



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru  
Care and Social Services Inspectorate Wales

# Inspection Report on

## Ashleigh Court Residential Home

Chester Road  
Gresford  
Wrexham  
LL12 8PP

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

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## **Description of the service**

Ashleigh Court is a residential care service located in Gresford, on the outskirts of Wrexham. It is registered to provide care for up to 48 people over the age of 55. The home is owned by DRB Healthcare Ltd and the responsible individual is Brett Bernard. There is a manager registered with the Social Care Wales and with Care and Social Services Inspectorate Wales (CSSIW).

## **Summary of our findings**

### **1. Overall assessment**

People living at the service are generally happy with the care and support they receive and are treated as individuals and feel valued. People have as much choice and control over their lives as possible. Staff are well trained and have an understanding of individuals' needs and ensure that care and support is given quickly and efficiently. A range of activities are provided at the service which people are involved in. Generally people receive good quality care and support though some of the documentation does require additional information being added. The opinions of those living at the service are actively sought. The service needs to do more towards the "active offer" of the Welsh language. The service is set in its own grounds which people living at Ashleigh Court have access to. The buildings interior is well maintained, spacious and secure.

### **2. Improvements**

This is the first inspection of the service following the registration of DRB Healthcare.

### **3. Requirements and recommendations**

Section five of this report sets out recommendations to improve the service. These include the following:

- Improvements to the active offer of the Welsh language.
- Review staffing arrangements and the volume of the call bell.
- Update the activities log.
- Improvements to the care planning process.

# 1. Well-being

## Summary

Overall, people are happy and feel they belong at Ashleigh Court. People are settled and have good relationships with staff and are treated with dignity and respect. There are a wide range of activities taking place which people can be involved in if they choose, however more activities should be provided at weekends. Staff are aware of the needs of people living within the home which leads to a relaxed atmosphere.

## Our findings

People are settled and comfortable with staff who know them well and give people consistent and continuous care. We saw staff speaking with people living at the service in a relaxed and appropriate manner, showing they know the people using the service. Staff interactions with people at the service demonstrated a genuine affection between people living at the service and staff, we saw people responding to this affection in a positive manner. There is a notice board in the main reception which has staff names and photographs in clear view so people living at the home, as well as anyone visiting are aware of the identities of staff working at the home; this helps the people living at the service become familiar with the staff who are providing care and support. We saw that a key worker system is operated at the service which has brought continuity to the care process not just for the person living at the service but also for relatives and staff. We saw that people could get up and go to bed when they chose which was confirmed by those living at the service, relatives and staff. We saw staff responding positively to the needs of people and chatting in a relaxed manner. One person told us that their relatives bring their grandchildren crisps and pop when they come to visit. This shows that people feel they belong and have safe positive relationships.

We saw that people can eat in the communal areas or in their own rooms if they wish. We saw copies of the menu's and that people had choice at meal times. We were told by staff and people at the service that a member of staff asks everyone what they want to eat in the morning, the kitchen staff were flexible enough to provide other options if people didn't want what was on the menu for that day. One relative we spoke with said *"people get choice...if my mother doesn't want what is on the menu they will make something else."* We saw the food at lunch time; it looked appetising and was well presented. One person said that *"the food was good, we can have a hot or cold option"*, another person said *"the food is good; you get enough, if you don't like it they will make something else."* We spoke with four staff members and they told us the food was good and people living at the service get a choice of what they want. Though drinks are available at scheduled times and people only had to request a drink from staff, we saw staff being pro-active and asking people throughout the day, both in communal areas and in their rooms, if they wanted a drink. This is important as it ensures people stay hydrated.

