



Inspection Report on

Ashley Court Care

**Ashley Court Care
70-74
New Road
Llanelli
SA15 3DR**

Date Inspection Completed

09/11/2022

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About Ashley Court Care

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	PREMIER 1 HEALTHCARE LTD
Registered places	47
Language of the service	English
Previous Care Inspectorate Wales inspection	[Manual Insert] 20 th September 2021
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

People living at Ashley Court are supported by a dedicated team in a friendly and caring manner. We observed a calm and relaxed atmosphere. People have the choice to participate in various activities or spend time on their own if they prefer.

There is an ongoing programme of refurbishment and redecoration to improve the physical environment and some work has been completed. Regular checks and audits ensure the building and equipment is safe and suitable for use.

The manager and Responsible Individual (RI) have good oversight of the service and staff feel happy and supported. The service has experienced some challenges with recruiting care staff however this is currently a nationwide issue. The provider is addressing this and is in the process of recruiting from overseas. The manager is currently updating some paperwork and introducing new systems to improve outcomes for people.

Well-being

People are treated with dignity and respect and care staff are genuine and sensitive to people's needs. Care staff have received training in Dementia care and understand how to support people. We saw one person being reassured when she could not find her handbag and another person being spoken to in a gentle manner whilst validating their understanding of their surroundings during a period of confusion.

Staff gather background information from people and their representatives to inform them of their likes and dislikes and interests. This enables care staff to acknowledge and respect people as unique individuals.

People have choices in their day to day routines. A choice of menu was provided at lunch time and one person who did not want a cooked hot meal was offered a sandwich instead. Despite staff shortages over recent months people continue to enjoy trips out and activities within the setting. We saw an activity planner on the wall with a wide variety of activities for people to participate in if they choose and photos displayed showing people enjoying these activities.

Home cooked meals are provided and people enjoy fresh ingredients, some of which are grown in the garden during the summer.

Additional staff have recently been appointed to spend time with people in the main lounge whilst care staff undertake personal care tasks and other duties. This provides people with additional company to sit and chat which promotes their emotional and mental well being whilst also ensuring their basic needs are being met.

Visitors are encouraged and able to call most of the time to see their relatives. Most visiting takes place during the week although arrangements can be made to visit at the weekend. We spoke to one person who had their sister and daughter visiting and were told that a relative visits on a daily basis and are welcomed by the staff who they described as "*Fantastic*".

Care and Support

People are cared for by staff who know them well. Some staff members have worked at the service for a number of years whilst others are relatively new. We observed caring and warm interactions between care staff and those they support in a relaxed and calm atmosphere. People and their representatives told us they are happy with the care being provided and one person said *“Who could ask for better”*. A family member told us *“They are fantastic, we can’t get over it”*. One person’s representative told us, *“I mentioned that they needed a haircut on the Friday and by the Monday it had been done”*.

Up to date individual care and support plans inform care staff on the support that is required and how it is to be delivered to each person. A brief summary of important information regarding the person’s needs, likes and dislikes and who/what matters to them is displayed on the back of their bedroom door. This assists care staff who are new/less familiar to them to have this information readily available when providing care and support. Monthly reviews of people’s care needs are undertaken by senior staff and any changes are recorded and family members are informed. People’s representatives confirm that they are informed of any changes however have not been part of regular reviews. This has been discussed with the manager who is currently developing new paperwork to include more detailed person centred care plans and will also ensure that people and their representatives are involved in quarterly reviews. We will check this during the next inspection.

People’s records show that health and social care professionals are consulted and involved in people’s care and support to promote their health and well being routinely and as and when required.

We observed home cooked meals being served and saw people being given a choice at lunch time. Care staff encourage and support people to eat and ensure they have a drink of their choice. We observed people sitting together at small tables in the dining room having a positive experience eating their lunch.

