



Inspection Report on

Hullah Farm

**Hullah Farm
Cefn Road Abenbury
Wrexham
LL13 9TT**

Date Inspection Completed

04/02/2025

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About Hullah Farm

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Fairpark Care Limited
Registered places	10
Language of the service	English
Previous Care Inspectorate Wales inspection	09 January 2024
Does this service promote Welsh language and culture?	This service is making a significant effort to promote the use of the Welsh language and culture or is working towards being a bilingual service.

Summary

People are content and settled at Hullah Farm. People are supported by passionate, skilled and proactive staff who know and understand people very well. Care staff provide positive reassurance and interaction in a timely way. People are supported to make choices about their daily lives through impressive use of communication. Personal plans are extremely person-centred, detailed and reflect people's needs and are reviewed and changed accordingly. Each person has their own activity timetable in place.

Staff feel there are strong management support arrangements in place, and they are provided with high quality induction and training to meet people's needs. There are exceptional governance arrangements in place. The Responsible Individual (RI) visits the service regularly to oversee management of the home and gather the opinions of people and relatives to help to improve and develop the service. These are reflected in the quality of care review reports. The environment is well maintained and used in an innovative way. The service is operating in line with the statement of purpose.

Well-being

People have control over their day to day lives as much as possible. The service works hard to understand what is important to people and ensure their voices are heard. Where people are not able to express their views and wishes easily or lack the capacity to do so, relatives or advocates are involved. The service demonstrates an excellent understanding of mental capacity, seeking to ensure decisions are made in the least restrictive way and with people's best interest at the centre. Personal plans are written with the person where possible and document people's preferences. People and their relatives are involved with the improvement and development of the service and people have choices around food and activities on offer through visual timetables and aids to help them to choose their meal options. Rooms can be personalised if people want them to be, living spaces are kept free of clutter and tidy. Care records give care staff an outstanding level of instruction to support people accurately, through written personal plans and visual videos and presentations. Reviews exceed expectations, completed weekly, monthly and quarterly. Staff, the management team and directors know residents exceptionally well. People have good relationships with care staff.

Activities are facilitated by people's dedicated staff team according to what people like to do. Visual timetables are on display in people's living spaces so people and staff know what they are doing. We saw a designated activity area that people can use if they wish, it has sensory lighting on the ceiling to be used as a sensory room. People are protected from abuse and neglect with care staff receiving training in safeguarding and safeguarding policies and procedures in place and followed. People are supported to maintain and improve their health and wellbeing through access to specialist care and advice when they need it. Referrals are made to external agencies in a timely way, and weekly clinical support meetings are held internally ensuring clinical oversight of people's needs is in place. Care staff and the management team evidence a proactive approach and work collaboratively with support agencies.

The lay out of the home supports people to achieve a good standard of well-being. People are encouraged to be independent where possible. Strategies for reducing the risk to people while they are at the service are great. The manager has identified potential hazards and has taken steps to minimise risks to people.

Care and Support

People feel confident the service provider has an accurate and up to date plan for how their care and support needs should be met. Pre-assessments take place before people move to the service, these are not rushed and can take place over several weeks or months, ensuring the service have an impressive understanding of people's support needs on arrival. People and their relatives are encouraged to co-produce their personal plans and have a high standard of communication aids in place to ensure they can choose and communicate how they wish to spend their time.

Personal plans are detailed, up to date, accurate and regularly reviewed. They are accompanied by bespoke PowerPoint presentations that are beyond expectation, explaining each person's care and support need requirements, how staff should implement the service's sector leading Fairpark 123 model of care when working with people (if applicable), daily routines and visual timetables in place. The Speech and Language Therapy assistants based on site also create videos demonstrating what communication tools and approached to use with each person. Spot checks are completed routinely to ensure instructions in personal plans and presentations are adhered to. Staff cannot provide support without having seen and understood them. Robust risk assessments are in place and regularly reviewed. People receive care in line with their personal plans and risk assessments. Care staff are kept informed of important updates, from thorough daily handovers. We observed progressive and structured support being provided by empowered and skills care staff. Relationships between care staff and people are positive.

