



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

Inspection Report on

Church View

**13 St Martins Road
Caerphilly
CF83 1EF**

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Description of the service

Church View is located in the centre of Caerphilly. The home provides accommodation and personal care for up to 45 older people. This includes a unit within the home which accommodates up to 10 people who are living with dementia.

Church View is run by HC-One Ltd and the registered manager is Alison Durbidge. The home had full occupancy at the time of this inspection.

Summary of our findings

1. Overall assessment

People feel safe living at Church View and the home is meeting their needs. They have good relationships with staff and their relatives are welcomed into the home. Staff receive training and support which helps to ensure they provide effective care to people.

People have individual routines and can choose to take part in a range of social activities. There is a choice of communal areas which provide people with different outlooks. People enjoy the meals and there is a varied menu.

Church View has an experienced manager and senior team. People have confidence in the manager and there are systems in place for checking the quality of the service. Overall, good standards are being maintained although there are shortcomings in how people's medicines are being managed.

2. Improvements

At the last inspection of Church View we told the provider that the service was not compliant with Regulation 19(2)(d) of the Care Homes (Wales) Regulations 2002. This was because the staff recruitment records did not always include all the information that is required under this regulation. The home's manager has taken action to achieve compliance, which includes checking staff records to ensure they all contain the necessary information.

Redecoration and other work has been undertaken since the last inspection to improve the facilities and the home environment.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service and the areas where the care home is not meeting legal requirements. These include the following:

- The service was not fully complying with Regulation 13 (2) of the Care Homes (Wales) Regulations 2002. This was because people's medicines were not being consistently recorded by staff.

- A recommendation has been made concerning the content of people's care plans and the quality of recording.

1. Well-being

Summary

People receive a service which promotes their well-being and safety. They enjoy the meals and can choose to take part in a range of social activities.

People have the opportunity to express their views and to make choices in their daily routines.

Our findings

People's safety is being promoted in the home. People told us they felt safe living at Church View and they knew who they could talk to if they had any concerns. One person for example commented 'It feels like a safe place'. A relative spoke about the safety of their family member and how this had improved since moving into the home.

There were procedures in place for protecting people from harm and the risk of abuse. The staff we spoke with were familiar with these procedures and had received training in safeguarding. Records showed that incidents and allegations involving people at the home had been followed up and reported to the relevant agencies. This means that information is being shared appropriately; people can be confident that suitable action will be taken in response to concerns about their well-being.

People benefit from relationships with staff which make them feel valued. They spoke positively about the staff and felt they were being treated with dignity and respect. One person commented 'The staff are lovely, they know what to do'. A relative said that staff spoke discreetly with people when having conversations with them about personal care. In the dementia unit, staff spoke about creating an enjoyable and relaxed atmosphere for people. A staff member commented on the importance of understanding people's gestures to ensure there was good communication. We heard staff talking positively to people; for example, a person was complimented on their appearance after having had a hair appointment earlier in the day. This approach enhances people's feeling of well-being.

Arrangements are made which help to ensure people can make choices in their daily routines. Staff told us they supported people to make choices, for example about the clothes to wear, the timing of their personal care and the meals they wanted. There was a varied menu and people said they could choose to have an alternative to the set meals. When we arrived at the home, we saw that some people in the dementia unit had chosen to have a cooked breakfast.

Overall, people spoke positively about the food, with comments such as 'Proper meals, nice home cooked food' and 'The meals are very good'. In the home's main dining room at lunch time, we saw that the tables were nicely laid and the meals well presented. Most people were able to eat independently although support was provided by staff to certain individuals. Staff engaged well with people, providing support in an unrushed and friendly manner.

People's contact with relatives and the local community is being promoted. Relatives commented that they were made to feel welcome at the home and able to spend time with their family members. A relative told us how their involvement contributed to their family member's care and feeling of well-being. One person at the home said they appreciated having a relative who accompanied them to a nearby church each week. Some people attended an informal service that was held at the home on the day we visited.

