



Inspection Report on

Ashgrove

BARRY

Date Inspection Completed

11/09/2019

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Description of the service

Ashgrove Care home accommodates and supports up to three adults with learning and/or physical disabilities. The home located in a residential area of Barry, Vale of Glamorgan. The registered provider is Cedar Care Services Limited. Jillian Osborne is the responsible individual (RI) providing strategic oversight, and a manager has been appointed who is registered with Social Care Wales.

Summary of our findings

1. Overall assessment

People living at Ashgrove seem to enjoy to be there. They do well due to good care, stable relationships and the service's commitment to achieve positive outcomes for them. They are respected as they are, and supported to be as independent as possible. Interactions between staff and people are warm and positive, and staff know the needs and likes of each individual well. The service is well organised, led by a knowledgeable and engaged manager, and supported by an experienced and pro-active RI. Staff feel valued and supported and there is low staff turnover. The home offers a relaxed and comfortable environment and is spacious, clean, and well adapted to the needs of the people living and working there.

2. Improvements

This is the first inspection since the service registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA 2016), any improvements will be considered as part of the next inspection

3. Requirements and recommendations

The service met all legal requirements and we made one recommendation regarding the completeness of the regulatory three-monthly care plan reviews. Section five of this report sets out our recommendation.

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 uplifted by 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 and caring but 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 and do meaningful things. 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. All 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 Ashgrove and have positive relationships.

People have choices and their rights are promoted. We found that the care workers encouraged people to indicate their wishes, and to decide individually on day to day matters such as bedtime, meals and activities. We were told people were involved in planning their support and although this was not clearly evidenced in the care files, we saw various instances during our visit where it happened. The service bi-monthly reviewed the care and support with each individual and their representatives. People had access to clear written information about the service itself, and the advocacy services available. This means that people and their representatives have influence and control over their day-to-day lives and that they have support to understand their rights.

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.

People are supported in a relaxing, clean and safe home which is suitable for their needs. We saw that people moved comfortably within their surroundings and that consideration was given to their physical needs. We found that people feel at home at Ashgrove because they are supported in a comfortable setting which meets their needs and maximises their independence.

2. Care and Support

Our findings

People in Ashgrove have quality care and person centred support. People living in the home have complex needs and different levels of communication. They were assessed before coming to live in the home, to make sure the home was a suitable place for them. We looked at the care plans of the three individuals in the home and noticed they provided robust care planning and were detailed and up-to-date. The regulatory three-monthly reviews were however not fully completed but we saw a new system to capture this was being implemented. Staff found clear guidance within the plans (and the associated risk assessments) about how to meet people's needs and maintain their safety. The plans contained 'all about me' documents and we saw important details had been included, such as people's likes and dislikes. The care plans also contained guidance about people's specific communication needs, and specific requirements such as food preparation. Pertinent risk assessments were in place, as were strategies to support positive risk management. We noted the service carried out regular comprehensive reviews with each person and their representatives about their physical and mental well-being, activities and accomplishments. Daily events and routines were captured effectively by staff to record important information for each individual. This is a useful way of identifying change in, or concerns about, people's conditions and to see what works positively for them. We conclude that people participate in their care planning, and their care and support is well informed.

People are supported to stay well and their health is monitored. We saw in the care records that relevant health and social care professionals were involved with people's care, for example speech/language therapist, general practitioner (GP) and social worker, on a regular basis, as well as when needed. Important health information such as weight or fluid intake was recorded regularly and reliably if required. We also noted that staff in the home encouraged a healthy lifestyle in food and activity choices, and motivated people to be as active as possible. The service provided aids for people to maintain their mobility and was seeking to improve mobility by using for example passive movement techniques. People were supported with behaviours in line with the home's statement of purpose; this set out the service's approach to supporting individuals to manage behaviours that may be negative to themselves or others. We found that this was strengthened by relevant staff training and policies. We saw that behavioural management plans were in place for individuals, containing guidance for staff to identify and reduce potential damaging or challenging behaviours or occurrences. Staff training and guidance were tailored to meet the needs of the current individuals. We saw that staff recognised early signs when a person became agitated, and they supported then appropriately. Moods and behavioural patterns were recorded and evaluated to inform care and support. We conclude that the service has robust internal processes to support people's health and well-being.