People are encouraged to keep fit and well. The service employs a full-time activities co-ordinator who has access to a monthly budget which allows events to be planned in advance. The activities co-ordinator has access to the life histories section of care plans ensuring they had an awareness of people's preferences and backgrounds. The activities

co-ordinator told us they also meet with people and collect their views about what they like to do as part of a regular meeting with residents organised by the service, this helps the activities co-ordinator get an idea of what people like to do and can organise activities accordingly. We saw a copy of the activities programme which as well as being on the notice board in the main reception is given to people at the beginning of each week. Though the activities programme had no activities scheduled for the weekends we received many positive responses regarding the activities undertaken at the service. One person advised that they didn't want to get involved except *"when there is a Country and Western afternoon, there is always something going on."* Another person said *"there is always something going on in the afternoons, bands, singers and we have been out for morning coffee."* We spoke to a professional who advised us that *"there has been a big change (since the new manager took over), it's a better environment, there is much more going on, especially in the afternoons, bingo, quizzes, dominoes and crafts."* One staff member told us the activities were *"pretty reasonable, there are usually things going on. People go over to the Beeches (local pub) for morning coffee and go on boat trips, a spring fayre was organised and the money goes into the comfort fund."* Another staff member thought that *"in the week there is enough but there's not a great deal to do at weekends."* The activities co-ordinator advised us they had a variety of singers coming into the service, there are exercises held on a Friday morning, that people from the service have gone on a canal trip recently and that activities such as a trip to Chester Zoo and a Summer Fayre are due to go ahead. People can be confident that they can be as healthy and active as they can be.

Some provision is made to provide a service in the language of people's choice. We were told that one person living at Ashleigh Court speaks Welsh. The person in charge told us that three members of staff spoke Welsh. We discussed Welsh language provision with the person in charge who told us that they do not currently provide the "Active Offer" of the Welsh Language but they would work towards this in future. We were advised during the inspection that bi-lingual signage had been ordered and prior to inspection the service had made the pre-admission forms bi-lingual and that this form now asked about the prospective service user's language of choice. People are able to receive limited care in the language of their choice to enable them to maintain their cultural identity.

## 2. Care and Support

### Summary

We found that people's needs were assessed before they moved into the service and that people were able to make decisions about themselves and the care they received. Though care plans were very detailed, care summaries were required so that vital information can be accessed easily. Staff respond to people's individual requirements quickly and without fuss, ensuring a relaxed atmosphere prevails.

### Our findings

People living at the service can be confident their care and support needs are met. An assessment is undertaken before admission to ensure that the home and local services are able to meet their individual needs. We saw pre-assessments had been undertaken by the person in charge and we spoke with a senior care worker who advised staff are given the pre-assessment information prior to people moving in so they are aware of the person's requirements in advance. This pre-assessment also contributes towards the information entered into the care plan. We saw care plans which were signed by the people receiving the care and support showing people are actively engaged in making decisions about the care and support they receive. The care plan provides detailed notes on the care and support needed and how this was to be delivered. There was evidence of detailed risk assessments in place. We saw evidence of how information from the care plan was transferred to dietary records held in the kitchen to ensure appropriate diets are followed. A one page profile of the person was also part of the persons file, ensuring the file was person centred and staff had a good understanding of that person and their needs this could be accessed quickly if needed. We didn't find care and support summaries, giving aims, objectives and actions for staff on how to manage people in an emergency and support them effectively at the front of the care plans, this would enable staff to have an overview of the person and ensure that any issues were responded to quickly. The person in charge advised us that they were looking to update the care plans to include these summaries.

Care plans we looked at had been reviewed in a timely way to identify any change in care and support needs. We saw that people have key workers allocated to them. A key worker gives a point of reference for family members when the need to ask questions arises. One person advised us "*staff are quick with their help*" another person said staff came "*quickly enough, they always pop their heads around the door to see if I need anything.*" We saw evidence of issues around sleeping being identified in one person's daily living needs and regular two hourly checks being undertaken throughout the night as a result. People can be confident that they receive timely and appropriate person centred care at the right time in the way they want it they can be confident that their individual needs and preferences are understood and anticipated.

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People are treated with dignity and respect. We saw that there was friendly conversation and a relaxed rapport between the staff and people living in the service. One person living at the service told us that *“staff are great, I couldn’t ask for better, they will do whatever you want them to do”*. Another person said that *“staff treat me very well”*. Another person told us that he *“couldn’t wish for better staff, I have no complaints”*. We saw staff knocking on doors before entering people’s rooms and were told by people living at the service, staff and relatives that people could get up and go to bed whenever they wanted. We saw staff helping people with their food at meal times in a calm supportive and caring manner. This evidence suggests that people can be confident they will be treated with dignity and respect.

