



## Inspection Report on

**AINGARTH REST HOME LTD**

**Ain Garth Private Residential Home  
50 Brompton Avenue Rhos On Sea  
Colwyn Bay  
LL28 4TP**

## **Date of Publication**

**12 February 2019**

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## **Description of the service**

Aingarth is a residential home for older people of 65 and over. There are 19 people currently residing in the home, which is situated in the residential area of Rhos on Sea. This service is centrally situated, where the service are able to access or visit several local amenities and activities, including bowls and entertainment.

## **Summary of our findings**

### **1. Overall assessment**

Aingarth is a service that provides good quality care for residents. Residents are happy and stimulated and encouraged by staff to get involved. The quality of the care provided by staff is very good; interactions between residents and staff is frequent and natural and people are at ease with staff. There is effective oversight of care by management, where the monitoring of the quality of care is well organised, consistent and ongoing. The management and leadership of the service, demonstrated their commitment to ongoing improvements, informed by research and good practice.

### **2. Improvements**

The previous report made recommendations for improvement:

- Improve the ground floor bathing facilities.
- Improve access to the upper lounge and bedrooms off it.
- Manager to receive formal supervision
- Obtain written consent for photographs to be put on Facebook.

The ground floor bathroom is now a wet room, which is accessible and used on a daily basis. There have been no improvements to the access to the upper lounge and bedrooms. The manager has received formal supervision since last inspection recommendation. The service obtained written consent, when photographs are put on Facebook.

### **3. Requirements and recommendations**

Section five of this report sets out recommendations for improvements. These include improvements to the environment.

# 1. Well-being

## Summary

People are encouraged to express themselves and have their say about daily and routine activities within the home. The residents have positive relationships with each other and with staff who care for them. They are provided with a variety of activities, which they can choose to take part in.

## Our findings

People are encouraged to speak and express themselves. We spoke with five people who told us they were happy and felt they were able to express their views. We witnessed people talking with staff and expressing how they felt and what they wanted with staff, throughout the day. We saw staff knew individual residents well, while they were communicating, by using hand gestures and signage with people who lived with dementia. The manager and responsible individual told us the service held regular house meetings for residents, to ensure they had their say. They told us, *'We are firm on residents having friendships with staff so they can share their views; our employers are our residents, and we wouldn't be doing what we are doing without them.'* We were provided with a copy of the most recent house meeting minutes for the last two months. These provided evidence; the meetings take place in the home on a monthly basis. People are able to express their views and opinions.

People relate well with each other and have good relationships with the staff that care for them. Throughout the day, we witnessed people chatting with each other and with staff; we heard several conversations and saw people laughing and joking. At lunch time, we saw people and staff sit with each other and eat their lunch together. We witnessed fun and banter between everyone. We heard the people request music, while they ate and people cheered when the music came on. We were told by the manager, the home aims to ensure people are happy and aim to create a *'dining experience'* for residents. We saw pictures of people enjoying social events within and away from the home. We heard people discuss the exercise activity they had been involved in, and said they had enjoyed it. *'I am shattered now, that was good'*. At the end of our visit, we witnessed one staff member come to the assistance of one resident; they did so promptly and, the resident was seen to laugh and was at ease with them. People feel they belong and have positive relationships with each other and staff.

People have things to look forward to, and enjoy a variety of choices of activities; people told us they enjoy the activities which are organised by the service; one person told us they enjoyed the singing and entertainment which they had been involved in the day before. They told us *'he sang all the old songs we know and enjoy, he was very good really'*. The manager told us *'we try to get the best we can for our ladies and gentlemen so they can get involved and have things to look forward to'*. They told us they ensure people have a variety of events and activities which are ongoing including, *'exercise in care homes'*,

provided by wellbeing, Conwy Local Authority. They highlighted several activities, which were taking place or due to resume after the Christmas break. These included; Queens's hotel in Llandudno on Thursdays (started back on 7<sup>th</sup> February 201), bingo on Fridays, mix and mingle on Tuesdays, and knit and natter occasionally. The residents were also invited to attend "Wee Ones Meeting Wise Ones" on two dates in January and February, where they could interact with local children and sing songs and rhymes. The service's minibus took residents to Rhos on Sea for a coffee weekly. They told us "*If people don't want to do anything, I still expect my staff to sit down and chat and have a brew with people, which can be just as important for people*". We saw the program of activities and events, which highlighted these activities, and saw several flyers on the manager's office wall, highlighting the same activities of these activities. People can be involved, participate, and feel valued.

