



## Inspection Report on

**Aria Care Home**

**147 Bryn Bevan  
Newport  
NP20 5QN**

## **Date Inspection Completed**

19/07/2023

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## About Aria Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Arcadia Care Homes Ltd
Registered places	28
Language of the service	English
Previous Care Inspectorate Wales inspection	20 January 2022
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies, and meets the Welsh language and cultural needs of people who use, or may use, the service.

### Summary

People receive good care and support at the service and are happy with the home. The care staff are warm, and respectful of people and their needs, and there are clear processes in place to ensure that care and support is delivered in a way that supports people to achieve their wellbeing outcomes. The environment is pleasant but in need of refurbishment in some areas, and there is a plan to achieve this.

There is a new manager in post since last inspection who is familiar with people and their families and has good working relationships with staff at the service. The management have made progress in addressing areas for improvement raised at the previous inspection and have successfully achieved two of these. Care staff told us they feel supported and feel positive about their roles and the service. They told us that the management “*go out of their way for everyone.*” Whilst the manager has made progress, there are gaps remaining in the supervision of staff, and not all staff have received supervision in line with regulatory requirements. This remains an area for improvement, and we expect the provider to take action.

## Well-being

People are happy with the care and support they receive from the service. We saw people are well presented, and spend their time in social groups, chatting, laughing, and participating in different activities. There is a clear focus on supporting people's needs and well-being outcomes, and these are reviewed regularly by the service. Care Staff are kind, polite, and respectful when interacting with people. Care Staff in different roles told us how much they enjoy spending time and interacting with people at the service. We saw positive rapport between people during our inspection. People have contact with friends and family. The management of the service have good relationships with families of people they support. We heard senior care staff contacting families with updates about people's care and support. Feedback gained through quality monitoring processes shows families are happy about the care and support people receive. Where families have raised comments or concerns such as the needs for refreshing parts of the environment, we saw the management act to seek to address these in a timely manner. The environment is comfortable and clean throughout; however, some areas require refreshing. There are plans in place to address these.

The service has a recent rating of five (very good) from the food standards agency. We saw people enjoying their mealtime; people choose who they sit with, and what they eat. People's dietary needs are considered by the service, and efforts are made to ensure that people receive the food they wish to eat, in a way that is safe for them. Kitchen staff work with the care team to ensure that food prepared is in line with people's care plans. We heard people chatting and enjoying their mealtime, whilst care staff ensured that all food and drink was provided in a timely manner.

People are protected from abuse and harm. People are aware how to raise a concern if needed. We saw people approach the manager and senior care staff to raise concerns and seek reassurance throughout the day. The manager and care staff responded quickly, with warmth and reassurance; people feel listened to. People are safe and well looked after. The service has a clear safeguarding policy in place to ensure people are safeguarded from abuse. There are currently no open safeguarding referrals for the service. There is clear oversight and governance in place for the service which is supported by robust audits and monitoring.

## Care and Support

People benefit from the care and support they receive. People are supported to look their best and are well presented. We saw people attending the in-service hairdresser and being complimented by care staff. People have positive rapport with care staff; we heard people laughing and joking frequently. We saw people comforted and reassured by familiar care staff who understand their needs. People are active throughout the day. We saw a clear plan for activities for the month which is shared with families. People enjoy activities such as the “*memory man*,” we heard people singing, clapping, and laughing throughout. People have a choice in how they spend their time and can enjoy personalised or group activities.

People get the right care at the right time. Personal plans are robust and clearly link to ongoing assessment of the person’s needs. The personal plans contain people’s wellbeing goals, and preferences for how their care and support is delivered is clear. People receive care that meets their needs; we saw people being supported by care staff in line with their personal plans. Risks and specialist needs are considered in the care planning process, and there is ongoing and robust review of care plans and risk assessments. Senior care workers support the manager to ensure reviews are carried out in a timely manner. Where people’s needs change, the service works collaboratively with the local authority and health board to source support to continue to meet the needs. People are supported to be as independent as possible. Where people are unable to keep themselves safe, the necessary procedures are followed. Appropriate arrangements are in place with the Local Authority to ensure decisions are made in people’s best interests, when required.

