



Inspection Report on

Aston Hall Care Limited

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

Date Inspection Completed

25/03/2021

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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	
Does this service provide the Welsh Language active offer?	The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

This was a focused inspection and on this occasion we did not consider the well-being, care and support and leadership and management in full.

People are cared for by a staff team who overall feel and are supported by management. People feel they are supported by good staff and are happy at the service. Induction and core training require further improvement.

Significant improvements are required in the quality and consistency of the care and support people receive. The governance arrangements in place to monitor and review the quality of care being provided also require significant attention to drive and sustain improvement at the service.

Well-being

As this was a focused inspection, we have not considered this theme in full.

People do not always receive the right care and support, as early as possible. Personal plan documentation does not always reflect people's current needs, this impacts on the accuracy of staff knowledge of people's needs. People do not always receive input from external professionals in a timely manner, and cannot be confident their prescribed recommendations are communicated to staff and followed. Audits in place to drive improvement are not always used effectively and oversight of these processes requires improvement. There are inconsistencies in the fitness of staff in regards to induction and training, and at times this puts people at risk. At times, the rota evidences a skilled staff team who feel supported by management; but this mix is not consistent across the shifts.

People are not being fully protected from harm and abuse. There is a safeguarding policy in place at the service which most staff are familiar with, and generally staff have received training. Staff are overall knowledgeable about their responsibilities. Staff are aware of, and follow, up to date infection control guidance to reduce the risk of infection spreading. The service provider's governance arrangements require improvement to ensure they are learning from previous incidents and driving improvement within the service.

Care and Support

As this was a focused inspection, we have not considered this theme in full.

People cannot be confident they are provided with the quality care and support they need. People's personal plan documentation is contradictory and not always updated in line with their current needs and therefore staff do not always have an accurate, up to date knowledge of the care and support required. The way changes in required care and support needs are communicated to all staff requires improvement to ensure people receive care in line with their needs. People are not always receiving input from external professionals when required and in a timely manner. Where external healthcare professionals have been involved we found their prescribed recommendations are not accurately followed resulting in poor outcomes for people. We have issued a priority action (non-compliance) notice and the provider must take immediate action to address these issues.

There are some processes in place to safeguard people. There is an up to date safeguarding policy in place at the service and staff we spoke with were able to discuss their responsibilities in regards to safeguarding people they support. The service provider is able to evidence that staff have support to understand the content of the safeguarding policy. The majority of staff who have worked at the service for some time have attended safeguarding training, however, some new starters have not received safeguarding training prior to starting work. How safeguarding is overseen by the responsible individual within the governance structure requires improvement, to ensure lessons are learned from previous incidents and ensure any required improvements are implemented and sustained. People we spoke with during the inspection told us they were happy with the service being provided and felt safe. Generally, staff report feeling comfortable raising any concerns they have with the management.

The service provider promotes hygienic practices and manages the risk of infection. There are policies and procedures in place at the service which take into account current legislation and guidance to promote hygiene. There are cleaning programmes in place and the home appeared clean during the inspection. Staff have had specific training in regards to minimising the spread of viruses during the pandemic and they could discuss what personal protective equipment (PPE) was required, in line with current guidance. Observations during the inspection evidenced staff were following current guidelines in regards to minimising the spread of infection.

Leadership and Management

As this was a focused inspection, we have not considered this theme in full.

The overall governance arrangements in place to ensure there is a sound base for providing high quality care are poor. The quality of care review completed by the responsible individual does not meet the requirements of the regulations. Therefore, issues highlighted during the inspection process have not already been identified internally at the service through their own oversight and governance arrangements. Some audit systems in place did not review progress and inform the development of the service. Previous issues highlighted to the service through external inspection had not been addressed effectively to ensure continued and sustained improvement. People, relatives and staff do have an opportunity to provide feedback, people we spoke with felt they were listened to by the service provider.

People cannot always be confident they are supported by staff who have the knowledge, competence, skills and qualifications to provide appropriate levels of care and support. Required improvements specified at the last CIW inspection have not been sufficiently implemented and sustained; the process of inducting and training new staff remains poor in some circumstances. Appropriate and timely action is not always taken when staff no longer meet the required fitness criteria, to ensure people are kept safe. Staff who have worked at the service longer have attended core training and feel well supported by management; supervision takes place within the recommended timeframes. People are supported by appropriate numbers of staff; this was evident through observation and discussions with people.

We have issued a priority action (non-compliance) notice in regards to the service being provided with sufficient care, competence and skill; the service provider must take immediate action to address these issues.

Areas for improvement and action at, or since, the previous inspection. Achieved

Areas for improvement and action at, or since, the previous inspection. Not Achieved

Induction and training has led to staff being unsure, and unsure of care needs. Induction training commences prior to person starting work, online from home. Sam the manger acknowledges improvements can be made and has started to address this. New competency book to be signed off, more vigorous checking of competences.	Regulation 36(2)(a)
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Where providers fail to improve we will escalate the matter by issuing a priority action notice. Where providers fail to take priority action we may escalate the matter to an Improvement and Enforcement Panel.

Areas where priority action is required

The service provider has failed to ensure the service is provided with sufficient care, competence and skill, having regard to the statement of purpose.	Regulation 6
The service provider has failed to ensure that care and support is provided in a way which protects, promotes and maintains the safety and well being of individuals. The service provider has failed to ensure that care and support is provided to each individual in accordance with the individual's personal plan.	Regulation 21(1)

We found poor outcomes for people, and / or risk to people's wellbeing. Therefore, we have issued a priority action notice and expect the provider to take immediate steps to address this and make improvements.

Areas where improvement is required

None	
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