Inspection Report on

Ashville Residential Home

ASHVILLE RESIDENTIAL HOME
BRISTOL TERRACE BRITHDIR
NEW TREDEGAR
NP24 6JG

Date Inspection Completed

27 November 2019
Description of the service

Ashville Residential Home is owned by Ashville Residential Home Limited and registered with Care Inspectorate Wales (CIW) to provide accommodation for up to 35 people. The home is in Brithdir, New Tredegar.

At the time of the inspection, the Responsible Individual and the manager were absent. The service provider has put interim governance and management arrangements in place.

Summary of our findings

1. Overall assessment

The oversight of the service by the provider needs to improve to ensure people’s well-being is consistently maintained. People are encouraged to make choices and decisions whilst being protected from harm. People are supported by staff that promote independence, understand their individual needs and what is important to them. People benefit from a staff team that are attentive, caring and kind in their role.

2. Improvements

Personal plans are now more person centred and include information in regards to people’s personal outcomes.

All confidential information is now stored securely within lockable cabinets and only made accessible to those who require it.

A new activity co-ordinator has been employed and improvements to the planning of and recording of activities are ongoing.

Improvement of the signage at the service to support individuals with dementia to orientate themselves as independently as possible and to promote ease of access to different areas of the home are ongoing.

3. Requirements and recommendations

Section five of this report sets out the action the service provider needs to take to ensure the service meets the legal requirements and recommendations to improve the quality of care and support provided to people in the care home.
1. **Well-being**

**Our findings**

People’s health and well-being is supported. When we visited, people looked happy and comfortable in the company of staff and each other, and they appeared to be comfortable with the support and care they received. We felt there were positive and sincere relationships and saw displays of genuine affection on both sides. We noted that staff interacted with people in a warm, caring and respectful manner. They were attentive and had a good awareness of people’s needs and dignity. People were treated as individuals and supported to be healthy. However, improvements are required to ensure people participate in meaningful activities. We observed staff communicating with the individuals in ways they understood. They used suitable cues to prompt and reassure people and they ensured people’s privacy and dignity were upheld. Most staff had been working in the home for some time and this contributed to good continuity of care. We found that people feel at home at Ashville and have positive relationships.

People are listened to and have influence over the care they receive. We observed throughout the inspection that individuals were treated with dignity and respect and were able to contribute to decisions made in their day to day life. The policies we looked at were comprehensive and legal rights were recognised and supported. We found the service had a good understanding of people’s needs particularly those with a diagnosis of dementia. We found the service actively sought feedback from a number of different sources to ensure they continued to provide effective services. However, we found that the Responsible Individual needed to introduce a more robust system of quality assurance to fulfil their responsibilities. Overall, people can be confident that individual circumstances are considered and people can contribute to decisions related to their care.

There are systems in place to protect people from abuse and neglect. The entrance to the home was kept locked and had an appropriate system to notify when admittance was requested. Visitors were required to sign in and out. We found that staff and management understood their roles in protecting people and they had received training and education to recognise signs of abuse and poor mental or physical health. Having been trained in applying the safeguarding principles and policy, staff knew when and how to report relevant concerns and we saw evidence where this had been done. We saw that management reacted promptly and appropriately to any incidents or changes. There were also risk assessments in place which identified people’s vulnerabilities and the strategies for protecting them from harm, as well as personal emergency evacuation plans for the individuals. We can conclude that people’s safety and well-being is actively promoted.

The service provider promotes people’s physical and emotional needs. The management had a system in place which allowed for changes in people’s care needs to be communicated quickly to staff involved in people’s care. Staff were trained and competent to support people to manage their medication and there was evidence the service
contacted health and social care professionals when this was required. Staff had training to make sure they had the skills to support people effectively. This was demonstrated through the positive responses we had from people about the staff who provided their support and through records we viewed. Relatives told us that, generally, people were supported by staff who were familiar to them, giving them confidence that staff understood their needs and preferences. We conclude that systems are in place to help people to get the right care and support when they need it and to remain as healthy as they can be.
2. Care and Support

Our findings

Care files are detailed and reviewed appropriately. We examined four people’s files and saw they were well organised and provided up to date clear information on the individual’s needs. We found pre-admission assessments were carried out by suitably qualified staff. Personal plans in place covered areas such as personal care, diet and nutrition, communication, cognition, behaviour and mobility. In addition, we found people were supported to complete a ‘this is me’ booklet, which provided an overview of their preferences, including how they liked to be supported and what was important to them. We saw that people’s nutritional needs had been assessed and their food and drink preferences identified within their care records. People’s weight had, in the most, been monitored monthly and referrals were made to medical or specialist services where required. However, we found that people’s language preference had not been recorded. Risk assessments and personal plans we looked at were detailed and reviewed on a regular basis and risks were minimised through ongoing monitoring, regular observations and intervention. Best interest and deprivation of liberty decisions were documented to ensure personal plans for those individuals lacking capacity were proportionate and legal. We conclude that personal plans are maintained effectively and reflect individual needs.

