



Inspection Report on

Aston Hall Care Limited

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

Date Inspection Completed

09/10/2023

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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	28 February 2023
Does this service promote Welsh language and culture?	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

Overall, people are happy with the care and support they receive at Aston Hall. Care staff enjoy working at the service and are familiar with people's needs. Care staff treat people with dignity and respect. Personal plans require more detail to ensure they fully reflect people's needs and evidence people's involvement in their care planning. Improvements are required to ensure medication is accurately recorded when administered.

Care staff feel supported at the service and receive regular training but require further specialist training to meet people's individual needs. The service provider completes the relevant pre-employment checks, but need to ensure staff continue to have a valid Disclosure and Barring (DBS) checks. Improvements are required to ensure staffing levels are consistent.

The service provider is keen to improve the service, to address the ongoing works required around the home and to ensure the environment remains safe.

Well-being

People are supported to maintain their independence. People have choices over their day-to-day care, people can decide when they get up and when they go to bed, where they eat and where they spend their day. People told us staff are kind towards them and treat them with respect. Regular resident's meetings take place, supporting people to discuss their views with regards to care, food, activities and decorations. Personal plans promote independence, encouraging people to do as much as they can for themselves. People, their relatives and visiting professionals told us the service supports people to maintain their independence. There are currently no Welsh speaking staff working at the service.

Overall, people are supported with their physical, mental and emotional well-being. People are supported to access health services and accurate records are kept following medical appointments. The service is currently recruiting an activities person, to offer activities on a regular basis. Some personal plans are insufficient and do not contain enough detail on how best to support people. Personal plans do not evidence people and/or their relatives involvement in the ongoing development of the plans. Improvements are needed to ensure people receive medication when needed and medication administration records (MAR) charts are accurately completed.

People told us they feel safe at the service. If a safeguarding incident occurs, these are recorded and reported where necessary. Care staff receive regular safeguarding training and are familiar with the services policies and procedures. There are gaps in specialist training, further training is required to ensure people receive the right care and support. Improvements are required to ensure there are sufficient levels at all times and staff remain up to date with DBS checks.

The service provider continues to invest in the building. There are plans in place to address works around the service. Improvements are required to ensure health and safety checks are completed, to keep the home safe and to ensure the building is maintained.

People are supported to maintain relationships with family and friends. People can receive visits from friends and family as often as they wish. Relatives told us the care staff are friendly and welcoming and meet the needs of their loved ones.

Care and Support

Overall, people receive care and support which is in line with their personal plans. Personal plans promote independence, by encouraging people to do what they can. People, their relatives and visiting professionals also told us staff support them to maintain their independence. Pre-admission assessments mostly gather the relevant information prior to people moving to the service. We reviewed a sample of personal plans and found they do not always accurately reflect people's needs, personal outcomes and how to reduce risks. Therefore, they are not always clear to care staff how best to support people, this includes emotional support and support to manage health conditions. This is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue. Personal plans are reviewed regularly, but do not evidence people and/or their representatives being involved in the reviewing of their care plans. This remains an area for improvement and we will review this at the next inspection. We observed interactions between care staff and people living at the service, care staff treat people with respect and are warm and friendly in their manner.

People are supported to access health and other services. Care staff record correspondence with health professionals, which show people are supported to access health services as and when they need. During the inspection we saw people being supported to medical appointments. Care staff receive regular medication competency assessments to ensure they are safe to administer medication. We received positive feedback from visiting professionals, who told us the care staff are attentive and follow instructions given. People are supported with their dietary needs, we found the service caters for people who require specialist diets.