Care staff ensure people are kept safe and visitors are required to ring the bell to be let in and sign the book on entering and leaving the building. Safeguard (DoLS) authorisations are in place however many are out of date and have recently been reapplied for. Some have also previously been refused. However due to people’s needs changing over time a request for many to be reassessed has been made to ensure people are kept safe in line with regulations and the law.

Environment

The layout of the home facilitates people to move around safely. There are grab rails in the corridors and it is well lit and on the whole, clutter free. Large boxes of items that had been delivered had been left in the main entrance area. We are told that these are usually stored away in a timely manner. Rooms are situated over two floors and a new glass lift has been installed that enables users to have a view of the outside providing a less claustrophobic feel.

People are able to choose to sit in the main lounge, a quieter lounge on the first floor or they can stay in their own room if they prefer. In warmer weather people can choose to spend time outside in the courtyard garden. This is well maintained and the path and handrail around the garden area ensures people can safely access it.

Individual rooms are personalised with items such as photos and ornaments. There are some ensuite rooms and there are also communal bathrooms and toilets. One bathroom had personal toiletries left in it. This can present a risk and we discussed this with the deputy manager who reassured us that this will be addressed and discussed with staff.

Domestic staff ensure the environment is kept clean and hygienic and there are no malodours. The décor is currently being updated with new furniture and lighting for the lounge. Decorating throughout is ongoing and there is also a new stair carpet in place. Thirty new profiling beds have also been purchased to replace the older ones.

Improvements to the home are continuing and the provider has identified that a new roof is required on the conservatory. Maintenance staff are employed to ensure repairs to the equipment and environment are identified and addressed in a timely manner. Systems are in place to ensure equipment and fire safety checks are undertaken on a regular basis as required. A routine assessment of the building and the fire procedures has recently been undertaken by the Fire Service.

Leadership and Management

The provider has good arrangements in place for monitoring, reviewing and improving the quality of the service. The RI's statutory quarterly visits are comprehensive and involve people and/or their representatives and staff. Information from internal quality assurance systems informs the action plan that focuses on improving the service. The six monthly Quality of Care Review is detailed and highlights positive outcomes as well as areas the service intends to improve. Feedback from people's representative was poor from questionnaires sent out. A meeting has been arranged for people and their representatives to provide an opportunity to share information on the service and provide an opportunity for any questions/queries they may have.

The RI has good oversight of the service and is present several times a week in addition to statutory visits. There is a new manager and deputy manager in place who have a wealth of knowledge and experience between them. The manager has implemented some changes to aspects of the paperwork to improve efficiency and has other new ideas that they hope to implement to improve outcomes for people. The staff spoken with describe the managers and RI as approachable and supportive and one staff member told us "*The RI is always at the end of the phone if they are not around*".

Some of the policies and procedures including the Statement of purpose require updating to ensure the information provided is accurate and up to date. We have been assured this will be done and will check this at the next inspection.

Care staff told us they feel appreciated and gain job satisfaction from undertaking their caring role. One staff member told us "*It's the best job I've ever had, it's hard but they are so grateful*". Staff told us they work well together and support each other, one staff member told us; "*I came in today to help out (due to staff shortage), I wouldn't have done that in my old job*".

A robust recruiting process is in place and staff undergo stringent checks such as criminal checks with the Disclosing and Barring Service and references are obtained prior to commencing, in line with regulations.

Staff are on the whole up to date with their training and newer care staff told us they underwent induction training and shadow shifts which gave them the confidence to undertake their role. Training is ongoing and most have completed Safeguarding training and would not hesitate to report concerns to senior staff. However care staff spoken with were not familiar with the Safeguarding process if they had concerns regarding senior management and would benefit from further training and guidance in this area. This has been discussed with the manager who agreed to ensure staff are updated and fully understand the process and procedures for safeguarding vulnerable adults. Staff receive regular one to one supervision sessions with the manager/deputy manager and feel confident to raise any issues.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	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.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	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
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Date Published 14/12/2022