safety. The building has recently been completely renovated and refurbished to an extremely high standard. It is located in the heart of Swansea near to community amenities. The service is based over four floors with six bedrooms, all having ensuite shower and toilet facilities. Bedrooms viewed were a good size, comfortable and of a high standard. We noted safety restrictors fitted to windows to ensure people's safety. The service would not be suitable for people with mobility issues. The service has a lounge and linked dining area, where people can choose to spend their time and have meals. There is a large kitchen with two electric hobs and two sinks to promote skills development. Also, a separate self-contained utility room with two sets of clothes washers and dryers. We saw locked cupboards in this area for the storage of substances hazardous to health in line with Control of Substances Hazardous to Health (COSHH) are stored safely. There is a secure office area and adjoining staff room with kitchen facilities. A small garden/smoking patio area is available which people can make use of. The manager told us of future plans to renovate a large room adjacent to the rear garden possibly as an activities area for people. The service was clutter free, clean and well presented.

We saw mandatory fire safety checks take place routinely and certificates for gas, fire detectors, fire extinguishers, electricity and electrical equipment are all up to date. Water temperature checks are being added to weekly staff checks documents. Personal emergency evacuation plans (PEEP's) are in place for individuals. We saw fridge temperatures are taken regularly and documented appropriately. Also, there are facilities such as coloured chopping boards and mops/buckets to promote good food hygiene procedures. There is a maintenance person who has good oversight of the health and safety arrangements in the service.

Leadership and Management

People are supported by staff who are recruited safely, knowledgeable, well trained and supported to complete their roles. Many of the care workers recruited are studying or have completed health and social care qualifications in local colleges. We looked at two staff personnel files and saw appropriate pre-employment and recruitment checks are in place. References and up to date Disclosure and Barring Service (DBS) checks are on file. The training matrix was seen and we found almost all mandatory training requirements of the provider are up to date. This includes infection control, safeguarding, health and safety and fire awareness. Additional specialist training is also provided which includes; mental health, self-harm, depression, eating disorders, anxiety, lone working, substance misuse etc. All staff are working towards or registered with Social Care Wales (the social care staff regulator for Wales). The manager and RI are both qualified mental health nurses and facilitate additional learning in monthly staff team meetings. Staff receive routine formal supervision, including the manager. Care workers spoken with gave consistently good feedback about the training and support they receive. Comments included; *“management are really approachable, open door policy; really approachable and present”*. Another care worker stated; *“I feel respected at work and feel as though all my opinions and ideas are listened to and respected. I also feel I have a great work life balance”*.

The provider has robust and thorough arrangements in place for the effective governance and oversight of the service through ongoing quality assurance processes. Both the manager and RI have a strong presence in the service. We saw the recent bi-annual quality of care report. The report includes feedback from people and staff in the service. The report indicates what the service is doing well and includes further improvements for the future. We saw policies and procedures have been reviewed and where necessary updated. The service’s Statement of Purpose (SoP) has been reviewed and accurately reflects the service provided. Care workers told us staffing levels are good and the manager stated there is a full permanent care team in place. The manager told us staffing levels will rise as occupancy increases. The appropriate agencies including Care Inspectorate Wales (CIW) are notified where necessary of any significant issues affecting people or the service. The manager told us the service is really settled and there are no current concerns or complaints.

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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