



Inspection Report on

Ashbury House

Magor

Date Inspection Completed

17 August 2022

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About Ashbury House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Consensus Support Services Limited
Registered places	6
Language of the service	Welsh
Previous Care Inspectorate Wales inspection	This is the first inspection of this service since it was re-registered under The Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).
Does this service provide the Welsh Language active offer?	Yes. The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

People and their relatives are happy with the care and support they receive. Visiting arrangements are in place promoting people's overall well-being and supporting their sense of belonging. People are treated with dignity and their voice is heard, they engage in activities and access the community. Personal plans are outcome focussed and regular reviews take place. People have access to appropriate health and social care professionals. Staff are caring, knowledgeable and responsive to people's needs. There is a dedicated staffing team who are trained for their roles. The service provider has quality assurance processes in place to review overall service delivery and to capture feedback from people, their relatives, and staff to drive service improvements. The systems for monitoring staff supervision, staff recruitment and deprivation of liberty safeguards needs strengthening. The service provider needs to ensure the maintenance and safety of the environment and medication oversight is given specific attention.

Well-being

People's individual circumstances are considered. We observed throughout the day that people did different things. One person was enjoying an activity in the garden, we saw them smiling and from their body language it was evident they took a great deal of enjoyment from this activity. Personal plans record what like and dislike, and how they may express their emotions when they are unable to do so. Care staff record one to one meetings, these reflect how people are supported to achieve their individual outcomes. For example; we were told that one person was supported to the cinema, whereas another person enjoyed swimming. People benefit from relationships with familiar staff. Records of meetings reflect that people's wants and wishes are considered. Visiting arrangements are in place and one family member told us they feel involved in the care arrangements.

The service supports people's health and well-being although some improvement is needed. Staff feel supported in their role and have a good understanding of people's needs. Personal plans inform staff on how they must support people. These are updated as necessary. There is evidence the service contacts health professionals to support people's overall well-being, however we did note a legal condition of an authorisation to deprive someone of the liberty has not been followed up by the service provider in an appropriate manner. Medication systems are in place but require some strengthening to ensure people's overall well-being is consistently maintained.

There are mechanisms and policies in place to safeguard people at risk. Safeguarding policies and procedures are available. Staff know how to raise concerns if they suspect harm to an individual and they are trained in safeguarding. A key worker system allows people the opportunity to communicate their concerns they may have. Risks have been identified for people and assessments are in place for staff to follow. The provider has completed Disclosure and Barring Service (DBS) checks on staff in line with regulatory requirements. The DBS helps employers make safer recruitment decisions.

The environment that does not always promote people's overall well-being. The home is clean and comfortable; however, re-decoration is required in some communal areas and some carpets and furnishings require replacing. The accessibility within the kitchen needs to be reviewed to ensure all people can be involved in developing and maintaining their independence. Outside spaces are well-kept. Improvements in the safe storage of hazardous substances and the storage of personal information is needed. Fire safety precautions within the laundry room need to be reviewed to ensure people's overall safety is consistently maintained.

Care and Support

There are things for people to look forward to. Care staff support people in a positive manner to make decisions about what they do and how they spend their time. Individual activity programmes are displayed. A key worker system supports people in making decisions about their care, providing them with opportunities to be involved in things of importance to them. We saw one person relaxing in the comfort of their bedroom watching television, whereas another person was using an 'Alexa' to play their favourite music in the garden. We were told two people were being supported to access the local swimming pool. Personal plans reflect the care and support people require. We saw staff enabling one person to mobilise, encouraging gently, and supporting them to walk independently.

Information is available for staff on how to support people. We observed staff have a good understanding of the support people require and complete reviews of care needs. Personal plans are mostly updated to reflect their current support requirements. We did note a Deprivation of Liberty Safeguards authorisation on file that is subject to a specific condition has not been followed up as required by the service provider. Further, this specific condition is not recorded in the personal plan for this individual. We discussed these issues with the manager who gave assurance this would be acted on.

People are treated with respect and their health and well-being is promoted. External healthcare support is sought in a proactive and preventative way. People are supported to access a range of community healthcare services. We observed staff were caring and attentive to peoples' communication needs. It was clear from our observations that staff were familiar with peoples' needs. We saw involvement from an occupational therapist in a plan for one individual. One relative who was visiting told us, '*Communication is good, (X) is safe.*' We saw visiting arrangements are in place, which facilitates regular contact with families.

