



Inspection Report on

Aston Hall Care Limited

**Lower Aston Hall Lane
Hawarden
Deeside
CH5 3EX**

Date Inspection Completed

28 February 2023 and 8 March 2023

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About Aston Hall Care Limited

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Aston Hall Care Limited
Registered places	43
Language of the service	English
Previous Care Inspectorate Wales inspection	4 May 2022
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

People are happy with the care and support they receive at Aston Hall. People are offered regular opportunities to participate in a variety of activities throughout the week. Some improvements are required to ensure personal plans accurately reflect people's current needs.

We found staff are happy working at the service and feel well supported. We found improvements are required for staff training to ensure staff fully understand the specific needs of people living at the service.

The environment is clean and tidy, there are plans to improve the décor and furniture at the home. Improvements are required to ensure all risks are identified and reduced as far as possible.

The Responsible Individual (RI) has good oversight of the service and is keen to provide the best possible service to people living at the home.

Well-being

People have control over their day to day lives. People we spoke with told us they feel listened to by most staff and they are able to make decisions on how to spend their day, including when they get up in the morning and when they go to bed. People told us they are approached for their views on how the service is run and included in the reviewing of their care and support.

The service provider holds resident's meetings which provide people living at the service with the opportunity to contribute their views on the day to day running of the service. People are encouraged to give suggestions, including the activities available.

People are supported with their physical health, mental health and emotional wellbeing. We saw people are able to do what matters to them and activities are available throughout the week. Activities available are accurately listed in the services Statement of Purpose (SOP). Including bingo, quizzes, baking and arts and crafts. The provider holds regular events to mark special occasions, including people's birthdays. We found people are able to practice their religious beliefs, a regular Church service takes place at the home.

Personal plans record when referrals to healthcare services have been made and advice has been obtained. However, some personal plans do not reflect the person's current needs. People told us they feel supported to access the relevant healthcare services.

People told us they are happy with the food at the service. The menu is varied and people have choices for each meal. We saw people with specialist diets are catered for. People told us they are able to request an alternative meal if they do not like what is on the menu.

The service provider has safeguarding mechanisms in place to report and record safeguarding incidents. People told us they feel safe at the service and are able to raise issues with staff.

People are supported to maintain relationships. People told us they are supported to see family and friends. Relatives spoke positively about the service, they told us staff are very accommodating.

The accommodation is suitable to meet the needs of the people living at the service. People can choose where they spend their time. The home is mostly clean and tidy. Some maintenance works are required and improvements are required to improve health and safety within the home, the provider assures us these will be completed.

Care and Support

People are provided with the quality of care and support they need through a service which is mostly designed in consultation with the person. We reviewed a selection of personal plans and found people's personal wishes and aspirations are mostly obtained in the development of the personal plans. The service carries out detailed pre-admission assessments before agreeing to provide care and support to the individual. Personal plans include the person's preferences, including their preferred wake up time and night-time routine. We found personal plans encourage independence and are clear on people's goals and wishes. We saw in one person's file, the service had supported them to improve their mobility and maintain their independence as a result.

Staff work from personal plans which are clear on how to best communicate with the person. One page profiles detail what is important to the person and how is best to support them. Staff complete the relevant daily documentation, as directed by the personal plans. We found personal plans are reviewed at least every three months, however, these are not always updated when there is a change. Not all personal plans have relevant issue specific risk assessments in place. While no immediate action is required, these are areas for improvement and we expect the provider to take action.

Most people are happy with the care and support they receive at Aston Hall. We spoke with people living at the home, most people told us they feel staff understand their needs and spoke positively about the staff at the service. One person we spoke with said *"I chose to come here, I love it. There is nowhere else for me"*. Another person told us they moved to the service for the short term and *"now I don't want to go home, they are wonderful"*. Some people told us they would like the opportunity to access the community and they would like to be offered the opportunity to have a bath.

People living at the service are supported to access healthcare services, to maintain their ongoing health, development and well-being. People told us they are supported to access healthcare services, one person told us *"I go to the office and they sort everything out"*. We saw most professional visits are recorded and include the advice provided by the professional. During our visit to the service, we saw people receiving support from allied health professionals.

We saw positive interactions between staff and people living at the service. Staff explained to people living at the service, before carrying out tasks and gave instructions as needed.

We spoke with visiting relatives, they all spoke very highly of the service. Relatives told us they feel their loved ones needs are met. Relatives also told us when they have raised an issue, it has been immediately addressed.

