



Inspection Report on

Ash

**Alexander House
Highfield Park
Llandyrnog
Denbigh
LL16 4LU**

Date Inspection Completed

24 June 2021

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About Ash

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Mental Health Care (Highfield Park) Limited
Registered places	6
Language of the service	English
Previous Care Inspectorate Wales inspection	31 October 2018
Does this service provide the Welsh Language active offer?	This is a service that does not provide an ' <i>Active Offer</i> ' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people who use, or intend to use their service.

Summary

People living at Ash receive good quality care and support. Care staff deliver person centred care and encourage people to increase their daily living skills. A variety of communication methods are used to create personalised communication passports to involve people as much as possible in their care and support. The service works well with additional services to ensure people have access to health and allied health professionals. Further investment is needed in improving the environment, which will enhance the well-being of the people living there. There is an established staff team who want to ensure positive outcomes for people. There is a strong emphasis from the new responsible individual (RI) and the registered manager in developing the service and working in partnership with others to improve and shape the future of the service.

Well-being

Whenever possible, people are supported to have control over their day-to-day life. Care staff provide people with support to manage their own behaviours wherever possible and where necessary, they have detailed behaviour support plans in place. People's individual needs are recognised and care staff are person centred in their approach. Communication passports are in place and care staff are working in partnership with social care professionals to improve their communication methods with the people they support. We observed positive relationships and warmth between care staff and people living in the home. People have their own routines in place and are encouraged to participate in activities and daily living skills. During the Covid-19 pandemic, activities have been adapted but as restrictions ease people are venturing back out into the community. Key worker meetings are held on a monthly basis, which contain information about people's progress and challenges, outcomes they have achieved over the month and any future outcomes they would like to achieve.

People are supported with their physical, mental health and emotional well-being. Personal plans and other care documentation capture important information about the individual, their care and support needs and the outcomes they would like to achieve. Records showed advice and guidance is sought from healthcare professionals to ensure people's needs are reviewed. Care staff support people to make healthy lifestyle choices based upon identified outcomes. Relatives complimented the staff team and described them as *'dedicated'*. Comments included *"the staff team are amazing with X, he's moved around so many times, I'm so happy and relieved we've found this service"*, *"all the staff are lovely and X is very happy there"* and *"I've seen such a difference in X and that's down to the staff team and management"*.

The service has relevant policies and procedures in place to ensure people are safeguarded from harm. Our observations and people's body language and expressions indicated they felt secure and safe around the care staff who support them. Care staff are alert and we saw they respond accordingly to people's mood and behaviour in a positive manner. The service has made applications to the relevant authorities as required under the Deprivation of Liberty Safeguards (DoLS) for people who do not have the ability to make decisions about aspects of their care and support. Enhanced recruitment checks are completed and care staff have access to safeguarding training.

People live in accommodation that requires improvement. The environment provides places for people to choose to either socialise in communal areas or stay in the privacy of their own rooms. A programme of redecoration and refurbishment is already planned in order to create a more homely atmosphere.

Care and Support

Pre-admission documentation contains information regarding people's care, support, specific health and behavioural support needs. The service liaises with commissioning health and social care services and whenever possible, people and their representatives. People have up-to-date personal plans; the files we viewed contain detailed information and discussions where care staff highlighted people's care and support needs and outcomes. Documentation is reviewed and updated in line with regulation and if people's individual care and support needs change including any behavioural needs. Measures and risk assessments are in place to guide staff on how to mitigate any risks to people's health and well-being. This includes what actions care staff should take if certain types of behaviour require intervention. Consistency in signing care documentation and risk assessments is required by care staff to confirm they have read and understood the documents. We saw examples of positive, detailed person centred care information recorded within daily records but also identified more consistency was required by care staff when completing them. This will enable people and commissioning services to identify, compare and evaluate the positive progress made.

The service works in partnership with health and social care professionals. People receive visits from health and social care staff and care staff assist them to attend community-based appointments. All documentation and correspondence is kept to provide a health record for the individuals. Care staff and the management team told us they have good links with other professionals who they can contact for advice and support regarding individuals living at the home. Comments from external professionals included *"the staff team are very proactive and communication is consistent"*, *"open and transparent"* and *"the staff team have worked incredibly hard to keep people safe and as active as possible during the pandemic"*.