People's medication is safely managed. We found processes and systems had been put in place by the service to ensure all aspects of medication are properly handled. Staff had regular training and guidance about the administration of medicines. We saw medicines and supplements were stored correctly, and safely, which meant they were only accessible to those with authority and training. We noted that all medication administration was recorded accurately and checked daily, and regular stock takes took place. Management

audited the medication stock taking and procedures, thus contributing to safe practice. This shows the service minimises the risks associated with the management of medication.

People engage in meaningful activities, have ambitions and lead active and fulfilling lives. One person said *"I like it here"*, and a non-verbal person answered to the question if they liked it in the home with a *"smile and thumbs up"*. A relative wrote in a questionnaire *"the best thing about Ashgrove is the warm homely atmosphere. It is perfect for my relative"*. We found that people were encouraged to have individual goals and the service worked to help people making them come true, such as going on special holidays. People had an activity planner with social and recreational opportunities, and were well supported in pursuing their interests. People accessed their activities independently, or with support from staff, depending on their needs, and we noted staffing was flexible to meet requirements. Activities were diverse and included shopping, boating, day centre, baking, music, sensory experiences, and swimming. We saw on the day of our visit that going shopping was a favourite. Each person had a holiday of their own interest and the home supported them accordingly, for instance to go skiing. We conclude people staying at the home are supported to follow their interests and increase their independence.

3. Environment

Our findings

We carried out a visual inspection and saw the home was tidy and in good repair. There was ample space for people to spend time individually and communally. All rooms were comfortable and tastefully decorated, as well as adapted to people's needs and preferences. Features had been added to individual's rooms to provide for their specific sensory needs. The heart of the home was the spacious lounge/dining/kitchen area with direct access to the rear garden. The garden area was wheelchair accessible and furnished with seating and objects of sensory interest, providing opportunities to relax or be active outdoors. We were told that there were plans for sensory planting to improve the experience.

All people had their own bedroom which were decorated according to people's tastes and needs. We also noted that the rooms had been adapted to maintain levels of independence whilst at the same time helping reduce anxieties. All areas were accessible for wheelchairs. The office was in the home and had secure facilities for document storage, as well as space for training or for confidential conversations.

The health and safety requirements of the home are overseen by management and fully satisfactory. We saw that consideration to health, safety and maintenance formed part of the service's quality monitoring and that staff and management contributed continuously. All the relevant policies and procedures for health and safety were in place and we saw evidence that these were adhered to. The home had a Food Hygiene rating of 5 and we saw staff employing safe practices when preparing food, for example using colour coded chopping boards or labelling items in the fridge with the date they were opened. The insurance certificate was displayed and in date. We found there was satisfactory servicing contracts and records in place for all aspects of the home. Additionally, we saw that regular fire drills had taken place and that they had included the people living in the home. We found staff and people familiar with the fire evacuation procedures at day and night, and other emergency actions. A personal emergency evacuation plan (PEEP) and a 'grab file' (containing all pertinent information e.g. for emergency hospital admission) was in place for each individual and kept updated.

Personal files, medications and hazardous items such as cleaning products were locked away to ensure confidentiality and safety. We saw that there was an ongoing maintenance schedule in place and the premises were kept in good repair. We conclude that all people associated with the service can feel confident that it is a safe and comfortable place to live, work and visit.

