



Inspection Report on

Ashville Residential Home

**Bristol Terrace
Brithdir
New Tradegar
NP24 6JG**

Date Inspection Completed

29 July 2021

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About Ashville Residential Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Ashville Residential Home Ltd
Registered places	35
Language of the service	English
Previous Care Inspectorate Wales inspection	17 February 2021
Does this service provide the Welsh Language active offer?	The service is working towards providing an 'Active Offer' of the Welsh language.

Summary

Ashville Residential Home is able to accommodate up to 35 residents with residential and nursing care needs, including those associated with mental health needs. The Responsible Individual (RI) is Nisha Done, who has overarching accountability for the home. The home has a suitably qualified and professionally registered manager responsible for its day-to-day running.

People receive appropriate care and support from a friendly staff team. They live in accommodation which is suitable for their needs and management demonstrate appropriate oversight of the service, aided by audits and policies. People are consulted about the care and support they receive and as part of improving the service. Appropriate care documentation is in place and there are measures to safeguard residents. There are some measures for promoting good practices within the home; but infection prevention and control arrangements need improving. There is oversight of staff supervision and training. The home has strengthened its recruitment process and has achieved improvement in this area. There is appropriate governance of the home together with a commitment to continuous improvement and development.

Well-being

People are safe and receive appropriate care and support. Their wishes and aspirations are considered and care staff demonstrate a friendly approach. Care documentation supports the delivery of care and support, although some aspects would benefit from review. People are encouraged to have visitors to the home and supported to stay in touch with important contacts by telephone and virtual meetings.

Measures are in place to promote good standards of practice throughout the home; but infection prevention and control measures need improving to ensure they are sufficiently robust and in line with current Public Health Wales guidance. The provider assured us it is addressing this. The home carries out audits to help it monitor standards and practice. Management show good oversight of incidents, accidents, complaints and safeguarding matters. A statement of purpose is present along with a written guide, but it needs reviewing.

The environment is suitable for the needs of the residents and management ensure it is a safe place for people to live, work and visit. Management oversee the training and supervision needs of the staff. Team meetings take place specific to each worker's role. There is an improved recruitment process, which is more robust, supported by an updated recruitment policy and audits. The RI demonstrates appropriate oversight of the home to ensure it operates safely and in accordance with its statement of purpose. The home shows a commitment to improving and developing.

Care and Support

Care staff interact with residents in a friendly and respectful manner. People's choices are promoted, for example regarding meal and snack options. Care staff show good knowledge of people's wishes, needs and how to respond to them. People's preferences and aspirations are documented. They are enabled to have visitors to the home and encouraged to keep in touch by telephone and virtual meetings. Care records are well organised, although we discussed some matters with management that would benefit from review. These included accurately recording room numbers and ensuring important decisions were prominent in the care files.

Care staff are visible and we found there to be appropriate oversight of staffing arrangements. Information about how people like to spend their day is documented and an activities schedule reflects opportunities throughout the week. Management told us this has been affected by the Covid-19 pandemic. The home completes audits regarding areas such as skin integrity and medication, which the RI oversees. A medication policy is present and a General Practitioner (GP) visits the home weekly to monitor and review the residents, including their medication. A visiting professional we spoke with shared positive feedback about the care residents receive.

There are some measures to promote safe infection control, such as cleaning schedules, audits and staff spot checks; but improvement is needed to minimise cross-infection risks as far as possible. For example, we noted staff did not consistently follow the correct personal protective equipment (PPE) guidance and several matters regarding infection control practice and the environment require attention. We discussed these with management at the inspection visit and they assured us they would address them as a priority.

Measures are in place for safeguarding residents. Entry to the home is secure and a log of visitors is maintained, although all staff should ensure they check visitors' identification carefully prior to entry. A safeguarding policy is present and management demonstrate oversight of safeguarding matters. The home liaises appropriately with the Local Authority regarding incidents and notifies Care Inspectorate Wales (CIW), where appropriate. It takes action to address any unsatisfactory staff conduct and staff are provided with safeguarding training.