The service promotes hygienic practices and effectively manages infection control. We saw clear policies and procedures for infection prevention. People’s medication is safely managed through an electronic medication administration record (eMAR) system. Staff are thoroughly trained in medication administration procedures, and there is a clear process for storing and administering medication. The manager and senior care workers carry out frequent medication audits and address any concerns. There is a clear process in place to address any errors and prevent harm to people.

## Environment

The service comprises of 28 bedrooms, a lounge/ bar area, on-site hair salon, and cinema room. There is a communal dining space attached to the lounge, and entry to a small garden area. The environment is pleasant and comfortable, providing plenty of space for communal living and socialising, as well as areas for people to spend time away with family or friends. There is a quieter garden room with ample games and activities. The service has worked to create a real life feel for the hair salon and cinema room, with strong use of visuals and imagery to support people to understand the purpose of the space. There are visual markers such as bright canvases in some corridors to support people to navigate the environment more easily, however some of the corridors look similar which could make it difficult to navigate without support.

People have spacious bedrooms, which are personalised with individual pieces of furniture, photographs, and trinkets. Some en-suite bedrooms do not have shower or bathing facilities, however there are plenty of bathroom facilities throughout the service to meet people's needs. Overall, the environment meets the needs of people using the service. It is clean and tidy, and we saw domestic staff working throughout the inspection to maintain this. There is a plan in place for the manager to maintain oversight of the cleaning, and the work is carried out to a high standard. However, parts of the environment looks worn, and needs refurbishment. The responsible individual (RI) has a plan in place for this refurbishment and has considered how to undertake the work with minimal disruption to people. We look forward to seeing the work completed at the next inspection.

The environment is safe for people using the service. All safety certification is in date, and there is evidence of ongoing monitoring and review of safety systems, and maintenance. There are quick response (QR) codes provided around the home so that care staff, visitors and people can report any maintenance concerns. There is adequate equipment provided to support people where required, and all equipment is regularly serviced and maintained.

## Leadership and Management

People benefit from the leadership and management in place. There is a new manager in post since the last inspection. The manager is familiar with people and care staff at the service and has positive working relationships with them. We saw people approaching the manager to address concerns, as well as for social chat. The RI speaks positively about the service and the care and support delivered, as well as the wellbeing of staff. The RI has recently worked to address staff shortages by increasing pay, and this has had a positive impact on retention, and reduced the need for agency workers, improving continuity of care for people. We saw rotas are organised and there are enough staff working to support people's wellbeing.

There are adequate governance arrangements in place to support the smooth running of the service. Both the manager and the RI have clear auditing and monitoring systems in place to support their oversight of the day to day running of the service, and to review and amend procedures as needed. The RI undertakes regular quality monitoring visits and speaks to people's families, and staff about the service, and takes action to address any issues or concerns. We saw evidence of action plans and outcomes being achieved because of feedback. The quality-of-care report and quality monitoring visits are of a high standard, with clear evidence of reviewing, and analysing trends and patterns. However, there is limited feedback gathered from people living at the service as part of this process, and this could be improved upon to ensure that all people receive a service that supports their health and wellbeing.

Staff are suitably recruited and trained. We saw that the management have worked to address gaps in training highlighted at the previous inspection. Staff speak highly of their training and tell us they feel supported to carry out their duties. However, there are gaps in supervisions, and some staff including the manager have not received a supervision in line with the Regulations. This was highlighted at the previous inspection as an area for improvement, and whilst some progress has been made, this remains an area for improvement and we expect the provider to take action.

### 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
N/A	No non-compliance of this type was identified at this inspection	N/A

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
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N/A	No non-compliance of this type was identified at this inspection	N/A
36	Care staff have not received regular one to one supervision. Ensure that all care staff receive a one to one supervision at least every quarter with consideration to new staff who may require additional support and supervision.	Not Achieved
67	No manager is currently in post. Ensure that a suitably experienced and qualified manager is employed to manage the service	Achieved
57	No records of fire drills taking place at the service during 2021 were available for inspection. Ensure records are kept of all fire drills which must be conducted as frequently as your fire risk assessment requires	Achieved

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