### **3. Environment**

#### **Summary**

The home is spacious, light and secure. It is clean and has safe areas outside which people are able to access. The home is well maintained and has enough space for people to spend time on their own, with friends and relatives or to be able to socialise in larger groups. Servicing of equipment, such as hoists, is also kept up to date.

#### **Our findings**

People can be assured that the premises are welcoming, comfortable, clean, homely and secure. We saw that the entrance to the home was locked, secure and visitors were unable to gain access to the service without ringing the bell and being let in by a member of staff. Visitors are required to sign in and out of the building for security and fire safety purposes, people living at the service are free to leave as they choose.

We found that the premises are well maintained and decorated. There was evidence that new furniture had recently been purchased for the communal lounges and that some of the bedrooms had recently been re-decorated. We received a concern prior to our visit about the cleanliness of the service, that floors weren't being hoovered and mopped regularly and that bathrooms weren't being cleaned properly. We spoke with a cleaning supervisor who advised us there were five cleaners in total employed by the service. We saw schedules for activities such as cleaning, hoovering, mopping and bed changing which shows the home is cleaned regularly throughout the day. We saw documentation which shows that the cleaning documentation is being audited by the registered manager and on the day of inspection we found the home to be clean and free from odours. People could furnish their rooms to ensure a personal touch. We noted that the service had been awarded a food hygiene rating of five which is "very good" and suggests that appropriate hygiene methods are used in the kitchen.

We looked at the testing and servicing of equipment and appliances records. We found these were up to date. We looked at the fire safety system and fire safety equipment. Records showed us staff received training in fire safety and individual emergency evacuation plans for those living at the service had also been completed. Other areas of testing also up to date included water testing (legionella), electricity and gas safety.

People had their own private rooms (with a toilet and wash hand basin) and communal areas where they could socialise. There were quiet areas where people could also go and we saw people using these. We found the dining areas had adequate numbers of tables and chairs to facilitate and encourage people to interact, with the opportunity for people to eat on their own if they wished. There is a lift at the service so people were able to access the building fully and keys to their own rooms ensuring they privacy when required. The service was set in its own grounds and there was a decking area adjacent to the main lounge, accessible through patio doors where we saw people sitting outside enjoying the sunshine.

This evidence shows that people live in accommodation which meets their needs and supports them to maximise their independence.

## **4. Leadership and Management**

### **Summary**

The service operates with recruitment, staff supervision and quality assurance measures in place. Staff receive appropriate training to ensure they are able to meet the needs of people living at the service. Staff responded to the needs of those living at the service quickly and in an appropriate manner.

### **Our findings**

We found that managers ensure that there are suitable and sufficient staff working at the service. We evidenced this by looking at staff rota's, that staff have relevant and appropriate qualifications, training and experience working with people. Recruitment practices were found to be satisfactory, with suitable vetting, induction, supervision and support in place for staff. We looked at 3 staff files and found that all the required checks to ensure their suitability for working with vulnerable people were in place. New staff have an induction to the home and are required to "shadow" with more experienced team members for an initial period before they are allowed to work un-supervised. When asked, staff advised us that they had regular appraisals, supervision and team meetings; this was evidenced by documentation provided to us by the service. Staff told us they received training. We were advised by staff of the training they had been on and were given training records which showed a wide range of training available and undertaken. People can be confident that they benefit from a service where the well-being of staff is given a priority and staff are well led, supported and trained.