People receive care from a group of staff who treat them kindly, with respect where dignity is promoted. We saw some positive examples of care delivery when staff were interacting and supporting people. We saw people being relaxed, calm and comfortable in their home with the staff supporting them. Throughout our visit we observed staff having jovial conversations with people which indicated that staff and residents had a good rapport and relationship. We conclude that people are content and happy living in the home and that they experience positive relationships with the manager and staff that support them. People at Ashville benefit from staff that treat them with dignity and respect.

People are not always provided with opportunities to engage in suitable activities. We saw evidence of the activities that had been offered displayed in the entrance foyer; a photo board showed a variety of activities people had engaged in. There was a dedicated activity coordinator, however, they were not present on any day during this inspection. We found that there was a lack of planned activities and more structure was required to ensure people were suitably engaged in meaningful activities. We concluded that overall people do not have things to look forward to and are not able to do things they are interested in.

A robust process for medication is in place. People were supported by staff who were professional in the management and administration of medication. We saw trained staff administering medication in a sensitive and professional manner. Staff provided us with detailed information on the medication people received and why it was being administered. Medication was stored appropriately and the relevant temperature checks were carried out.
by staff on a daily basis. The medication administration record (MAR) charts we saw were accurately completed, contained each person’s photograph and there were no omissions in the records we viewed. All medication was stored in either locked trolleys or cupboards. Controlled medication was appropriately stored and recorded. Therefore, systems are in place to ensure the oversight and administration of medicines.

People are generally provided with healthy and nutritious meals. People and their relatives were complimentary about the meals provided and we saw that choices were offered. However, there was only one option for a soft diet. Food portions were adequate and well presented, although, we noted that some people were not offered a drink whilst eating their meal. During our observations on the ground floor lounge, we saw that some relatives regularly visited the home to assist their relative with the lunchtime meal. We saw that the lunchtime experience offered to people was not consistent. During our observation, we saw some care workers encouraged people to eat and chatted with them during the process. We noted that two people were given their meal, without any conversation being initiated by the care worker. We saw that some people were offered to sit at the table or provided with an over the chair table, whilst others were assisted by care workers who had the meal on their laps. When we visited on the second occasion, a picture menu was displayed on one of the tables and there were more positive interactions taking place between staff and those having lunch. We recommended that the manager undertook an observation of the lunchtime experience for people living in Ashville, to promote a more consistent experience for people. From discussion with staff, we were told that people were consulted on their meal choices and for those requiring soft diets information was communicated to the kitchen staff. We saw an adequate supply of food, however, there was a lack of fresh fruit and vegetables available. Overall people living at the home were complimentary about the food and choices offered. Care records provided information on nutritional screening and we saw regular audits had been undertaken to ensure people’s weight was appropriately monitored. People are supported to be as healthy as they can be, but the opportunity to improve the well-being of people, during meal times, needs to be improved.
3. Environment

Our findings

People live in a comfortable and secure environment, however, improvements to the cleanliness of some communal areas are required. The home was safe from unauthorised entry. We walked around the building and saw it was generally clean and tidy, however, a little dated in places. We noted the stairways required deep cleaning. Individual rooms were personalised with their belongings and reflected their likes, different interests and lifestyles. The service provider has systems in place to ensure the quality of the service was being assessed. Staff working in the kitchen had undertaken appropriate training for their role and the home had been given a food hygiene rating of five, which is the highest, indicative of ‘very good’ kitchen hygiene practices. We considered the records relating to general maintenance and they indicated that appropriate checks and certification were in place. We saw that regular checks of the fire equipment took place along with regular fire drills. We saw window restrictors in place. Personal emergency evacuation plans (PEEPs) were in place for the residents. We found that one bathroom was being used to store wheelchairs and hoists, this was discussed with interim manager who agreed to address immediately. CIW had been informed that the home lacked a sufficient number of hoists and slings. We discussed this with the interim manager who had already completed an audit and new slings and a hoist had been ordered. We conclude that people can be assured that their home environment is generally in good order. The management team are making ongoing improvements to the environment and all people associated with the service can feel confident that it is a safe place to live, work and visit.