Environment

There are three floors in the home, each accessible via a passenger lift. The home has received a food hygiene rating of 4 (indicative of 'good' kitchen hygiene practices). The home offers suitable accommodation for the residents and management are committed to developing it for their benefit. An infection control and visitor's policy is present. Visitors are required to show evidence of a negative lateral flow test, have their temperature taken and follow safety precautions during visits.

People are cared for in a clean and homely environment. People's bedrooms are individualised and contain personal items of their choice. There are sufficient bathing and toilet facilities for people. We saw domestic staff undertaking cleaning duties throughout the home and found the home to be generally clean and well-maintained. When we spoke with people they were complimentary about the home. We identified items of clutter in the bathrooms throughout the home. We discussed this issue with the manager at the time of the visit, to ensure the clutter be removed to provide a pleasant bathing environment for people to enjoy if they choose.

Management oversee the home's health and safety requirements. Appropriate certification is in place regarding facilities and equipment, such as gas, electrical appliances, nurse call alarms, manual handling equipment and the passenger lift. From our walk-around, we noted window openings that may potentially pose a risk to residents are secure. There are regular fire drills, although we discussed with the provider ensuring it consistently documents the time taken to complete each drill. Various fire-related safety checks are carried out and residents have personal emergency evacuation plans. There is a fire safety risk assessment and care staff receive training in fire safety and first aid. The home completes environmental audits to ensure areas are clean and safe.

Leadership and Management

Systems and processes help promote the smooth running of the home. Management oversee incidents, accidents and complaints. The home carries out internal audits to monitor standards and practice. Nurse daily handovers ensure pertinent information is shared between staff at shift handover. We looked at some key policies and saw a Covid-19 contingency plan is in place. The statement of purpose describes the home and its facilities, but the provider needs to submit an updated copy to CIW. A written guide gives people key information about the service, but it needs reviewing to ensure it fully reflects the statutory guidance. We discussed with management being mindful of where confidential notes are stored, to ensure only authorised staff can access them.

There is an improved recruitment process and an updated recruitment policy. Audits are carried out to ensure the required information and/or documentation is present and correct. We discussed a section in one person's application form which was partly cut off from where it had been printed, which the provider should check carefully. Aside from this, the provider demonstrates strengthened recruitment practices and it is improving the induction process for agency care workers and nurses. We were informed no agency nurses were being used and use of agency care workers had been minimal as of late.

Management oversee staff training and supervision needs. Care staff are provided with specialist training in areas including dementia care, managing challenging behaviours and end of life care. The provider should consider pressure area care prevention and management training for all care and nursing staff as well. There is a supervision and development policy. Staff meetings take place for qualified nurses, care staff and night staff. Staff we spoke with told us they are well supported and can approach the manager with any issues or concerns.

There is evidence of suitable service oversight and governance. The RI regularly visits the home and engages with individuals and residents. They demonstrate quarterly oversight of resources and we saw a quality of care review which has been completed since the last inspection. We highlighted with the RI some additional matters which they should consider, however, such as clearer stakeholder feedback. Overall though, there is appropriate oversight of the service in place.

Areas for improvement and action at, or since, the previous inspection. Achieved

The service provider must ensure full and satisfactory information or documentation is available for staff in respect of matters specified in Part 1 Schedule 1.

Regulation 35(2)(d)

Areas for improvement and action at, or since, the previous inspection. Not Achieved

None

Areas where priority action is required

None

Areas where improvement is required

The service provider must have policies and procedures in place for the control of infection and to minimise the spread of infection and must ensure that the service is provided in accordance with these policies and procedures.

Regulation 56(2)

The area identified above requires improvement but we have not issued a priority action notice on this occasion. This is because there is no immediate or significant risk for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection.

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