People are protected from abuse and neglect. There are safeguarding policies and procedures which are in line with guidance and legislation. These are clear to staff on how to raise a concern. There are systems in place to report and record safeguarding concerns. Falls and incidents are recorded, along with the outcomes and any action taken. People told us they feel safe at the service. Care staff receive regular safeguarding training. The service provider ensures people's rights are safeguarded, where people can no longer consent to their care and accommodation, a request is made for a Deprivation of Liberty Safeguards authorisation. Improvements are required to ensure people receive pain relief medication when needed and MAR charts are kept up to date, including allergies and the reasons for giving PRN (as required) medication are recorded. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Environment

People receive care and support in an environment which promotes achievement of their personal goals. People have access to specialist equipment where required, such as mobility aids, sensor mats, specialist beds and mattresses and these are serviced regularly. People can access communal areas, or spend time in the privacy of their own room if they wish. People can choose where they eat their meals, we saw the dining room offers a pleasant dining experience. People are encouraged to have their own personal belongings on display, to give their room a homely feel. People told us they are happy with their rooms. There are bilingual signs on toilets and bathrooms. Most of the service is clean and tidy and there is a cleaning schedule in place. Malodours remain in some areas. The grounds are attractive and people told us they enjoy the views. The service provider has replaced some flooring, with further plans to replace the remaining flooring. The provider assured us they also have plans to replace furniture. This remains an area for improvement and we will follow this up at the next inspection.

The service provider does not always identify and mitigate risks to health and safety. The service provider has not consistently ensured all health and safety checks are up to date. Personal Protective Equipment (PPE) is available throughout the home. We found there are several open bins, which does not promote positive infection control practices. Not all wardrobes are securely attached to the wall. Some rooms have insufficient storage for people's personal items. This remains an area for improvement and we will review this at the next inspection. Most health and safety checks are up to date, including the gas safety, the five-year electrical check and fire safety equipment. The service has a rating of five from the food standards agency. We found the service complete the relevant checks for food hygiene purposes.

Leadership and Management

The service provider has governance arrangements in place to support the running of the service. Policies and procedures are reviewed regularly and these support people to achieve their personal outcomes. The Responsible Individual (RI) visits the service and evidences the reviewing of a selection of records, including safeguarding's and complaints. There is a complaints policy in place, which is clear on the process to make a complaint and how they are dealt with. The manager completes regular audits of medication, care plans and infection control measures. The service provider completes the quality of care reports every six months and obtains feedback from people, as part of the process. These reports highlight what the service does well and identify ways in which it could improve.

The service provider has oversight of financial arrangements, the provider continues to invest in the service. We found there are sufficient supplies of PPE, cleaning equipment and food.

People are supported by a service which overall provides sufficient staffing. The service provider ensures the relevant pre-employment checks are carried out before new staff begin working at the service. Care staff are appropriately registered with Social Care Wales, the workforce regulator. Improvements are required to ensure the DBS checks remain up to date, we found some DBS checks have lapsed. These have since been applied for. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Staff are up to date with mandatory training, but there are gaps in specialist training to meet people's specific needs. Therefore, this remains an area for improvement and we will review this at the next inspection. The service does not consistently have sufficient staffing levels, we reviewed a sample of staff rota's and found several care staff are working a high number of hours. We observed a mealtime and found staff were not consistently available to people during this time. People also told us care staff do not always have the time to have meaningful conversations with them. While no immediate action is required, this is an area for improvement and we expect the provider to take action. Care staff we spoke with, told us they feel well supported, they told us the manager and RI are friendly and approachable. Supervisions and annual appraisals provide care staff with the opportunity to reflect on their practice and receive feedback. Staff meetings provide staff with the opportunity to raise any issues, these meetings are recorded, as well as the actions taken as a result of the meeting.

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
15	The service provider has not ensured personal plans accurately reflect people's care and support needs, their personal outcomes and the steps required to mitigate identified risks.	New

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
34	The service provider has not ensured there is a sufficient number of staff on duty, at all times.	New
35	The service provider has not ensured staff have an up to date Disclosure and Barring (DBS) check in place.	New
58	The service provider has not ensured there are systems in place to record the administration of PRN (as required) medication, allergies to medication are not clear and people do not always receive pain relief when required.	New
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 representatives involvement with the development and ongoing reviews of their personal plans.	Reviewed
36	Not all staff have received training to meet the specific needs of people living at the service.	Reviewed
44	The provider has not ensured the premises is properly maintained.	Reviewed
57	The provider has not ensured all risks to the health and safety of individuals are identified and reduced so far as reasonably practicable.	Reviewed

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