There are systems in place to manage people's medication, although these require further oversight. There are secure arrangements for storing medication in a lockable room, accessible only to authorised staff. We note one person has medication stored securely within their own bedroom. Staff monitor the temperature of the room where medication is stored. We reviewed a sample of medication administration records (MAR's). There are some discrepancies on MAR's including gaps on charts, and no explanations recorded for the omission. We found an oral solution had exceeded the recommended expiry for its use. We note an anti-psychotic medication that in use has not been reviewed by the prescriber as required. We discussed these issues with the manager who gave assurance this will be acted upon. We will follow this up at the next inspection.

Environment

People are cared for in an environment that mostly meets their needs, however, improvements are required to ensure the home is maintained accordingly. Visitors sign in on arrival so that people's safety is maintained. There are risk assessments in place to ensure infection protection and control practices are adhered to. People benefit from an outside space that is safe and accessible. Bedrooms are personalised and contain items such as family photographs and furnishing. People spend time in their bedrooms if they choose to do so, or alternatively sit out in communal areas playing activities and spending time with each other. Bathroom and kitchen areas are clean with cleaning records maintained. The accessibility within the kitchen needs to be improved to allow all people to develop and maintain their daily living skills. There are some areas of the home that require re-painting and some communal furnishings and carpets require repair/replacing. The provider explained the service has been without a dedicated maintenance person for a significant period of time, and the recruitment of an appropriate person has been challenging.

Improvements are required to staff practices and to the facilities to ensure people's overall well-being is consistently promoted. Health and safety checks are in place; however, systems need to be more robust. Staff wear appropriate personal protective equipment and follow correct procedures. We saw completed records of servicing for electrical safety and lifting equipment. Window restrictors are in place to maintain people's safety. Routine fire safety checks within the environment are completed and staff are involved in regular fire drills. We reviewed a fire risk assessment completed in March 2021, actions are recorded as being complete, however the risk assessment has not been reviewed annually. We note fire safety measures in the laundry area require attention and gas safety appliances require an annual service. The weighing scales in the service have not been working since February 2022. The staff office requires de-cluttering, and the safety of the flooring is compromised. A notice has not been issued on this occasion as there was no immediate or significant impact for people using the service. We expect the provider to take action to address these issues and we will follow this up at the next inspection.

Leadership and Management

The service provider has arrangements in place to support the running of the service. The responsible individual maintains oversight of the service. They visit the service to speak to individuals who live there, to consult staff and to review service delivery. In addition, the operations manager complete regular quality audits. Quality audits contain information on the home's performance and reflects engagement with people living and working at the home to measure their experience. Staff told us the manager is supportive and approachable. A quality of care review dated July 2022 reflects a comprehensive review of service delivery has taken place. The statement of purpose sets out the vision for the service and how this will be achieved. The manager records complaints and compliments, and responds to feedback. We did observe care records are not always stored securely in the service. This was brought to the attention of the manager who assured us this would be addressed. CIW do not always receive regulatory notification of events as required in a timely manner. The provider has made requests to the supervisory body in relation to deprivation of liberty safeguards which had not been reported to CIW. Following our inspection, the provider has submitted these reports to the regulator.

Supervision and recruitment practices in place for staff require improvement. We reviewed supervision notes for two staff and found supervision sessions have not been completed consistently every three months. Staff meetings are held on a regular basis to communicate matters of importance across the team. Training statistics indicate compliance with mandatory core training. Moving and handling refresher training is required, and we were told that this was booked to be completed the following day.

We requested recruitment records for three staff employed at the service, however records for one staff member were not available. All the required information was not kept on file as required. Records reveal DBS checks have been completed. These regular checks and updates are important to review a staff member's suitability to work with vulnerable people. A safeguarding policy is available at the service. Staff we spoke with have a good understanding of when and who to report matters of a safeguarding nature.

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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58	Ensure arrangements are in place to for medicines to be administered safely	New
48	Ensure the facilities and the equipment used for the provision of the service are properly maintained	New
36	Ensure all staff receive appropriate supervision and appraisal	New
35	Ensure any person working at the service has provided satisfactory information and documentation in respect of each of the matters specified in Part 1 of Schedule 1	New

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