A range of activities are available which provide people with entertainment and social interaction. One person commented that there was 'Plenty to do if you want to' and a relative told us 'There's always something going on'. The home had its own minibus and staff told us this was used on a weekly basis for trips out. There was an activities organiser who co-ordinated the programme of events and ran a number of group activities. They said that the activities helped to reduce the risk of 'social isolation'. One person told us they had made some new friends since moving into the home. People were also encouraged to follow their individual interests; we met with one person who enjoyed knitting and we were told about items that had been made as part of fund raising events. The arrangements help to ensure that people's social needs are met when moving into the home.

People have the opportunity to express their views about their support and the service as a whole. This included attending a monthly resident meeting when people could discuss aspects of the service such as the meals and social activities. We saw that minutes were kept so that it was clear what had been discussed and agreed at the time.

2. Care and Support

Summary

People appreciate the care they receive at the home and how they are supported by staff. There are systems in place for the planning of care and for managing people's medicines. These are mostly being well implemented however there are shortcomings in relation to recording.

There are procedures in place for supporting people with their healthcare needs. This includes ensuring that people have access to healthcare professionals when needed.

Our findings

People appreciate the care and support that they receive from staff. They spoke positively about the staff and the manner in which they are treated. We met with people who said that they managed their own personal care but had staff present, which they felt was safer for them. One person for example told us that when having a bath, 'The staff keep an eye on me' and a staff member commented 'We help people to be themselves for as long as they can be'. This means that people's independence is being promoted.

We spoke with staff who were aware of the legislation concerning mental capacity. This included the process to follow if a person lacks capacity to make informed decisions. A staff member told us that they provided people with information which helped them to make day to day decisions.

People benefit from staff who know their care needs well. Staff said that individual plans provided good information about the care that people required and what people could do for themselves. We saw hoists and other equipment in the home which were used to support people with transfers or for people to use as mobility aids. Staff confirmed that they had the appropriate hoists to use with people and had received training to ensure they used these correctly and safely. One person who needed support with transfers told us that staff appeared competent when using the hoist. Staff were aware of people who were at risk of falls; they said that aids were available to people and the aim was to reduce the risk while encouraging people to maintain their independence. The registered manager told us that one person used bed rails and we saw that the risks associated with this had been assessed. This means that the risk of harm to people is being reduced.

People's care needs are being kept under review. A staff member told us that people had care plans which were updated regularly or when their needs changed. We saw that people's files contained a range of individual plans which covered areas such as personal care, mobility and social activities. We saw that the plans were being evaluated on a monthly basis. This helps to ensure that changes in people's needs are identified and information can be updated to reflect any changes in the care that people require.

However, there was some inconsistency in the completion of people's care records and the level of detail recorded. This included the sections of the care plans where people's own views of their care were recorded. Some monthly evaluations tended to repeat a person's need, rather than include an assessment of the outcome of the care provided.

Risks relating to people's health and welfare are assessed and steps taken to reduce these. People's care records included information about eating and drinking, skin integrity and mobility. People at risk, for example of poor nutrition or pressure ulcers, were identified and guidance had been produced for staff to follow in order to reduce the risk. In the case of one person's pressure area care, we saw that their condition was being monitored on a daily basis and a record kept. This helps to ensure that any changes can be promptly identified and followed up.

People are supported to maintain their health. One person commented that staff were 'Very good at getting the doctor out if needed'. The registered manager said that people at the home received good support from five different GP surgeries. They also told us that there were positive relationships with the community team who visited people in relation to their nursing needs.

People's medicines are kept securely on their behalf, however not all aspects of their management are consistently safe. We saw that there were suitable facilities for storing medicines, including those that required additional security or refrigeration. Staff told us that they had to receive training and be assessed as competent before being able to administer medicines to people.

There were procedures in place which helped to ensure that medicines were safely managed. These included checking that they are stored at the correct temperature and the use of protocols for the administration of medicines that are prescribed for people on a PRN ('as required') basis. Records of the administration of medicines were maintained although we found several instances when an appropriate entry had not been made on the record. We brought this to the registered manager's attention; they assessed that, on these occasions, people had received their medicines as prescribed but that staff had omitted to record this. They acknowledged that it was important to maintain a consistent record so there could be no misunderstandings about whether the person had received their medicines appropriately. We also discussed the condition of the administration records which were not securely filed; this meant there was a risk that they would be mislaid.

