



Inspection Report on

Hafan Deg Residential Care Home

**Hafan Deg Old Peoples Home
Temple Terrace
Lampeter
SA48 7BJ**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

01/05/2024

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About Hafan Deg Residential Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Ceredigion County Council Adults and Children's Services
Registered places	19
Language of the service	Both
Previous Care Inspectorate Wales inspection	
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

People continue to be happy living in Hafan Deg and with the care and support they receive. Care workers are knowledgeable and understand the needs and preferences of individuals. People are involved in decisions about their care and support. The acting manager is well supported by the Responsible Individual (RI) and a peer manager and is working hard to continue to develop the service. The RI continues to have oversight of the service by regularly attending the service and through their Regulation 73 visits.

A Priority Action Notice around the environment was issued in the previous inspection. Whilst the provider continues to redevelop areas of the service the length of time for the works to be completed and the potential impact this has on the people living in Hafan Deg is a concern. As a consequence, the Priority Action Notice has not been addressed and remains open.

Well-being

People have their choices and views recognised. People can personalise their bedrooms, are able to choose their meal preferences and can get up and retire when it suits them. Their views about the service are actively sought by the RI through their Regulation 73 visits and through questionnaires used to inform the six monthly Quality of Care reports. People are able to converse and receive information in Welsh if this is their preferred language.

People are safe from the risk of harm and abuse. Care workers are knowledgeable, well trained and care about the individuals living in the service. They also have a good understanding of people's needs and how best to meet these. The service liaises with health and social care professionals to make sure people remain as healthy as possible. People and / or their representatives are able to raise concerns about the service should they have the need to do so.

There are good recruitment, supervision and training procedures in place to ensure staff have the right skills, knowledge and approach to care. Staff respect the acting manager who in turn is well supported by the RI and a peer manager. Care staff are clear on their responsibilities to protect people and are supported by regularly reviewed and updated policies.

People do not always achieve their well-being because of the environment. The protracted time for the completion of the refurbishment of the service and it's potential impact on people continues to be a concern.

Care and Support

People receive the care they need. Care staff have a good understanding of the needs of the people living in the service. They know about individual's histories and their specific care needs and daily preferences. In the main, care records provide details of the needs of the individuals, have associated risk assessments and are reviewed regularly. Health and medical professionals are involved in the care and support of people when required. This is well documented in care records.

A relative told us; *"care staff are kind, caring and always keep me informed and involved in my mother's care"*. Whilst we have been told, the involvement of the individual and/or their representative in the assessment and reviews of their care needs to be better recorded in care records.

People speak positively about living in the service and the care and support they receive. During conversations with people, they told us they are happy with the care they receive including the staff are *"kind"*, *"very good"*, and *"lovely"*. During a number of observations during the inspection care staff interacted very kindly with people. A number of the staff team communicate in Welsh with people, which we observed during the inspection. People can choose when to get up and retire, there are always a range of meal options and bilingual information is readily available.

People feel safe. During discussions people told us they feel safe living in Hafan Deg and are able to raise concerns if they need to. They told us; *"I would speak to one of the carers or the manager"*. Relatives also confirmed they felt comfortable in being able to raise any concerns. One relative told us *"whilst I have no complaints at all, if I did, I would report any complaints to staff"*.

Environment

The provider was issued a Priority Action Notice following the last inspection. Although the provider continues to refurbish areas of the service the length of time for the works to be completed and the potential impact this has on the people living in Hafan Deg is a concern. No person living in the service we spoke with during the inspection complained about the on-going refurbishment. However, staff told us they have had to move people to different locations within the service to reduce the impact of the works and the noise on them. The areas of the service which have been refurbished are to a high standard including the communal gardens and a small unit to support people living with Dementia. One person told us *“the gardens are looking beautiful; I can’t wait to see them in the Summer”*. The provider continues to follow a refurbishment plan with named officers leading on its progress to completion. The Priority Action Plan remains open at this time.

People are able to personalise their bedrooms with their own pictures, ornaments and furniture.

There are regular Health and Safety audits undertaken. Moving and handling and firefighting equipment are serviced regularly. The provider is continuing to complete actions following a fire safety audit to achieve compliance with the fire regulations. Personal evacuation plans are individualised and readily accessible in emergencies. Emergency exits are clearly signed and free from obstructions.

Leadership and Management

The provider has appropriate arrangements in place for their oversight of the service. Regulation 73 visits are completed every three months, the subsequent visit reports demonstrate people, their representatives and staff are consulted. The six-monthly Quality of Care review uses information from audits and clearly identifies actions needed to improve the service.

The acting manager is well supported by the RI and a peer manager, both regularly visit the service. The acting manager told us *“I have excellent support from [RI] and [peer manager], they are great”*. Staff also feel positive about the management of the service and told us *“the [acting manager] is very approachable and supportive”* and *“the managers are very helpful and I know I can speak to them if I have any concerns”*.

Care workers receive regular supervision and an annual appraisal; staff spoken with and personnel records confirm this. Staff have a good understanding around safeguarding and their responsibilities of reporting any concerns. There are policies and procedures in place which are regularly reviewed and updated to support staff in their roles.

Pre-employment checks take place before new employees start work. These include reference, right to work and Disclosure and Barring (DBS) checks. New staff receive an induction on commencement of employment. The acting manager advised us that the induction programmes for all levels of staff are currently being reviewed. Care workers receive a range of mandatory and specific training. This has been corroborated by the staff we have spoken with and the training records provided by the provider.

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
44	People do not live in an environment that fully supports their wellbeing.	Not 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
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N/A	No non-compliance of this type was identified at this inspection	N/A
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