Inspection Report on

ASTON HALL CARE LIMITED

Lower Aston Hall Lane
Hawarden
Deeside
CH5 3EX

Date Inspection Completed

30/09/2019
Description of the service

Aston Hall is a residential care home located in Hawarden, Flintshire. The service is registered with Care Inspectorate Wales (CIW) to provide care and support for a maximum of 43 people. At the time of the inspection, there were 18 people living in the home.

The services at Aston Hall are provided by Aston Hall Care Limited. The provider has appointed Sunitaben Harnarayan Mishra as responsible individual (RI) to provide strategic oversight of the service. A manager is in place who is registered with Social Care Wales.

Summary of our findings

1. Overall assessment
   Aston Hall is an improving service. We found the providers have taken positive steps to address previously identified issues, and are a learning organisation. Trained care staff now have access to personal plans which describe how people want their needs to be met. Medication management has improved and there are improved tools to assist with this. Management oversight has increased and systems have been developed to monitor the operation of the service.

2. Improvements
   Recommendations were made following the last inspection and improvements have been made in the following areas:-
   - personal plans;
   - medicines management;
   - staff supervision;
   - the statement of purpose and written guide;
   - recruitment processes and staff training;

3. Requirements and recommendations
   Section five of this report sets out our recommendations to improve the service and the areas where the care home is not meeting legal requirements. These include the following:
   - Review of care plans
   - Improvements to carpets
1. **Well-being**

People’s physical and mental health and emotional well-being are supported at Aston hall. Personal care plans are written so that peoples wishes are recorded and care staff are guided to meet their needs. We saw evidence that health care professionals had been consulted and appropriate support gained. People were supported by a staff group that were competent and well supported. We saw a variety of activities were taking place, on a one to one basis. People told us they attended resident meetings and felt they were listened to. Improvements in how people are supported with all their needs was seen during this inspection.

People are protected from abuse and neglect. Staff have received training in safeguarding and we saw that staff had read the services safeguarding policy. We saw a referral had been made to the local authority safeguarding team, which had not been progressed by them as it did not meet the threshold. Where there was an error in medication administration appropriate action was taken by the member of staff and the manager to address this. Where people may be deprived of their liberty (DOL’s) the service had made appropriate referrals to ensure this is safeguarded. People can feel confident that the service takes action to protect them.

People live in an environment that supports them to achieve well-being. We saw improvements had been made and equipment is now stored safely. We saw that health and safety measures had improved and actions were taken to mitigate health and safety risks.
2. Care and Support

The service has improved its systems for medicines management. We completed a medication audit and found that improvements had been made, and the staff member we spoke with agreed. The manager showed us a new competency assessment tool they will be using in the future so they can be assured that medication dispensing practices are safely followed by staff. We saw evidence that where a medication error was made, robust action by management was taken to understand why the error occurred and that the member of staff could only recommence dispensing after they had competed further medication training. There appears to be a satisfactory system for managing medication in Aston Hall.

Individuals can feel confident that service providers have an accurate and up-to-date plan for how their care is to be provided in order to meet their needs. We saw that personal plans had been improved and contained more detail, instructing staff on how people would like their care. We saw that efforts were being made to ensure that people and or their families had agreed with the personal plan. Whilst there had been no new admission since the last inspection, we saw a new pre-assessment document had been developed which should provide the information required to accurately assess if the service can meet a person’s needs.

The service has mechanisms in place to safeguard vulnerable adults. We saw that there was a safeguarding policy in place and staff are required to sign to evidence they have read it. The service had ensured that all those who required Deprivation of Liberty assessments had been referred to the relevant authority, and had recorded the details to ensure follow up action was taken. Both the RI and the manager appeared to understand the importance of protecting people’s rights and actions required to do so.
3. Environment

The service provider has taken steps to ensure that individual's care and support is provided in a location and environment with facilities and, where relevant, equipment that promotes achievement of their personal outcomes. People we spoke with told us they liked their rooms and that they were able to personalise them to their own tastes. We saw people's safety and security were considered and met in an unobtrusive way and equipment was stored in a manner that did not impact on the safe operation of the home. Some actions were outstanding in relation to carpets, but we were advised that deep cleaning equipment was being sourced. We saw one area where the carpet was torn, and pointed this out to the service provider. We saw that there is Wi-Fi provided throughout the building and people who lived in the home were able to benefit from this. People live in an improving environment.