People have access to specialist advice and support from health and social care professionals. The service work collaboratively with other agencies supporting people and care plans and risk assessments are updated to reflect professional advice. Care staff access appropriate and specialist training. Dietary choices and specialist dietary requirements are well known and understood by care staff and the Speech and Language Therapist team based at the service, those with dysphagia have their needs reviewed on a weekly basis.

Medication storage and administration practices in the service are good and keep people safe. Trained staff administer medication and staff have specialist training where needed, for example administration of epilepsy rescue medication. Care staff administering medication have their competency to do so assessed. Regular medication audits are carried out by management.

Environment

People live in an environment suitable to their needs. Pre-assessment processes involve forward-thinking consideration of how the environment can be changed to suit individual requirements on admission. We saw evidence of the service going above and beyond what is required, making major changes to living accommodation to support people to achieve their well-being outcomes, which evidences a fundamental understanding and implementation of the social model of disability in the service approach. Where these innovative measures are put in place, a best interest approach is taken, ensuring any changes made are in the best interest of people. It is clear the service takes these steps to reach the least restrictive option for people, whilst maintaining their safety. The service provider invests heavily in the decoration and maintenance of the home to ensure it meets people's needs.

The communal areas of the service are well-maintained. There are communal internal and external spaces for people to use as they wish, and they can have privacy in their own spaces if they wish. Gardens and the grounds of the service are secure, there is plenty of space for people to walk around outside. We saw people spending time outside during our visit. People access the home through a secure gate and visitors are required to sign in at reception and provide identification on arrival. People's rooms and living areas are personalised to their own taste with their own belongings. All areas were clean and tidy on the day of inspection. The service provider has infection prevention and control policies, with good measures in place to keep people safe.

People can be confident the service provider identifies and mitigates risks to health and safety; with regular health and safety audits completed and actions dealt with swiftly by maintenance staff. This is monitored by the management team and the RI. The home has the highest food rating attainable of very good. Routine health and safety checks for fire safety and water safety are completed and records show required maintenance, safety and servicing checks for the gas and electrical systems are up to date.

Leadership and Management

People can feel confident the service provider has exceptional systems for governance and oversight of the service in place. The RI visits the service regularly to inspect the property, check records and gather the view of people and staff. Reports relating to visits show aspects of the day to day running of the service, the RI monitors the outcomes of actions identified during previous visits. There are regular management audits undertaken with action plans in place to address areas requiring attention. A quality of care report is completed every six months. Clinical support team meetings are held on a weekly basis, people and relatives are in attendance along with the company directors, the management team and care staff. Directors share their clinical expertise and oversight for each individual living at the service. Directors and the RI operate an open-door policy. Family forums are held where a minimum of two directors are available for relatives to discuss their loved ones or any issues they may have. People, relatives and staff can speak to the management team about issues and action is taken. An employee assistance programme is in place for staff to use if they need it and open days are held for staff where two directors are available for staff to talk to. The positive culture, values and ethics at the service can be observed at all levels of the organisation.

People can be satisfied they will be supported by a service which provides appropriate numbers of staff who are suitably fit. Care staff have superb knowledge, competency, skills and qualifications to provide the levels of care and support required to enable people to achieve their personal outcomes. On the day of inspection, a company director was supporting with the interviewing of prospective care staff. New staff undergo thorough vetting checks prior to starting work in the service. Staff receive an induction over and above what is required, with an in-depth programme facilitated by the Company Directors, focussing on the fundamentals of care, communication and other important areas in keeping with the service provider values. Care staff receive the support they need through annual appraisals and one to one supervision meetings.

Care staff state they feel well supported by the management team and have access to the training required to meet people's needs. Staff told us, *'I've not worked anywhere that's as supportive; supervisions are great, and they focus on my own personal development. I feel that I am cared about.'* Training is provided to staff through a combination of online and face to face courses and training records are reviewed and updated to make sure they accurately reflect training compliance. Care staff have either registered with Social Care Wales, the workforce regulator, or are in the process of doing so.

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.

Area(s) for Improvement

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

	inspection	
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