The service provider has mechanisms in place to safeguard the people living at the service. We reviewed safeguarding records, which evidence the service provider records and reports safeguarding incidents. However, outcomes are not always recorded. The service has safeguarding policies and procedures in place which detail how to raise a concern. People told us they feel safe at the service, one person we spoke with told us "*What is there not to feel safe about, it's brilliant*". We saw evidence the service provider adheres to the relevant legislative framework and requests Deprivation of Liberty Safeguards authorisations when required.

Environment

The service provider mostly ensures people living at the service receive care and support in a safe environment, with facilities and equipment to promote achievement of their personal outcomes. The environment and facilities available are as described in the services Statement of Purpose (SOP). We saw people are encouraged to bring their own furniture and can have their personal belongings on display. Not all rooms have sufficient storage for people's belongings. We found some areas have a malodour. We saw a programme of redecoration was being carried out in the corridors during our visit. Some improvements are required in the environment, such as the replacing of carpets, furniture and paintwork repairs on walls and ceilings. The provider assures us they have plans in place for redecoration. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

People have access to call bells throughout the home, people told us when they request assistance via the call bell, this is generally responded to in a timely manner. People told us they are happy with their rooms and the facilities available.

The service provider has insufficient measures in place to identify and mitigate risks to health and safety. There are some relevant environmental risk assessments in place, which detail how the risks can be reduced, however risk assessments are not always adhered to. Window restrictors are not consistently locked. Some bins require replacing to ensure they promote good infection control practices, the provider assures us these will be replaced. Issues were identified during the previous legionella service and these have not been resolved. While no immediate action is required, these are areas for improvement and we expect the provider to take action.

Cleaning equipment and the laundry facilities are secure and prevent unauthorised access. Most health and safety checks are up-to-date, including fire safety checks, electrical checks and relevant care equipment checks. The service record when cleaning tasks have been carried out. People told us they feel the home is clean.

The service has arrangements in place to promote hygienic practices and manage the risk of infection. There are cleaning schedules in place to record when cleaning tasks have been completed. The service has policies in place to support the promotion of infection control measures. We found there is sufficient supplies of Personal Protective Equipment (PPE) around the home.

Leadership and Management

The service provider has good governance arrangements in place to support the smooth operation of the service. The Responsible Individual (RI) undertakes their regulatory visits in line with regulations and evidence reviewing the relevant documentation and speaking with the relevant people. Quality of care reports are completed every six months and identify areas for improvement within the service. Monthly audits are completed, these include the auditing of care plans, infection control measures and medication. Where issues are identified during the auditing process, these include the actions required. Policies and procedures are reviewed on a regular basis and are accessible to staff and people living at the service. People we spoke with, told us the RI and manager are very friendly and approachable and often seek their views on the running of the service.

We spoke with a professional who visits the service, they told us most of the people they visit have their needs met by the service. However, not all staff engage well and there are improvements required to ensure staff fully understand the needs of the people living at the service.

People are supported by a service which provides appropriate numbers of staff who are suitably fit to provide the levels of care and support required, to enable people to achieve their personal outcomes. We found the provider undertakes the relevant pre-employment checks. New members of staff undertake the All Wales Induction Framework (AWIF) programme and most staff are up-to-date with the mandatory training. Staff who administer medication receive the appropriate competency assessments to ensure they are competent in their role. We found staff are up to date with supervisions and appraisals. Supervision and appraisal records evidence staff having the opportunity to reflect on their practice and identify areas for training and development. Staff meetings take place, however, the frequency needs to be increased to ensure information is shared amongst all staff. Staff benefit from specific training to meet people's individual needs, we found not all staff have received training to meet the specific needs of people living at the service. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Staff we spoke with told us they are happy working at the service, they feel well supported in their roles and said the management team are very approachable. Staff told us they feel they know the people living at the service well. The majority of staff we spoke with had a good understanding of safeguarding procedures and told us the services policies and procedures are accessible.

The service provider has oversight of financial arrangements and investment in the service, the provider has plans in place for ongoing improvements to the service. We found there are sufficient supplies of food, cleaning equipment and PPE at the service. The service has a system to ensure the appropriate insurance is in place.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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16	The provider has not ensured all personal plans are amended and developed to reflect changes in the individual's care and support needs. The service provider has not evidenced the person and/or their representative's involvement with the development and ongoing reviews of their personal plans.	New
36	Not all staff have received training to meet the specific needs of people living at the service.	New
44	The provider has not ensured the premises is properly maintained.	New
57	The provider has not ensured all risks to the health and safety of individuals are identified and reduced so far as reasonably practicable.	New

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