The need for confidentiality is anticipated and respected. Care records were safely stored and employee personnel records were kept securely in the manager’s or administrator’s office. Deprivation of Liberty Safeguards (DoLS) records were easily referenced in the care records. In addition, people were safe from unauthorised visitors entering the building. Visitors had to ring the bell to access the home. All visitors had to complete the visitor’s book when entering and leaving. People’s privacy and personal information is well protected.
4. Leadership and Management

Our findings

People living and working at the home do not benefit from an established management team. Due to an ongoing police investigation the home management team became unavailable, and an interim manager was appointed. The interim manager identified areas where improvements were required and action was being taken. There were a number of issues identified from our visit, detailed in this report, which require action to ensure the overall leadership and governance of the service maintained. The content of the three monthly visit quality assurance report must meet the requirements set out in the regulations. We informed the RI that they were not meeting legal requirements. Therefore, we conclude that people within the home would benefit from having a stable management team in order to improve the service and provide a high quality of care.

The vision, values and purpose of the service are generally clear and actively implemented. This is because we saw a statement of purpose and written guide available within the home. These documents were current and had clear representations of what the home provided. However, we recommended that some amendments were made with regard to complaints and quality assurance. We saw that there were robust company policies and procedures for staff to follow. Therefore, we found people benefit from a service which is clear about its role, values and purpose.

Procedures are in place to recruit and train staff. We reviewed twelve recruitment records and they appeared satisfactory. We saw training records for the staff and saw that most staff had completed the mandatory training modules as detailed in the service’s statement of purpose, these included: manual handling, dementia, safeguarding vulnerable adults, food hygiene, fire safety, health and safety and infection control and some staff had completed more specialised training modules for example sepsis and diabetes training. The interim manager told us that she had reviewed the training undertaken and had identified that there were some gasps in training and assured us that action had been taken to address this. We were also told that new members of staff would work through the Social Care Wales Induction framework. We noted that non-care staff had not undertaken training in dementia care. We recommended that training be provided to them, as they too worked around vulnerable adults. The manager immediately looked into sourcing the training. This shows that people benefit from a service where staff are supported and trained.
5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

We advised the provider that improvements were needed in relation to Regulation 15(1)(b) (how people were being supported to achieve their personal outcomes). This has now been addressed.

5.2 Areas of non compliance identified at this inspection

- The Responsible Individual must evidence that they have consulted with staff and people using the service at least quarterly. Regulation 73(1)(b)
- Amendments are required to the statement of purpose to ensure it reflects the service that is offered. Regulation 7(2)(b)

We did not issue a non-compliance notice on this occasion as we were assured measures will be taken to address the issues identified and manage any potential risks. We expect immediate action to be taken to address these areas, which will be considered at our next inspection.

5.3 Recommendations for improvement

We made the following recommendations:

- Care plans to include language preference.
- The lunchtime experience to be improved for people living in Ashville.
- All non-care staff to undertake dementia training.
- Activities need to be more structured.
- Manual handling equipment must not be stored in bathrooms.
6. How we undertook this inspection
This was a full inspection undertaken as part of our inspection programme. We made unannounced visits to the home, one on 21 October 2019 between 08.15 am and 3.30pm, the second on 22 October 2019 between 10.05am and 2.30 pm and the third on 13 November 2019 between 08.25 and 1.45pm. A fourth visit was made to Ashville on 27 November 2019 between 8.15am and 12.45pm. We considered all four domains of the inspection framework i.e. the well-being of the people living in the home, the quality of care and support, the environment and the leadership and management.

The following regulations were considered as part of this inspection:
• The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

The methodology used to conduct this inspection included:

• A tour of the home.
• Discussions with eight staff.
• Discussion with the interim manager and interim RI
• Discussions with five people using the service.
• Discussion with other professionals, including a visiting nurse assessor
• Scrutiny of twelve staff files.
• Scrutiny of the care files of four individuals.
• Scrutiny of other documentation, as detailed within this report.
• We reviewed information about the service held by CIW.
• We looked at a sample of policies and auditing documents.
• We looked at a sample of minutes from staff meetings and residents’ meetings.
• We looked at the home’s statement of purpose.

Further information about what we do can be found on our website:
www.careinspectorate.wales
### About the service

<table>
<thead>
<tr>
<th>Type of care provided</th>
<th>Care Home Service</th>
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<tr>
<td>Service Provider</td>
<td>Ashville Residential Home Ltd</td>
</tr>
<tr>
<td>Manager</td>
<td>Interim manager in post</td>
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<tr>
<td>Registered maximum number of places</td>
<td>35</td>
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<td>Date of previous Care Inspectorate Wales inspection</td>
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<td>Dates of this Inspection visits</td>
<td>21/10/2019 &amp; 22/10/2019 &amp; 13/11/19 &amp; 27/11/19</td>
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<td>Operating Language of the service</td>
<td>English</td>
</tr>
<tr>
<td>Does this service provide the Welsh Language active offer?</td>
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### Additional Information:

This is a service which does not provide an ‘Active Offer’ of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people who use, or intend to use the service. We recommend that the service provider considers Welsh Government’s “More Than Just Words follow on strategic guidance for Welsh language in social care”.

**Date Published** Insert_Report_Published_Actual_Do not_Delete