## 2. Care and Development

### Summary

People are safe and cared for by a service, which takes preventative measures to ensure safety. Staff were well vetted and follow service safety measures to ensure peoples' safety. The service ensures people are involved in the planning and reviewing of their care. The service aims to provide choice and enjoyment for residents, whilst consistently monitoring health needs.

### Our findings

We found evidence from a variety of sources; people are as safe and well as they can be because they receive proactive, preventative care and their wide range of needs, are anticipated. We reviewed the notification and concern record, of the service; this did not contain information of any incidents reported by the service, which was consistent with records held by CIW. The manager informed us, the service asks for consent by the service, for the use of photographs of residents within social media. They told us they tend not to identify individuals within more public documents, for example, the service brochure. We saw photographs of some people, in the residential brochure, whose faces were not visible. We reviewed three care files, which demonstrated consent by the resident or by family member where applicable. We were informed; all staff were safely recruited. We reviewed three staff files, which contained evidence; staff had undergone a safe recruitment process. In addition, when we arrived at the service, staff ensured we signed the visitors' book and checked our identity badge on entering the service. All staff wore identification badges, which were consistent with the pictures recorded in their staff files. The service ensured Deprivation of Liberty Safeguards were in place for people who required these. The manager told us there were three residents who had safeguards in place. We saw these records, which were up to date and filed in their care files. People are safe and protected from harm and neglect.

People receive timely, appropriate person centred care. The manager informed us, all residents had their own medication cabinet locked in bedrooms. We saw the medication cabinets, which were locked. We were shown the locked fridge, which also contained residents medication. We reviewed the Medication Administration Record (MAR) for the previous month; the service used 'Boots' pharmacy MAR charts which are managed via a 28 day cycle. There were no errors or gaps found in the MAR charts we viewed. The manager informed us, if mistakes were made, these were investigated by the deputy manager, who would retrain and monitor the member of staff, and the documentation. They told us "only medication trained staff and team leaders give medication. People receive the right care at the right time.

People are actively engaged in making decisions about the service they receive and the way they spend their time. We spoke with three people about the care they receive. One person told us, "*staff are very good, they will do anything for you*". Another person told us they were involved in their care planning. One person told us they would like to go out on their own more often and be independent; we informed the manager, who told us they would contact an advocate to become involved in their care planning. We reviewed three care files. The care assessments and plans were person centred and showed evidence

people and their families were involved in care planning and reviewing. The manager told us, "when families are in contact with the service, this gives them opportunity to add their own information. We viewed feedback questionnaires, which had been completed by residents and their families; these were gathered as part of the service quality assurance process to ensure people and their families are involved in decision-making. People are involved in decisions, which affect their lives.

People are treated with kindness and compassion in their day-to-day care. People were offered warmth encouragement and emotional support. We heard and observed several conversations between staff and people throughout the day and found staff to be gentle and kind with people, whilst providing choice. We saw staff ask people what their choices of food were before dinnertime. We viewed the menus', which provided two choices during each mealtime and given the option for any preferences. We saw there were menus for breakfast, dinner and tea times; we were provided with the menus', which had been prepared over a four weekly basis and were presented in a variety of colours for people to read. The manager informed us the service were in the process of preparing the menus' for the next quarter, and these were changed every quarter. There was an open kitchen area, for people to see what choices were available and so staff, kitchen staff and residents could communicate. We joined people for lunch, which had been prepared to a very high standard and was very tasty. People were provided with a variety of meal choices. The manager informed us, they aim to provide a "*dinner time*" experience where people can socialise, and enjoy this time". We were shown the record sheet of all residents' meal choices; these were later transferred by peoples' key workers into individual care files. We were informed, people's individual meal choice records these are monitored for health purpose to identify if there are any changes in peoples' appetite or health. Peoples' individual needs are understood and anticipated.

