



Inspection Report on

Ashbury House

Magor

Date Inspection Completed

18/01/2024

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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	17 August 2022
Does this service promote Welsh language and culture?	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 are supported by a care staff team who are caring, understanding, and attentive. Activity and visiting arrangements are in place to promote people's overall well-being. People have opportunities to be part of their local community and are supported to go on holidays and fulfil their potential. Personal plans are available to guide care staff on how people want to be supported. Incident management requires attention to ensure there is better oversight of potential risks to people's health and well-being.

People are supported to achieve their personal outcomes. Visiting health professionals told us care staff are caring and responsive. The accommodation mostly promotes people's overall well-being. Health and safety checks in the environment, particularly in the kitchen area require attention. The systems for managing people's medication requires strengthening. Care staff are safely recruited, and they have a good knowledge of safeguarding procedures. They are supported well by the management team and the service provider has good oversight of the service.

Well-being

People have control over their day-to-day life. We saw people comfortable and relaxed in communal areas and in the comfort of their bedroom. People are supported to do things that matter to them. We were shown the external garden, and we were told how some people like to grow their own fruit and vegetables. Family and representatives are welcomed into the home. We saw a care staff member holding the hands of an individual supporting them to mobilise safely. Some people have limited ability to verbally express their opinions on the support they receive. However, by observing people's body language and facial expressions, this showed us they are relaxed and reassured by care staff supporting them. A key worker system supports people to be actively involved in their day to day care and support arrangements.

Physical health and well-being is promoted. People are supported to access healthcare services as or when needed. Individuals are encouraged to be active and keep themselves healthy. Visiting health professionals are complimentary of the support provided. People are valued and have positive, trusting relationships with care staff. Records reflect they get the right care and support when they need it. We viewed a selection of personal plans and associated care records. Care documentation is person centred with information on routines, risk, preferences, likes and dislikes. This includes taking into consideration people's communication needs and language preferences. Personal plans are reviewed, and changes are made, however, this is not always completed in detail, and some improvement is required.

Measures are in place to keep people safe. Care staff receive safeguarding training and know what action to take if necessary. Recruitment practices ensure care staff are recruited safely. The provider has completed Disclosure and Barring Service (DBS) checks on care staff. The DBS helps employers maintain safety within the service. Medication management systems are in place; but some areas need strengthening. The correct protocols protect people from having their liberty restricted unnecessarily.

The environment is clean, warm and comfortable and bedrooms reflect individuality. Health and safety checks are in place, but some areas need further oversight. We were told a kitchen refurbishment is due to take place in the next few weeks. The Responsible Individual (RI) visits the service on a regular basis, engages with people and observes care staff practice. Policies and procedures are in place to support care staff practice.

Care and Support

People are supported with care and compassion by care staff in sufficient numbers. There is a good care staff presence at the service with people being supported in a kind and considerate manner. Care staff value people, we saw genuine care and warmth being provided. We saw people being supported to access activities in the community. Care staff told us they had recently supported everyone living at the service to enjoy a long weekend break at a holiday resort. We saw sensitive and caring interactions throughout our visit. There are opportunities for people to engage in voluntary work placements.

Personal plans detail people's overall support needs, however, risk management requires some improvement. Information to direct care staff on how people want their care to be delivered is reviewed regularly. Care staff have a good understanding of the support people require and they detail the care provided in daily recordings. One personal plan had not been updated to reflect the current support requirements needed to manage risk. Incidents are not reviewed in detail to support risk management. This is an area for improvement, and we expect the service provider to take action. We will follow this up at our next inspection.

People have access to appropriate advice and support to promote their health and emotional well-being. People have regular access to GP's, dentistry and podiatry when needed. Records show health appointments are recorded. A visiting health professional told us advice is always listened to, and any instructions followed. Comments included, '*Staff are really good, they are great.*' Support is provided for regular contact with families and friends. Visitors are welcomed into the home supporting peoples' emotional well-being. People enjoy swimming, supporting their local football team and being supported to maintain regular family contact.

Improvements are required to the management of medication. We completed a partial review of the service provider's medication procedures. There is a detailed medication policy available giving guidance and support. Medication is mostly stored securely, however medication cabinets in people's rooms are not always locked. There is an auditing process in place overseen by senior care staff. We found most administrations are completed accurately; however, we did note some discrepancies in the safe management of medicines. This remains an area for improvement, and we expect the service provider to take action. We will follow this up at our next inspection.

Environment

People are cared for in an environment that mostly meets their needs, however, some improvements are required to ensure people's overall well-being is consistently promoted. We note the service provider has re-decorated communal areas within the home and new flooring has been purchased. People are involved in choosing the décor and personal furnishing within their bedrooms. Bedrooms contain items of choice and things of importance to them. An ongoing maintenance plan shows continued investment in the environment.

Health and safety checks are in place. Hot and cold water checks are completed. The laundry room is clean and tidy. We reviewed a fire risk assessment completed in March 2021, actions are recorded as being complete, however the risk assessment has not been reviewed regularly. Regular fire checks are in place, but we found where concerns are identified, this is not being acted upon in a timely manner. Cleaning chemicals that have the potential to cause harm, are stored in a closed storage unit in the rear garden, but this was not locked securely. Lifting equipment is checked on a regular basis and serviced as required.

A new boiler has recently been fitted in the kitchen and the bathroom has been fully refurbished. We found areas in the kitchen are not cleaned adequately. Records of checks are kept, however these are not completed consistently. The home has been awarded a 'three star' food hygiene rating by the Food Standards Agency following a visit in October 2023. This rating indicates hygiene standards are 'generally satisfactory.' The accessibility within the kitchen requires development to allow all people to be able to use and maintain their daily living skills. This was identified as an area for improvement at the last inspection. The service provider has given assurance the kitchen is about to be fully redesigned and refurbished. This remains as an area for improvement, and we will follow this up at the next inspection.

Leadership and Management

Systems are in place to measure and monitor the performance of the service. The RI completes a report every three months that reflects they consider the quality of service delivery. The quality of care is reviewed on a six monthly basis and a report is produced. There is oversight of key documentation ensuring tasks are completed and audited to review compliance and areas for improvement. The service provider supports the safeguarding process and reports matters to the relevant local authority. There is a safeguarding policy in place and care staff have a good understanding of when and how to report matters as necessary. CIW receive notification of events; however, the regulator had not been notified of one recent event as required. The manager assured us this was a misunderstanding. The process for recording and management of incidents at the service is not always clear.

The service provider is clear about its aims and objectives. We viewed the statement of purpose (SOP). The SOP sets out the vision for the service and clearly demonstrate the range of needs the service will provide support for, including any specialist service/care provision offered. The SOP provides an overall picture of the service offered, including provision of the Welsh 'Active Offer.'

Arrangements are in place to provide regular support to care staff. Care staff told us they are happy in their role, feel supported and confident in their duties. They receive formal supervision on a regular basis. Team meetings are held sharing relevant information. Training records show core training is completed. New care staff complete an induction programme, and they are supported to register with the workforce regulator, Social Care Wales.

There are suitable selection and vetting arrangements in place to enable the service provider to decide upon the appointment of care staff. We viewed care staff files and found the necessary pre-employment checks have taken place. Employment histories are provided for applicants. Identification and references further support the individual fitness of care staff to work at the service.

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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15	Ensure personal plans take into account any risks to the individual's well-being.	New
58	Ensure arrangements are in place to for medicines to be administered safely.	Not Achieved
48	Ensure the facilities for the provision of the service are properly maintained.	Not Achieved
36	Ensure all staff receive appropriate supervision and appraisal	Achieved
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	Achieved

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