The service ensures that there are sufficient staff numbers and that they are deployed appropriately. Staff rotas which we saw showed there were enough staff on duty to meet the needs of the people living at the service. We spoke with three people living at the service and two relatives, all were happy with the speed which staff attended to their or their relatives' requirements. We heard, however, some staff thought there were enough staff on duty to attend to the needs of the people using the service, but not all did. We also spoke with a visiting professional who felt there were times when the service was short staffed. Whilst at the service we noticed that the call bell was ringing almost continually throughout the morning which we felt could become quite intrusive for people living at the service, staff working at the service and anyone visiting. The ringing of this call bell was also mentioned to us by people using the service, their relatives, staff and the visiting professional with whom we spoke. We were advised by the manager and the person in charge that the frequency of the bell ringing may not just be due to the numbers of people who were using it but also the way the alarm system operated. We discussed that the constant ringing of this call bell could indicate there weren't enough staff available at the time to deal with the amount of requests for assistance and staffing levels need to be reviewed to ensure that the needs of people living at the service are being met in a timely way. People can be confident that they benefit from an efficient service where best use is made of resources.

The provider communicates their vision for the service and collaborates with others to achieve positive outcomes for people. We saw evidence of a wide range of internal audits

had taken place which enabled managers to be pro-active in identifying any areas of the service which needed improvement. We saw evidence of the service's statement of purpose which detailed the aims, objectives and philosophy of the service; this is available at the home as is the service user's guide, a copy of which is given to everyone who moves in. We also saw copies of the residents and relatives satisfaction questionnaires and the feedback letters that were sent to all residents and relatives, outlining the results and any improvements to be undertaken. During conversations with staff we were also advised of regular residents' meetings where the views and opinions of those people living at the service were gathered and acted upon. People can be confident that they receive a service which sets high standards for itself, is committed to quality assurance and constant improvement.

## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non compliance from previous inspections**

This is the first inspection of the service following the registration of DRB Healthcare.

### **5.2 Areas of non compliance identified at this inspection**

None

### **5.3 Recommendations for improvement**

We recommend the following:

- The service can improve upon its active offer of the Welsh language by ensuring its signage is bi-lingual, that Welsh media such as newspapers and magazines are available and activities are also offered bi-lingually when appropriate.
- That the operation of the call bell system be reviewed to determine whether the response to calls is timely and whether the frequency is a malfunction of the system. Also the volume of the bell needs to be reviewed so that its activation isn't intruding upon the lives of all those at the service whilst still undertaking its function of notifying staff when help is required.
- More activities need to be available at the weekends.
- A care plan summary should be implemented in the front of the care plan showing aims, objectives and a risk assessment under each care plan heading and giving direction on how any issues that may arise can be dealt with. This would benefit people living at the service as new staff or agency staff would have a point of reference for them to access quickly and ensure appropriate support could be given promptly. This would also have to be reviewed and updated at the same time as the general care plan.

## 6. How we undertook this inspection

This was a full inspection undertaken by an inspector making an unannounced visit to the home on 14 June 2017 between the hours of 08.10 and 19.20.

The following methods were used:

- We spoke with people living at the home, visiting relatives, visiting professionals, the manager, the person in charge and staff on duty.
- We issued 60 questionnaires to people living at the home, relatives, staff and professionals. No questionnaires were returned.
- We looked at a range of records. We focused on two care plans and associated documents, day care files, staff records, a copy of a pharmacist's report, training records, quality assurance reports, staff rotas, menus, internal surveys and staff supervision records.
- We looked at the communal areas both inside and outside the home, including the laundry and kitchen and a sample of peoples bedrooms.

We received a concern relating to the following aspect of the service:

- Cleanliness of the home.

When we inspected the service we spoke with the manager about the concern and saw the following evidence:

- We saw that there were sufficient cleaning staff on duty to meet the needs of the people living at the home during our visit. We saw staff cleaning the home throughout the duration of the inspection and we received copies of detailed cleaning rotas and cleaning audits. We spoke with people living at the service and relatives who were satisfied with the cleanliness of the home and during our inspection the service was clean, tidy and there was evidence of new furnishings having been purchased recently.

Further information about what we do can be found on our website [www.cssiw.org.uk](http://www.cssiw.org.uk)





## About the service

Type of care provided	Adult Care Home - Older
Registered Person	DRB Healthcare Ltd
Registered Manager(s)	Sharon Moss
Registered maximum number of places	48
Date of previous CSSIW inspection	This is the first inspection of the service since being newly registered.
Dates of this Inspection visit(s)	14/06/2017
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No, though the service is working towards this.
Additional Information: DRB Healthcare is the new service provider	