### **3. Environment**

#### **Summary**

The environment is homely, safe and well maintained. People are able to live comfortably and safely, in all aspects of the home. People are provided with opportunities to make use of all facilities provided by the service.

#### **Our findings**

We viewed most of the bedrooms in the home. They were all clean, tidy and well maintained. Every room we viewed contained personal items of individuals'; these included people's furniture, pictures and personal items. All rooms had 'en-suit' bathrooms. A recommendation from last inspection was to renovate the bathroom facilities on the ground floor. This was transferred into a wet room, which was clean, tidy and accessible to all residents. We viewed both lounges, where residents, were seen to make use of, throughout the day. The access to the upper lounge was not accessible to all residents with mobility problems; management told us, they had not been able to add a stair lift due to the lack of space available. They informed us they plan to review this later.

We reviewed the services fire safety measures; which have been serviced and maintained within the required timeframes; fire extinguishers had been maintained every six months, fire alarms, lighting and fire doors were serviced annually. The fire alarms were tested by the services maintenance person, on a weekly basis. All maintenance dates recorded on the fire safety apparatus, were consistent with the fire safety records. The service had contracted 'Quality Training Solutions to undertake fire risk assessments for all residents; the Personal Emergency Evacuation Plans for residents were person centred and recorded on one record.

We identified two areas which may have posed a risk for residents; we could not confirm on the day of inspection, ,all wardrobes were attached to walls; the service have since confirmed all wardrobes are attached to walls, in every bedroom. We identified there was a risk of falling and hazardous substances on entering the laundry room; the service have since notified us to inform us a lock for the laundry room has been ordered and will be fitted on the nearest possible date.

The Control of Substances Hazardous to Health (COSHH) were effectively managed by the service; all substances were stored outside the premises, in a locked cupboard and were documented in a file, which was kept in the manager's office.

People live in accommodation, which meets their needs and supports them to maximise independence and achieve a sense of well-being.



## 4. Leadership and Management

### Summary

The service ensures safe vetting, recruitment, and training of care staff; it ensures any developments, for example creating a dementia friendly environment, are based upon methodologies and processes, which have been approved via research. The monitoring of quality is an embedded process to which the service is committed and striving for ongoing learning and improvement.

### Our findings

Providers recruit vet and train staff in a way that improves outcomes for people. Two staff members told us they receive relevant training and are well supported by management via informal and formal supervision. One care staff told us the service promoted career development; they were in the process of completing their NVQ three. The manager informed us all staff have received training relevant to the care they provide. They also informed us all staff are encouraged to attain NVQ's at levels two, three and five. We reviewed three staff files, which showed evidence consistent with what we were told by care staff and management. The staff files also showed evidence, the service follow a thorough recruitment and vetting process to recruit staff and train staff; we found staff were fully trained in necessary areas, relevant to the care they were providing, including, 'Moving and Handling', Dementia Care', 'Medication' 'Adult Safeguarding'. Staff training records and the training program 2018 and 2019, contained consistent evidence. The manager informed us, *"as the service is small, they need to plan training in advance, to ensure they can access as many training opportunities as is possible"*; we found evidence, the service was accessing training provided by Conwy Local Authority and also 'key training'. People benefit from care, which was informed by best practice.

There is evidence of driving continuous improvement and a willingness to learn from best practice, research and feedback from people using the service. The responsible individual has a positive overview of all aspects of the service, including training and activities. They told us, *"I like to be aware of who is doing what, about costings, arrangements and activities."* The responsible individual told us they visit the service on most days and we met them at the service on the day; we viewed the visitor's book, which confirmed they visited the service most days. We viewed various e-mails between the service, responsible individual/manager and various agencies, who were providing training and activities for residents. The responsible individual told us they were keen to develop initiatives for the service. Several initiatives, including the development of the garden and the self-service tea area were introduced following responsible individual's undertaking of the training course 'Plan, Do, Study Act' model (PDSA). They told us this was course was *"very valuable"* was *"well worth doing"*. We reviewed the November 2018 'Strategic Business Analysis, which contained evidence the service planning to incorporate the PDSA model into service audits, menus, and planning of the garden development, to enhance the environment for people who suffer with dementia. They told us, *"we don't just change things for the sake of improvement, we really aim to develop the environment and service for people with*

*dementia via the four step process*” People benefit from a service which is committed to innovation.

