



Inspection Report on

Aingarth Rest Home Ltd

**Ain Garth Private Residential Home
50 Brompton Avenue Rhos On Sea
Colwyn Bay
LL28 4TP**

Date Inspection Completed

23/09/2024

Welsh Government © Crown copyright 2024.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gov.uk You must reproduce our material accurately and not use it in a misleading context.

About Aingarth Rest Home Ltd

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	AINGARTH REST HOME LTD
Registered places	19
Language of the service	English
Previous Care Inspectorate Wales inspection	14 December 2022
Does this service promote Welsh language and culture?	This service is making significant effort to promote the use of the Welsh language and culture.

Summary

This service is homely and welcoming. We found people are content with their routines and their surroundings. We observed people responding positively to care staff prompts. We saw that care staff are available, kind and encouraging in their approach to people. We found a mutual respect between people and care staff and observed banter and humour in their conversations and interactions. Care staff we spoke with told us they feel supported by management and enjoy working at the service. The management team is well organised, and care and the environment are planned to ensure a person-centred approach. Visiting relatives told us they are happy with the care their relatives receive. One visiting relative told us; *“I visit three to four times a week, every time I come here its always clean and everything is organised. It’s very good.”*

Several developments and improvements have been made since the last inspection. These include the introduction of an electronic system which assists management to have effective oversight. There is an ongoing improvement plan for the environment, which is well maintained. The management team are committed and have good oversight of the care and service provided.

Well-being

People have control over their day-to-day life. We found people are listened to and respected. We saw people can choose where they spend their time. We observed some people together, participating in singing and crafts. Others chose to stay in their rooms. We saw pictures of people enjoying celebrations. Care staff are available and assist people when requested or needed. We saw people being assisted at lunch time, enjoying their dining experience. There was classical music playing in the background and people and care staff laughing and chatting. People can choose from a variety of meals. We viewed the menus for the next month which are planned to provide a varied choice. Management ensure people are enabled to participate, by allocating a staff member to do activities with, in particular if they are mainly in their rooms. People told us they are happy with their rooms and room temperatures are maintained at the temperature of individual choice. For example, one person's room was warm with the heating on. Another's room was airy because they chose to have their windows open.

People's physical and mental health and well-being is pivotal to the care provided. Care records are detailed and personalised to individual need. We found personal plans include clear instructions for care staff. Information about interests, physical and emotional needs is recorded, monitored and updated regularly. People are in touch with family and friends. Visitors are encouraged to feel at home and often share meals with their loved ones. We saw care staff also know people well and people respond well to their prompts. We observed people are offered care in the language of choice, where possible. Management monitors individual health and well-being and make appropriate and timely contact with health professionals. We viewed correspondence from health professionals regarding people's health needs. The environment is set out so that people can make the most of their time.

The provider ensures there are measures in place to protect people from harm and risk. Care staff are fully trained in safeguarding, moving and handling, health and safety and other areas to keep people safe. Care staff told us they know what to do if they are concerned about someone. They told us they feel confident in approaching the manager with any concerns and explained they are supportive and readily available. Management ensures there are appropriate policies and procedures available for care staff to refer to. Care records contain appropriate Deprivation of Liberty Safeguards (DoLS). We found appropriate risk assessments in personal plans to safeguard people. The environment is set out safely and is monitored daily to ensure the safety of people living in the home.

Care and Support

Individuals are provided with the quality of care and support they need through a service designed in consultation with the individual and which considers their personal wishes, aspirations and outcomes of any risks and specialist needs for care and support. One person told us they are involved in the planning of their care and how they want their care to be delivered. A visiting relative told us, *“I am very happy with the care here. I visit three to four times a week.”* We spoke with visiting professionals who told us there is effective and frequent communication between care staff and management regarding individual care needs. We saw a District Nurse visit while we were at the service. They told us the service is effective and people receive good quality care.

People’s personal plans are detailed and reflect individual needs. These records contain information about how care should be delivered and people’s choices about how they want their care to be provided. We saw individual interests and routines are considered. We found care records are monitored regularly and updated when care needs change. The sample of personal plans we viewed show people, their families and relevant professionals are involved in the planning of care. We saw signatures and dates which show care is monitored regularly and is up to date. We saw people’s weights are monitored and appropriate referrals and links made to professionals when required.

