



Inspection Report on

Ashville Residential Home

**Ashville Residential Home
Bristol Terrace
Brithdir
New Tredegar
NP24 6JG**

Date Inspection Completed

12/04/2023

Welsh Government © Crown copyright 2023.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

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	[14 July 2021]
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

Ashville is a care home with nursing that provides care and support for up to 35 people. The environment is warm, welcoming and friendly. The home is overall well-maintained and benefits from homely décor throughout, some communal bathrooms are due to be refurbished.

People are treated with dignity and respect; they are supported to live as independently as possible and to do the things they choose. People and their relatives are very happy with the service they receive and enjoy the positive relationships they have with care staff.

Personal plans are regularly updated and clearly inform care and nursing staff how best to support each person. Record keeping is comprehensive and accurate, although some records of medication storage need to be improved.

The Responsible Individual (RI) visits the home regularly, supports the manager effectively and has a good oversight of the running of the home. Care staff enjoy working at the service, they are recruited safely, well trained and feel supported by the management team.

Well-being

People have control over their day-to-day lives as much as possible. The atmosphere of the service is relaxed and positive. The service is warm, clean, and welcoming.

People told us they are happy with the service. One person said, *“the staff are marvellous, they are like angels of the world. The food is very good, I always get to choose what I want.”* A visiting relative told us *“They have been fabulous, I have seen such great improvements, I don’t have to worry any more because I know they are well looked after.”*

We saw people enjoying a range of activities in the home, such as balloon tennis, balls sports, singing and dancing. People are relaxed and enjoy the company of each other and care staff. Visitors are encouraged and people enjoy going out into the local community. People are listened to and contribute to the running of the home, as well as their individual support.

People’s bedrooms are spacious and personalised. People are able to bring their own furniture and belongings to make their rooms feel more familiar to them. Family members enjoy visiting, they told us they are made to feel welcome and a part of the home.

The menu is varied, and people’s choices are catered for throughout the day. There are plans in place to support people’s wellbeing which are clear and thorough. We saw evidence of people contributing to their plans and the decisions that affect them.

The service has a robust safeguarding policy, care staff are trained in safeguarding procedures and know what to do if they have any concerns. People told us they could go to the manager for help if needed. Risks to people are well managed, and they are supported to stay safe and healthy.

Care and Support

People receive the care and support they require. We saw care workers interacting positively with people throughout our inspection. Personal plans are clearly written, they inform care staff of each person's background, their strengths, and preferences, as well as their care needs. Peoples desired outcomes are recorded but are not always clear. The manager assured us they would review these areas. The plans are kept under regular review to ensure any changes are captured promptly.

Care staff maintain accurate records which evidence people are supported as detailed in their personal plans. Care staff record daily notes which are detailed, comprehensive and focus on people's wellbeing. Referrals are made to health and social care professionals as and when required. People are registered with a local general practitioner (GP). Records are kept in the daily notes of all appointments and outcomes for review. People are supported to maintain a healthy weight and diets are reviewed when required. Drinks are readily available for people throughout the day. People who require specialist diets or supervision at mealtimes have this information clearly evidenced.

The service has an effective 'nurse surgery' system in place where care workers evidence any changes or concerns, they have noticed with people's health. Qualified Nurses review these on every shift and record what actions need to be taken to review people or make necessary referrals as required. These documents are discussed in detail at each shift handover and are available for all staff to view throughout the day. Any more urgent matters are brought to the Qualified Nurses attention immediately.

Systems are in place for the safe management of medication. Medication is stored securely and well organised. Medication records are completed accurately, however the effectiveness of 'as required' medication is not always clearly evidenced. Temperature checks are completed but medication is stored in different areas of the home and records are not kept for all of these areas. The manager assured us they would address this.

Infection prevention and control procedures are good. Care workers wear appropriate personal protective equipment (PPE) in line with current guidance. There are good supplies of PPE and stations for care staff to remove and dispose of them safely throughout the home.

Environment

The home is clean, tidy and well organised. The home is well maintained, the décor is in good order and promotes a 'homely' feel. Some areas of the home have recently been redecorated. The home is divided into three separate units, with various themes such as music, film, and history. Corridors have vinyl records, pictures of old film stars and local industry, such as mining pictures on the walls. This helps people with memory problems to orientate themselves and promotes discussion points. The front entrance has an ice cream stand and sweet trolley which people are able to help themselves to. Each of the units are named by residents on different Tom Jones themes.

People enjoy socialising in different areas of the home, each unit has a communal lounge and dining area. Some communal bathrooms are in need of refurbishment, the manager showed us a plan to have new bathrooms fitted this year. There is a large communal room which is used for parties and events on the ground floor of the home. The manager told us about plans to convert this room into a dementia café. The room includes an area which is equipped and used as a hair salon, with a local hairdresser visiting regularly for this purpose. A lift is incorporated for people who require support with their mobility. There is a level area with artificial grass outside with garden furniture which people told us they enjoy using in warmer weather.

People benefit from a safe environment; the front door is kept locked; we were asked for proof of our identification before being allowed to enter. We viewed the maintenance file and saw that all serviceable equipment had been checked to ensure its safety. Regular checks of the fire alarms take place at the home and staff are trained in fire safety. People living in the home have a personal emergency evacuation plan to guide staff on how to support people to leave the premises safely, in the case of an emergency. The home has a four-star rating from the food standards agency which means that hygiene standards are good.

Leadership and Management

People benefit from effective leadership and management. The RI, manager, and clinical lead are approachable and supportive. There is effective communication and the whole staff team work well together for the benefit of the people living at the home. Care staff enjoy working at the home and feel valued in their roles. One care worker told us *“I love it here; the manager and my colleagues are so supportive. We all work together to be person-centred and do the best for the residents.”* Another care worker said *“I feel really valued here; we get a lot of support. There is always someone to go to about work or other matters. We are always listened to.”*

The service’s statement of purpose accurately reflects the service provided. Throughout our visit, we saw there was a sufficient number of care workers on duty to support people. We viewed four weeks of staff rotas which evidence sufficient care staff are consistently deployed.

Care workers receive regular supervision with their line manager, this gives them an opportunity to make suggestions on the running of the home and to review their practice and discuss any training requirements they may have. Staff complete a range of training courses, including regular refresher courses in mandatory areas such as safeguarding people at risk of harm.

The provider makes necessary referrals to external agencies and notifies the regulator of required events in a timely manner. Care workers are safely recruited, the personnel files are well organised and contain the required information.

The RI has undertaken regular quality assurance checks by visiting the home to talk to individuals and care staff, and to review documents. The RI completes detailed and thorough audits of the quality of the support provided as well as the wider running of the home. The reports highlight where the home is performing well and identifies any areas for improvement, with a clear action plan and timescale.

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
73(1)(b)	The Responsible Individual must evidence that they have consulted with staff and people using the service at least quarterly .	Achieved
	SOP must be kept updated and include all required information. Reg 7(2)	Achieved
	People's outcomes are not identified in their personal plans.	Achieved

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
N/A	No non-compliance of this type was identified at this inspection	N/A
56	Regulation 56(2)	Achieved
	Regulation 35 (2) (d). The service person cannot evidence the fitness of all staff working at the service as they have not ensured they provide full and satisfactory information in respect of matters specified in Part 1 Schedule 1.	Achieved

Date Published 15/05/2023