There are robust transparent systems in place to assess the quality of the service in relation to outcomes for people which includes feedback from people using the service and their representatives. We reviewed the service user guide, which was clear and easy to read and represented the service provided, providing guidance as to how to report a complaint. The manager told us they ensure people and their families are involved in the quality monitoring of the service; we viewed feedback forms from residents, relatives and professionals, including district nurses and saw, this feedback was positive. We saw the complaints procedures were situated in people’s bedrooms; some were situated on their walls, to ensure people would have access. The manager informed us, “ we review all aspects of peoples’ care on a monthly basis and told us *‘this is an ongoing process, as we are always looking to improve in any way’*. We reviewed three care files, which indicated individual care plans were reviewed, on a daily basis, by peoples’ key workers; the manager confirmed this was the case. We saw staff transfer information from peoples’ daily notes, to their care file. People receive quality care from a service, which sets high standards for itself, is committed to quality assurance and constant improvement.

Support focuses on providing opportunities for individuals to engage in meaningful activity and relationships. We were informed, the service aims to provide a variety of activities for residents, in particular for residents who may suffer with dementia; these included two initiatives. Firstly “Speak up” project, involving activities . For example, games, singing, art and discussions with residents over eight weeks; secondly “*Enriching*” , again providing a range of suitable similar activities, over 12 weeks. We met the person who provided the first initiative, as the manager had requested them to return with a view to arranging the possibility of future opportunities for residents. The manager told us *‘residents loved it, Christmas was booming’*. They told us , *‘17 relatives were here for the Christmas party; families can see this is busy home, which provides them with reassurance that they have made the right choice.’* The service have also joined Bangor University to participate in two research projects; one involving *‘gestures and communications’* research and the other involving prompts for people with dementia; *‘how to get the best opportunities for people with dementia to express themselves’*. We saw the activities record, which was recorded electronically by the manager. We saw several flyer information highlighted on the office wall, with further activity information and dates, including *‘Sorphology relaxation and pain management’*. The manager confirmed this was the first time this particular activity had been introduced to a residential home. We viewed team meeting minutes, where we found evidence of discussions and planning surrounding the activities. Supervision records between responsible individual and manager also contained evidence of discussions surrounding the service activity plans. People benefit from a service, where best use is made of resources.

## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non compliance from previous inspections**

There were no non compliances identified during this inspection

### **5.2 Recommendations for improvement**

There were no recommendations for improvement given the service has taken action since the inspection to rectify issues identified.

## 6. How we undertook this inspection

We, Care and Social Service Inspectorate Wales (CSSIW), carried out a scheduled, unannounced, full inspection on 10.01.2019 between 9:35 am and 18:20 pm. We considered all four themes, wellbeing of people using the service, care and support, leadership and management and quality of the environment.

Information for this report was, gathered from the following sources:

- Discussions with five people using the service, one visiting activities facilitator relative, three members of staff, the registered manager and deputy manager and the registered provider.
- A sample of records in relation to people using the service, staff and the operation of the home.
- The Statement of Purpose and Service user guide  
Observations of the building and interactions between people and staff.

On the day of our visit, there were nineteen people living in the home; one person who usually lives in the home was in hospital.

Further information about what we do can be found on our website:

[www.careinspectorate.wales](http://www.careinspectorate.wales)

## About the service

<b>Type of care provided</b>	<b>Care Home Service</b>
<b>Service Provider</b>	<b>AINGARTH REST HOME LTD</b>
<b>Manager</b>	<b>HAYLEY DAVIES</b>
<b>Registered maximum number of places</b>	<b>19</b>
<b>Date of previous Care Inspectorate Wales inspection</b>	<b>17 August 2017</b>
<b>Dates of this Inspection visit(s)</b>	<b>10/01/2019</b>
<b>Operating Language of the service</b>	<b>English</b>
<b>Does this service provide the Welsh Language active offer?</b>	<b>This service does not provide an 'Active Offer' of the Welsh language at present, but would like to work towards this.</b>
<b>Additional Information:</b>	