



Care and Social Services Inspectorate Wales

Care Standards Act 2000

Inspection Report

Ashdale Care Home

Golden Lane
Pembroke
SA71 4PR

Type of Inspection – Focused
Date of inspection – 12 June 2014
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Summary

About the service

Ashdale Care Home is situated within a residential area in the town of Pembroke. It is a purpose built building providing accommodation on one level, apart from an upstairs flat for one able bodied person.

Ashdale is registered to provide nursing and personal care for forty three persons, over the age of sixty five. Respite and day care is also available.

The responsible individual for Ashdale Care Limited is Susan Harris and the registered manager is Denise Alderman.

What type of inspection was carried out?

This was an unannounced focused inspection. It was brought forward from the scheduled date following the receipt of an anonymous concern regarding moving and handling techniques used by staff within the home and the way in which staff speak with and treat the people who use the service. The inspection methodology consisted of the following:

- One unannounced visit to the home
- Observation of staff interaction with people living at the home using the SOFI observation tool and at other times during the visit
- Discussion with people who live at the home
- Discussion with the manager, deputy manager and with staff
- Discussion with relatives of the people living at the home who were visiting
- A tour of the premises
- Examination of documentation, including care files, staff files and the training matrix

What does the service do well?

- Continues to meet the assessed needs of service users in a timely and responsive manner
- Provides a stimulating and uplifting environment for the people who use the service
- Encourages staff to be enthusiastic, interested and caring in their attitude towards the work they undertake at Ashdale

What has improved since the last inspection?

No areas of non-compliance were noted at the last inspection.

What needs to be done to improve the service?

No areas of non-compliance were noted at this inspection.

Discussion took place with the deputy manager, who is primarily responsible for staff training within the home, around the storage of supervision records in individual files instead of keeping them collectively as at present.

On a number of occasions, although supervision had taken place on an informal basis, this had not been recorded as such. Discussion took place around the structure of recording supervision and the need to hold and record supervision sessions for all care staff at least two monthly.

Quality of life

People living at Ashdale can be confident that they will be treated with respect and as individuals and that the staff will take account of their physical, social and leisure needs and their choices. We (CSSIW) spoke with people in their bedrooms and in the communal rooms and they told us that they were able to choose where to spend their time. We observed staff asking people about their choice of food at lunchtime and where they would prefer to eat their meal. Bedrooms had all been personalised to recognise individual choice and preference and people were free to access any of the communal rooms and corridors as they wished. We found that people were supported to have their own views and choices over as much of their life as they were able to.

We saw staff treating people with dignity and respect throughout the inspection. Staff on duty interacted with service users in a considerate and respectful manner and displayed a good recent knowledge of each individual. Preferred terms of address were used, staff were consistently seen to knock on bedroom and bathroom doors prior to opening them and service users were consulted as to activities in which they wished to participate that afternoon. People who use the service are encouraged to participate in all aspects of their care and individual wishes and preferences are accommodated whenever possible. Care plans reflect these and are updated as changes occur.

There were a variety of activities available for people to take part in if they wished. These were aimed at the different needs of the people living at the home. Dedicated staff members organise appropriate activities for individual and group participation and a musical group session was observed. Other activities include card and board games, sing along sessions with invited entertainers, ten pin bowling, visits to local attractions, quiz nights and coffee mornings. Special anniversaries and festive occasions are always celebrated enthusiastically and family members and friends invited to attend. A 'What's On' information sheet is available to all and outlines activities planned for the month. This is clearly displayed on the notice boards. One member of staff has the role of writing a newsletter called The 'Ashdale Telegraph', a monthly production which contains valuable information on what has been happening in the home. This is available to people who use the service, their families and friends.

We looked at care records and found them to be clear and informative. The care plans and risk assessments had been regularly reviewed and updated where necessary. These included assessments of manual handling, nutrition, falls and continence needs of each person with details of the care to be provided to meet those needs. The records contained detailed information about liaison with, and visits from, other health professionals. We saw staff wearing gloves and aprons appropriately and these were readily supplied around the home. The home was very clean throughout, including all communal areas, bathrooms and toilets. We therefore found that people's physical needs were being appropriately cared for by staff.