The service has procedures in place to protect people from the risk of abuse and neglect. The services safeguarding policy is accessible but does require updating as it does not refer to the 'All Wales Safeguarding Procedures'. The service makes safeguarding referrals when required and notifies CIW of notifiable events. Care staff have received safeguarding training but some are overdue their refresher training which needs to be addressed. The care workers we spoke with knew what to do if they suspected abuse was taking place.

The service has safe systems for medicines management. People receive their medication in a safe manner and as prescribed. Medication Administration Records (MAR) were up-to-date and the MAR's we audited showed that people are receiving their medication as prescribed. Medication is securely stored and regular audits are carried out to make sure people's medication is stored and administered safely. Care staff are trained in administering medication and receive an annual competency.

Environment

The service promotes hygienic practices and manages risk of infection. The service have responded with a risk assessment and guidance specific to the Covid-19 pandemic. Discussions with care staff confirmed they are aware of the infection control procedures and we saw good infection prevention and control practices amongst staff and management.

Overall, health and safety checks of the premises are being completed. The home has a visitor book completed in accordance with fire safety arrangements and visitor identity checks are undertaken. Visitors are also requested to complete COVID-19 lateral flow test before commencing their site visit. Fire safety documentation is in place including personal emergency evacuation plans (PEEP), fire safety checks and drills. Further oversight is needed to ensure health and safety audits are completed consistently throughout the year.

The environment requires improvement. People have their own bedrooms, which are decorated sensitively in keeping with people's wishes, preferences and their care and support needs in mind. We saw some areas of the home were in need of redecoration as they looked tired and were showing signs of wear and tear. The outdoor space was untidy and overgrown. The latest three monthly visit by the responsible individual (RI) dated 12 April 2021 had already identified that further investment was needed to the overall environment of the service. During our visit, we were also provided with further evidence from the manager regarding the plan of redecoration and refurbishment. While no immediate action is required, this is an area for improvement. We expect the service provider to continue to take action to implement these improvements and we will follow them up at the next inspection.

Leadership and Management

People and staff have access to information. People receive a service as specified within the statement of purpose (SOP) and service user guide (SUG). Information is mainly shared during handovers and we were told by care workers that staff meetings had not been regular. Staff meeting minutes supported this statement. This does not provide an opportunity for care staff to talk about any issues they may have or share their views about improving the service. After discussing this with the manager this is actively being addressed. Policies and procedures are accessible but do require some updating to ensure they are up-to-date and in-line with current legislation and guidance. The service's complaints and compliments documentation show they record good practices, compliments, and address people's complaints in a timely manner.

Staff recruitment is satisfactory in the service. We saw staff files have the necessary safety checks in place, ensuring staff's suitability to work with vulnerable adults. The staff team, are experienced, knowledgeable and have access to training. We noted some care staff are overdue their refresher training in some areas. Further training is an area that the RI and manager is developing, especially around personal development and specialist training.

There is a culture of openness in the home. Information about what is acceptable and unacceptable staff behaviour is clear. Allegations of staff misconduct are dealt with promptly. A new manager is in post who is registered with Social Care Wales (SCW) and is in the process of completing the required qualification for their role. Care workers and relatives spoke highly of the new manager and interim deputy manager. The management team were described as "*approachable*", "*dedicated*" and "*supportive*". Care workers told us they feel supported and can approach the management team with any concerns. We identified that further oversight is required to ensure all staff consistently receive one-to-one supervision and annual appraisal. This will ensure staff receive regular feedback on their performance and support to identify areas for training and personal development. We expect the provider to take action to address the above and we will follow this up at the next inspection. We have since received confirmation from the manager that all staff have now received an annual appraisal.

There are arrangements in place for the oversight of the service through ongoing quality assurance processes. A quality of care review is available dated June 2021, December 2020 and June 2020 to assess, monitor and improve the quality and safety of the service. The RI is dedicated in supporting the manager to develop the service, is accessible and visits the service as required.

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**

None	
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Areas where priority action is required

None	
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Areas where improvement is required

The service provider is not fully compliant with the environment.	Regulation 44(4)(h) Regulation 44(10)
The service provider is not fully compliant with staff supervision and appraisal.	Regulation 36(2)(c)

The area(s) identified above require improvement but we have not issued a priority action notice on this occasion. This is because there is no immediate or significant risk for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection.

Date Published

8 August 2021