The provider has safe medicine management processes in place. We viewed the service medication policies and procedures which are up to date and available for care staff. The care staff who administer medication told us they feel confident and have attended training and undertaken medication competencies. We viewed care staff files, which contain certification in medication training. The training programme record is consistent with the dates on the certificates we viewed. Medication is stored safely, and fridge temperatures are appropriate and monitored daily. The Medication Administration Record (MAR) is recorded accurately with appropriate staff signatures and dates. The provider ensures ongoing monitoring and improvement via regular internal and external medication audits.

The provider promotes hygienic practices and manages risk of infection. Care staff are trained in infection control. There are hand sanitisers throughout the service for people and care staff to use. We saw signage situated in communal areas and corridors, prompting people to wash or sanitise hands. The service is monitored and cleaned daily. There is a food hygiene rating of five, which is the highest score achievable.

Environment

Care and support is provided in a location and environment with facilities and, where relevant, equipment that promotes achievement of their personal outcomes. The service is secure; visitors are asked to sign in for safety purposes. There is a lift, stair lift, and safety rails situated throughout the service. The entrance is welcoming and homely, leading into the dining room, which is set out to offer people a good dining experience, while music is played. We saw people enjoying themselves together at mealtimes. There are three lounges and a conservatory for people to choose to spend their time. All rooms are homely, comfortable, clean and tastefully decorated. Bedrooms contain individual's personal belongings. Each bedroom door is painted to look like a front door; each one is a different number and colour and this assists with orientation of people living with dementia. People have good visibility of the large television in one lounge. There are quieter spaces for those who want it. There are bilingual signs around the home identifying specific rooms to help people with their orientation.

The service provider identifies and mitigates risks to health and safety. The maintenance book records show safety checks are routinely carried out on matters such as water temperatures, legionella, fire equipment and fire safety and electricity. Regular fire drills continue to take place. The service is regularly monitored and maintained. We viewed the maintenance record which shows regular monitoring and updates.

Leadership and Management

The provider has governance arrangements in place to support the smooth operation of the service and help ensure the service is safe and effective. The provider aims to gather a variety of views to ensure effective communication and information sharing. We viewed minutes of the most recent staff meeting. These show discussions around a variety of issues including mouth care, medication, handovers, maintenance and activities. We also viewed the residents meeting minutes. We saw people have their say and share their preferences and dislikes about certain aspects of care including their choice of activities. The responsible individual (RI) report, also records information and feedback about care, gathered from staff, people and residents, during their regular visits. We viewed audit records, which show the provider monitors the quality of various aspects of care including personal plans, health and safety, medication, and the environment. The electronic system enables the provider to monitor the quality of care; this produces graphs and diagrams which highlight any trends or issues arising. The service policies and procedures and statement of purpose (SOP) were all reviewed and updated during September 2024. We saw staff signatures of the staff who have read these. The manager is notified when care staff have read policies and procedures. Care staff told us they have access to the policies and procedures.

People are supported by a service that provides appropriate numbers of staff who are suitably fit and have the knowledge, competency, skills and qualifications to enable the individual to achieve their personal outcomes. Care staff complete a variety of training to equip them to carry out their caring role successfully. We spoke with care staff who told us they are up to date with training. The training matrix showed training dates are consistent with the training certificates in care staff files. Staff files show care staff are recruited safely and supported regularly via formal supervision, in line with regulation. Supervision records show they have an opportunity to discuss their work, their well-being and share ideas. One staff told us they feel supported and enjoy their work. Another said, "*I just absolutely love the residents*".

The service provider has oversight of financial arrangements and investment in the service so that it is financially sustainable and supports people to be safe and achieve their personal outcomes. The provider monitors and maintains the premises. Several rooms have been decorated and corridor and stair carpets have been replaced. They have invested in an electronic system, which assists in the monitoring of care, risk assessments, staff training and sickness. This has been an asset to the provider and has enabled improved oversight of the quality of care.

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.

Area(s) for Improvement

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A

	inspection	
--	------------	--

Was this report helpful?

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

Date Published 05/11/2024