Documentation and records relating to people who use the service and staff members was stored safely, thereby maintaining confidentiality.

Quality of staffing

People living at Ashdale can feel confident in the care they receive because staff are competent and confident in meeting their individual needs. People who use the service, and visitors to the home on the day of inspection, commented very positively on the care which is offered at the home. Staff demonstrated through discussion that they had a good recent knowledge of people who use the service. Observation throughout the inspection and by use of the SOFI tool supported this.

Five staff files were selected randomly for inspection. Information was clearly presented and recruitment and selection procedures were in place. We saw evidence that staff members had completed a Disclosure and Barring Service (DBS) check, two references had been sought, application forms were kept and a recent photograph was contained in the files.

We looked at staff rotas and discussed staffing levels with the people living at the home, the manager and staff. We felt that there was an adequate number of staff on duty during the inspection visit and this was confirmed by discussion. The registered manager said that she regularly reviewed the dependency levels of the people using the service and that staff numbers were altered accordingly.

Supervision records confirmed that the majority of staff receive relevant and meaningful supervision on a formal basis at least every two months. On a number of occasions, although supervision had taken place on an informal basis, this had not been recorded as such. Discussion took place around the structure of recording supervision and the need to hold and record supervision sessions for all care staff at least two monthly. Staff spoken with consistently said that they feel well supported by the manager and deputy manager of the home and feel that they can readily approach them with any issues or ideas. Members of staff said that the manager is very receptive in her approach to any suggestions or requests which they might make.

People who use the service were seen to have positive interactions with staff members and to feel enhanced wellbeing as a result. Staff present on the day of inspection were again very enthusiastic about their role and welcomed the opportunity to speak of the work they undertake at Ashdale. The staff training matrix was seen and it demonstrated that staff undertake mandatory training and that additional training is provided as the needs of people who use the service change. Staff spoken with expressed a desire to further their knowledge in order to continue to offer a high standard of care to people.

Staff spoken with again described the staff team as supportive of one another and this was evident throughout the inspection. A number of staff have been employed at the home for over ten years. People are therefore cared for by staff who are familiar to them and who know their individual needs and preferences well. Regular staff meetings are held and minutes are held. Staff said that they feel included and involved in decisions which are made within the home whenever possible and that the manager keeps them well informed.

On the day of inspection there were sufficient staff on duty to meet the assessed needs of the people using the service. We saw staff taking time to talk with people using the service and service users said that they felt that staff were able to spend time with them and that staff knew their needs and preferences well.

Quality of leadership and management

This inspection focused on the quality of life of the people using the service and on the quality of staffing. We did not focus on the quality of leadership and management on this occasion because no concerns have been noted in this area since the last inspection.

Quality of environment

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How we inspect and report on services We conduct two types of inspection; baseline and focussed. Both consider the experience of people using services.

- **Baseline inspections** assess whether the registration of a service is justified and whether the conditions of registration are appropriate. For most services, we carry out these inspections every three years. Exceptions are registered child minders, out of school care, sessional care, crèches and open access provision, which are every four years.

At these inspections we check whether the service has a clear, effective Statement of Purpose and whether the service delivers on the commitments set out in its Statement of Purpose. In assessing whether registration is justified inspectors check that the service can demonstrate a history of compliance with regulations.

- **Focussed inspections** consider the experience of people using services and we will look at compliance with regulations when poor outcomes for people using services are identified. We carry out these inspections in between baseline inspections. Focussed inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focussed inspections may be scheduled or carried out in response to concerns.

Inspectors use a variety of methods to gather information during inspections. These may include;

- Talking with people who use services and their representatives
- Talking to staff and the manager
- Looking at documentation
- Observation of staff interactions with people and of the environment
- Comments made within questionnaires returned from people who use services, staff and health and social care professionals

We inspect and report our findings under 'Quality Themes'. Those relevant to each type of service are referred to within our inspection reports.

Further information about what we do can be found in our leaflet 'Improving Care and Social Services in Wales'. You can download this from our website, [Improving Care and Social Services in Wales](#) or ask us to send you a copy by telephoning your local CSSIW regional office.