4. Leadership and Management

Our findings

The home has suitable and satisfactory processes in place to ensure that staff are fit to work with vulnerable people. The staff files we saw evidenced robust recruitment and vetting. They were well organised and contained all the required checks and information. All staff had achieved at least QCF2 qualifications and some were working towards higher levels. We found there was a comprehensive staff induction programme in place and all staff had undertaken mandatory and additional training including medication administration, moving and handling, epilepsy, food safety and first aid, with further training scheduled. Staff were positive about their training and said they felt competent and comfortable in their roles. Each had regular, individual supervision with the manager and used this as an opportunity to think about their performance, receive support, and discuss future goals and training needs. Formal and informal meetings with management kept staff up-to-date with changes and developments and provided a platform for reflection, suggestions and discussion. This indicated to us a culture of shared learning, reflection and development being present in the service. Staff commented positively to us about the leadership of the home, saying they felt valued and well supported. They said *"it's a relaxing place to work and it's like family"* and *"management is very approachable and supportive"*. Staff members wrote in the questionnaires we gave out *"I enjoy working here"* and *"it's a very good service, they encouraged and supported me to get more qualifications"* We conclude that people benefit from a stable team with appropriate knowledge and skills.

The service has transparent systems in place for auditing and quality assurance. We sampled a selection of bi-monthly reviews which included feedback from staff, each individual living in the home and their representatives. The documents gave evidence of outcomes and informed conclusions and plans. We also looked at the reports of the required RI visits and found they were consistent and inclusive. The regulatory quality of care review of the service to the provider was in work when we visited. We saw robust quality assurance systems in place which helped the service to self-evaluate and improve. There were current policies and processes for dealing with complaints, incidents, safeguarding and accidents. We found staff was well informed about their role in them. We also noted that management acted timely and appropriately with any issues arising. The administration of the home was well organised, as far as we could see from the section of the home's policies, procedures and records we viewed. We saw that the records relating to Deprivation of Liberty Safeguards (DoLS) were satisfactory and during our conversation with the manager it became evident that he understood the implications and procedure of DoLS. We conclude that people benefit from a service which has an ongoing commitment to reflection and improvement.

The service provides good information. A statement of purpose set out the home's aims, values, and how it intended to deliver the service to people. It also contained pertinent information about processes such as for complaints or safeguarding issues. An adjustment to new legislative time frames was needed and done immediately by management. A service user guide was available for people and their representatives, containing practical information about the services provided. We conclude that people benefit from a service that is transparent with its values and purpose, and makes its objectives and provisions clear.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

This is the first inspection since the service was registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).

5.2 Areas of non-compliance identified at this inspection

There were no areas of non-compliance identified at this inspection, the service met all legal requirements.

5.3 Recommendations for improvement

The following is recommended as good practice:

- Ensure the regulatory three-monthly care plan reviews are all complete and timely.
- Ensure the statement of purpose is up to date.

6. How we undertook this inspection

We undertook an unannounced full inspection, the first for the service since re-registration under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).

Information for this report was gathered from:

- an unannounced visit to the home on 11 September 2019 from 1045hrs to 1625hrs
- conversations with service users, visitors, the manager and care staff
- communications with the responsible individual (RI) including feedback
- observations of routines, care practices and activities during our visit
- visual inspection of the house and the garden
- examination of three care files and medication records of the people in the home
- examination of three staff files to consider recruitment, vetting, qualifications, supervision and individual training
- examination of records and policies held at the service such as accident/incident reporting, staff training and supervision matrix, privacy, safeguarding, whistleblowing and other policies, complaints procedure.
- review of information about the service held by CIW
- review of the service's statement of purpose and service user guide
- review of the service's quality assurance system, RI visit and annual reports, meeting minutes and other relevant documents
- feedback from seven CIW questionnaires received back

We are committed to promoting and upholding the rights of people which use the care and support services. In undertaking this inspection we actively sought to uphold people's legal human rights.

<https://careinspctorate.wales/sites/default/files/2018-04/180409humanrightsen.pdf>

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

www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	The Cedars Care Services Ltd
Responsible Individual	Jillian Osborne
Registered maximum number of places	3
Date of previous Care Inspectorate Wales inspection	21/5/2018
Dates of this Inspection visit(s)	11/09/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
Additional Information:	

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