



## Inspection Report on

**Llys Hafren Care Home**

**Llys Hafren Care Home  
Severn Road  
Welshpool  
SY21 7AR**

## **Date Inspection Completed**

01/10/2024

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## About Llys Hafren Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Shaw healthcare (Cambria) Limited
Registered places	40
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection of this service under the Regulation and Inspection of Social Care (Wales) Act 2014.
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

Llys Hafren provides good quality care and support. People are treated with dignity and respect, and choose how they spend their time. People have positive relationships with the care staff who support them. People have person centred support plans which are made and reviewed with them, or a representative, on a regular basis. People are supported with their well-being, physical and mental health.

Committed care staff are safely recruited, well trained and caring. Staff enjoy spending time with the people they support. The environment is clean, well maintained, safe and secure.

Good management arrangements and oversight of the service are in place. The Responsible Individual visits regularly and consults with people using the service to make improvements.

## Well-being

People have control over their day to day lives and make decisions and choices about their clothes, meals, activities and how they spend their day. People participate in the planning of their service and their voices are heard. Individuals are free to personalise their rooms with their furniture and personal possessions, creating a sense of belonging. People's food likes and dislikes are understood and there is a choice of menu. People are encouraged to participate in activities organised inside the home and have opportunities to go on trips out, doing the things that make them happy.

People's physical and mental health, and emotional wellbeing are well maintained. The care staff team have good relationships with people and understand their needs, helping them to feel valued. Care Staff report they enjoy being able to spend time with people using the service. A visiting professional told us about the care staff, "*They are always very helpful. They know the residents better than we do.*"

People told us they feel safe and protected, we were told, "*I feel safe.*" People receive a good standard of care and support from care staff who have been safely recruited, inducted and receive ongoing training. Robust individual risk assessments identify risks and provide instruction for keeping people safe and well.

People can maintain the relationships that are important to them, supporting their wellbeing. Flexible visiting arrangements ensure people can maintain contact with family and friends. Visitors are welcome and are encouraged to speak to the manager if they have any concerns.

People gave positive feedback about their experience of Llys Hafren. People in Llys Hafren are relaxed and comfortable in their home.

## Care and Support

People using Llys Hafren can be confident the service understands their needs and their personal outcomes. People are assessed by care staff before receiving a service, taking into consideration information from the person, their representatives and others. The service provider considers these assessments and other available information to confirm they can meet a person's needs prior to moving into the home.

People can be confident their personal plans are accurate and up to date. Personal plans reflect people's care and support needs and detail their preference, likes and dislikes. Personal plans contain meaningful information about people's life history, helping staff to know and understand them. The support needed to achieve personal outcomes, possible risks and strategies for keeping people safe are also recorded in individual plans. People and their representatives participate in planning their care and support.

People are positive about the standards of care and support they receive. People using the service are cared for by staff who know them well and understand their needs. We saw positive and warm interactions between people and care staff. A person using the service told us, "*The staff are great here.*"

People are supported to maintain their overall well-being by accessing health and social care professionals and their professional advice is reflected in plans. We saw informative monitoring records of people's appointments with healthcare and other services. Furthermore, people are kept safe by care staff who have undertaken safeguarding training and understand their responsibilities to report any concerns.

Medication storage and administration arrangements are in line with national guidance. Medication records are fully completed, storage arrangements are safe and the overall administration of medication is effective.

## Environment

People personalise their rooms with their own furniture, belongings and pictures. People's rooms reflect their interests and what is important to them. The large downstairs lounge/dining room is the main communal area in the service and people use it to interact with each other, their visitors and care staff. People also have the use of a library/games room for time away from the larger group. There are grabrails throughout the service, supporting people to move around safely.

People live in a homely environment which is clean and tidy. Robust systems are in place for the continuing maintenance and upkeep of the service.

The large garden is a notable feature of the service. Residents have participated in the planning and development of the garden. Accessible paths, raised beds, sheltered areas and a garden room all increase the amenity of the garden.

Accessible communal bathing facilities are clean and well maintained. Domestic staff ensure the home is kept clean and hygienic. The kitchen has been awarded a score of five by the Food Standards Agency. This is the highest possible score and suggests standards of cleanliness and hygiene within the kitchen are very good.

People are supported in a safe environment. The service provider ensures risks to people's health and safety are identified and mitigated. Personal Emergency Evacuation Plans (PEEP) are in place, describing how people will be evacuated in the event of an emergency or a fire.

All serviceable equipment has regular maintenance checks. Fire safety checks are undertaken in line with national guidance. We saw up to date safety certification is in place for utilities, equipment, and fire safety.

## Leadership and Management

The Responsible Individual (RI) has good governance to support the effective operation of the service. The RI visits every three months, meeting with people and the staff team. The RI regularly audits the service and feedback is given to the management team and staff. Areas for development or actions to be taken are identified and recorded. Individual's using the service and their representatives are consulted with and their feedback is used to improve the service.

The statement of purpose describes the service offered by Llys Hafren and explains how the service will be provided. The service is provided in accordance with the statement of purpose.

Care staff enjoy working at the service and reported they work well together. They said, *"We're a good bunch. This is the best place I've worked in for team support."* The staff have confidence in the manager and told us, *"She is amazing. She will stop and help in any way she can."* There is a culture of open communication and staff told us they feel respected and well regarded.

People are supported by care staff who are suitably vetted and trained to provide the levels of care and support required. Care staff are registered with Social Care Wales. Training compliance is high, most care staff have completed a good level of training. Care staff receive regular supervision.

Staffing levels are calculated and provided in accordance with the provider's dependency tool. People are supported by a service with enough staff who are appropriately trained to provide the level of care and support required. Staff told us there had been a period where they felt pressured because of the staffing levels in the service. Recruitment in the service is ongoing.

There are good arrangements in place to support the day-to-day running of the service. The staffing structure is clear and all staff we spoke with understood their roles and responsibilities. Care Staff and people feel confident in the management of the service. One resident told us about the care staff, *"They are wonderful."*

### 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

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.

### Area(s) for Improvement

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A



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