



## Inspection Report on

**Aston Hall Care Limited**

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

## **Date Inspection Completed**

02/05/2024

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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	11 October 2023
Does this service promote Welsh language and culture?	This service is making a significant effort to promote the use of the Welsh language and culture or is working towards being a bilingual service.

### Summary

Overall, people are happy with the care and support they receive at Aston Hall Care Limited. Care workers are familiar with people's needs and preferences and are enthusiastic about working at the service. Care staff are friendly and kind towards people and people said they have a good rapport with the care staff. Personal plans are not always up to date or clear how best to support people to manage their health and wellbeing. Care review documentation does not show the individual and/or their representatives are involved with the care planning process.

Care staff are supported through regular supervisions, appraisals and training. Care staff receive specialist training to meet people's needs. All staff are up to date with Disclosure and Barring Service (DBS) checks. There are sufficient numbers of care staff on duty.

The environment is maintained, there is an ongoing refurbishment plan in place. The Responsible Individual (RI) completes their visits in line with the regulations and actively seeks the views of people and care staff.

## Well-being

People are supported to maintain their independence, people said they are supported to do as much as they can and they are supported to make their own decisions. Care workers treat people with dignity and respect, people told us care staff are “*So helpful and so cheerful*” and “*They go out of their way*”. Most people we spoke with told us they feel listened to by care staff, including management. We saw people have access to advocates when required to ensure their views are heard. Personal plans promote independence, they inform care staff how they can support people to maintain their independence. Care staff have recently completed a module on Welsh culture, and we saw care staff greet people in Welsh.

People are not always supported with their health and well-being. Personal plans are not always clear on how best to support people to manage their health conditions and are not always updated when there are changes. The service provider does not consistently evidence people being involved with the care reviews. Health appointments and correspondence with health professionals is recorded which show people receive support from the relevant health professional. Health professionals told us the service keep them updated regarding their patients and their advice is followed consistently.

The service provider recently recruited a new activities co-ordinator, we saw there are a variety of activities which take place throughout the week. People told us they liked the food and can request an alternative if they do not like what is on the menu. People are supported to maintain relationships which are important to them, people told us they can receive visits from family or friends on a regular basis.

People are protected from abuse. The RI has oversight of complaints and safeguarding referrals and these are reflected upon within the six monthly quality of care reports. Care staff receive regular safeguarding training and are assessed on their competencies to ensure they are competent to carry out their role. Care staff we spoke with are familiar with the procedures to raise a concern, should they ever need to. People we spoke with told us they feel safe at the service and said care staff are friendly and approachable. The service provider requests Deprivation of Liberty Safeguards authorisations when required, this means people are protected under the relevant legal framework.

The environment is suitable for people who live at the service. There are ongoing refurbishment works being undertaken and we saw there have been improvements made to the décor, including new carpets and bedrooms have been repainted. All health and safety checks are up to date.

## Care and Support

People cannot be confident the service provider has an accurate and up to date plan for how their care is to be provided, in order to meet their needs. At the last inspection, we found it was not clear how best to support people with specific health conditions. At this inspection we found, whilst we have seen some progress, there have not been significant improvements. Documentation we reviewed show people do not always receive the correct support and there are discrepancies within care plans and risk assessments. Risk assessments are not always clear on how risks will be mitigated. This was a Priority Action identified in the previous inspection and has not been met. The Priority Action Notice has been re-issued. Where providers fail to take Priority Action we will take enforcement action. We did not see evidence people are involved in the planning, development or review of their care and support. Personal plans are not always updated when they are reviewed, this remains an area for improvement and will be reviewed at the next inspection.

We observed interactions between care staff and people living at the service, care staff are attentive to people's needs and are kind and caring in their approach. We received mostly positive feedback from people we spoke with, comments include *"Everything is just wonderful"*, *"[care staff] Listen to me when I need to be listened to"* and *"I think it's lovely"*. Relatives we spoke with told us they feel their loved one's needs are met, they can visit as often as they wish and care staff are friendly and approachable. Professionals told us care plans have improved and care staff have a good rapport with people who live at the service. Care staff are familiar with people's needs and respond to their needs in a timely manner.

The service provider promotes hygienic practices to manage the risk of infection. Care staff have access to a sufficient supply of Personal Protective Equipment (PPE). The home is clean and tidy throughout and there are sufficient domestic staff on duty to maintain the cleanliness of the environment.

## Environment

As this was a focused inspection, we have not considered this theme, in full. The service provider ensures people receive care and support in a location and environment with facilities and equipment to promote their personal outcomes. The service provider continues to invest in the building, there have been improvements with the overall maintenance of the home. This includes the repainting of bedrooms and flooring has been replaced. There is a maintenance file in place which records the works required and these are signed once completed. People told us they are happy with their rooms. People can personalise their rooms, we saw people have their personal belongings, such as photos on display. There is sufficient lighting and heating throughout the building. People have sufficient storage to store their belongings. Communal areas are accessible, and people can choose where they spend their time. People have the choice of a bath or shower; people told us they can request these as often as they wish. The grounds are tidy and attractive, we saw people are supported to sit outside when the weather permits.

The service provider identifies and mitigates risks to health and safety. All visitors sign the visitor logbook for fire safety purposes. There are window restrictors in place throughout the building. Large pieces of furniture are securely attached to the wall. All health and safety checks are up to date.

## Leadership and Management

As this was a focused inspection, we have not considered this theme, in full. The service provider has governance arrangements in place to support the running of the service. The RI completes their visits at least every three months, the outcome of their visits are documented within a report. These reports show the RI seeks the views of people who live at the service, their representatives and care staff, inspects the premises and reviews a selection of records. The service provider completes a quality-of-care review report every six months, which show feedback is analysed, it highlights what the service does well and where it can improve.

People are supported by staff who are suitably fit and have the knowledge, competency, skills and qualifications to support people. Since the last inspection training has improved, we found care staff receive regular mandatory training and specialist training to meet people's needs. Before people start working for the service, they are robustly vetted. We found all care staff are up to date with the Disclosure and Barring Service (DBS) checks. The staffing levels provided are in line with the service providers Statement of Purpose (SoP). Care staff told us they feel supported through regular training and supervision.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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.	Not 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
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
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.	Reviewed
36	Not all staff have received training to meet the specific needs of people living at the service.	Achieved
44	The provider has not ensured the premises is properly maintained.	Achieved
34	The service provider has not ensured there is a sufficient number of staff on duty, at all times.	Achieved
35	The service provider has not ensured staff have an up to date Disclosure and Barring (DBS) check in place.	Achieved
57	The provider has not ensured all risks to the health and safety of individuals are identified and reduced so far as reasonably practicable.	Achieved

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