The service provider has improved their systems to identify and mitigate risks to health and safety. Improvements to auditing of safety systems had taken place, and we saw evidence that necessary audits were completed, for example full legionella testing and running of water had been carried out weekly as required. We saw that the Fire and Rescue Service had visited in September 2019 and said that there was a reasonable standard of fire safety evidenced. We saw equipment storage had been improved, and trip hazards had been removed. The service have improved the way it manages risks to health and safety.
4. Leadership and Management

The service provider has improved governance arrangements to support the smooth operation of the service. In response to the non-compliance notice the service developed an action plan to address all issues, and we noted the actions had been taken. We saw that there were improved auditing systems in place, and the RI visits were documented, although we have recommended further improvements to demonstrate what had been found and actions planned. We were advised that the provider was in the process of writing a quality of care review as required. The RI advised us they had employed a consultant to help them further develop their systems and would be receiving mentoring from other, local, experienced RI's. The RI, director and manager had recently had training in falls management and this will be delivered to care staff shortly. The manager had started to use the new falls pathway and documentation, which should improve the prevention of falls. We reviewed the service’s statement of purpose and service user guide, and have made suggestions as to how these could be improved to ensure easy to read information that accurately reflects the service was available to people. Improvements to governance arrangements have been made, and now need to be sustained in order to support the continued smooth operation of the service.

Individuals are supported by a service that provides appropriate numbers of staff who are suitably fit and have the knowledge, competency, skills and qualifications to provide the levels of care and support required to enable the individual to achieve their personal outcomes. We viewed the training matrix and saw that training was overall update to date. A large number of care staff, as well as having completed training modules such as dementia, infection control and safeguarding, for example, were also enrolled on national qualifications as required by Social Care Wales. We saw the director and RI were undertaking all mandatory training; this will enable them to have insight into the requirements the service has to meet. We saw that supervision for staff, one to one meetings to discuss issues and development needs, had taken place for all staff and further ones had been scheduled. We viewed the staff file for one newly recruited member of staff and found the necessary checks had been made. We saw that a staff meeting had been held and issues were addressed to improve the effective running of the home. People are supported by staff who have been satisfactorily supported to have the knowledge and skills required to support them with their needs.
5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

At the previous inspection, we issued non-compliance notices to Aston Hall Care Limited because they did not meet their legal requirements in relation to:

- **The service provider must ensure that the service is provided with sufficient care, competence and skill, having regard to the statement of purpose, Regulation 6.** At this inspection, we were satisfied the regulations were complied with. We saw there were improvements in how the service provider and RI have oversight of the service and have made efforts to improve their knowledge of regulatory requirements.

- **Personal Plans, Regulation 15, The service provider must ensure all individuals have an accurate, up to date personal plan as to how their needs are to be met.** At this inspection, we were satisfied the regulations were complied with. We saw three examples of personal plans. These were up to date and reflected people’s care needs.

- **The service provider must have arrangements in place to ensure that medicines are managed and administered safely, Regulation 58.** At this inspection, we were satisfied the regulations were complied with. We saw that medication management and oversight had improved.

5.2 Recommendations for improvement

The following are recommended areas of improvement to promote positive outcomes for people:

- Ensure are plans are reviewed at least every three months, and this date is clearly noted.
- Ensure carpets are fit for purpose and do not present trip hazards.
- Revise the statement of purpose and service user guide to ensure it contains all the required information.
6. How we undertook this inspection
This was a focussed inspection undertaken to assess if previously issued non compliance notices had been satisfactorily addressed. This inspection was carried out under the Regulation and Inspection of Social Care (Wales) Act 2016. The unannounced inspection took place on the following dates 30 September 2019 between the hours of 9:30 am and 5:30 pm by one inspector.

The following methods were used:

• We spoke with people living and working at the service during the inspection visit; four people using the service, two relatives / representatives, two staff members, the manager, the responsible individual and a director of the owning company.

• We looked at a range of records. We focused on three care plans and associated documents, one staff file, training records, supervision records, some policies and procedures, various health and safety records, medication records and accident and incident reports.

• We looked at the communal areas of the home and a sample of bedrooms.

CIW is committed to promoting and upholding the rights of people who use care and support services. In undertaking this inspection, we actively sought to uphold people’s legal human rights.


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

<table>
<thead>
<tr>
<th><strong>Type of care provided</strong></th>
<th>Care Home Service</th>
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<tbody>
<tr>
<td><strong>Registered Service Provider</strong></td>
<td>Aston Hall Care Limited</td>
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<tr>
<td><strong>Registered Service</strong></td>
<td>Aston Hall Care Home</td>
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<tr>
<td><strong>Responsible Individual</strong></td>
<td>Sunitaben Harnarayan Mishra</td>
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<td><strong>Registered maximum number of places</strong></td>
<td>43</td>
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<td><strong>Date of previous Care Inspectorate Wales inspection</strong></td>
<td>27/6/2019 and 3/7/2019</td>
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<tr>
<td><strong>Dates of this Inspection visit(s)</strong></td>
<td>30/09/2019</td>
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<td><strong>Operating Language of the service</strong></td>
<td>English</td>
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<tr>
<td><strong>Does this service provide the Welsh Language active offer?</strong></td>
<td>Working towards it</td>
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**Additional Information:**

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