3. Environment

Summary

People like the home environment and have accommodation which meets their needs. This includes having a choice of communal facilities and sitting areas. The location of the home is convenient for accessing community amenities.

There are procedures in place for ensuring that the premises are safe and well maintained. Refurbishment is taking place and there are plans to further enhance some areas.

Our findings

The location of Church View means that it is close to a range of community facilities and amenities. There were links with a nearby church which gave the home its name.

People have accommodation which meets their needs. Each person had their own room and there were communal lounges on each floor of the home. People told us they liked to spend time in the lounges. They were being well used during the inspection, providing people with different outlooks and seating arrangements. We saw that a smaller room, known as the 'coffee shop', was also available. This was used for meetings and as a quieter area for people.

There were bathing and toilet facilities on each floor and one room had an en-suite. These facilities looked clean and tidy, as did the accommodation as a whole. One person commented 'They always make sure your room is kept clean'. Staff told us that hygiene was given a high priority and there were procedures in place for infection control. They said that items such as disposable gloves were readily available to them. This means that the risk of cross-infection is being reduced.

People are benefiting from a programme of refurbishment in the home. We saw that work had taken place since our last inspection to improve a number of facilities and aspects of the environment. This included new flooring, redecoration and improvements to the hairdressing salon and laundry facilities. The grounds had received attention and new patio areas created.

When talking about the environment, one person commented 'They make it as homely as they can'. We saw that the communal facilities had been enhanced by a co-ordinated approach to the décor and having areas of interest such as displays and photographs of the local area. The registered manager told us there were plans for the dementia unit to receive further attention. This was to ensure that it reflected the specialist nature of the service and to enhance the environment for people living with dementia. .

Procedures are in place to ensure that people benefit from a safe and well maintained environment. Records showed that risk assessments, for example in relation to trip hazards and managing clinical waste, were being undertaken and kept under review. Audits of the environment were being carried out by the management team in order to check on standards and to identify any shortcomings. A representative of the provider also made regular visits to the home; these included a 'walk about' and a report was produced of the findings. This helps to ensure that areas in need of improvement are identified promptly.

During our visit we saw that a maintenance person was available to deal with any day to day repairs. Electrical plugs were labelled to show that items had been PAT tested (Portable Appliance Testing) during the last year; we also saw that the portable hoists had been serviced in September 2017. Following an inspection of the kitchen in February 2017, the home had been awarded a score of five ('very good') by the local environmental health department. A 'fire and emergency procedure' folder had been produced; this showed that the home's fire risk assessment had been reviewed in July 2017. The folder included copies of Personal Emergency Evacuation Plans (PEEPS). These contain information which helps to ensure people receive the support that they need in the event of a serious incident in the home.

4. Leadership and Management

Summary

Overall, people benefit from a well run service. People have confidence in how the home is managed and feel that the manager is approachable.

Staff are supported in their work. They undertake training so that people receive a safe and an effective service.

There are procedures in place for monitoring the service and annual development plans are produced. This helps to ensure that good standards are achieved and maintained.

Our findings

People can have confidence in how the home is being managed. Overall, people spoke favourably about the service and how well it was meeting their needs. For example, one person said 'It's a lovely home' and another commented that the home was 'as good as you can get'. The registered manager was described as 'approachable'. During the inspection, we saw that the registered manager was readily available to assist people and we observed positive and friendly interactions.

Support was available to the registered manager which helped to ensure that people benefited from a well run service. This included a deputy manager and an administrator, as well as senior staff who had responsibility for particular aspects of the service. People's comments indicated that they had got to know the management team well; one person told us 'There is always someone to talk to'. This helps to ensure that any concerns that people have are followed up promptly.

People receive care from staff who are supported in their roles. Staff told us they were well supported by the management team, which included attending regular supervision meetings. They said that a range of training was provided which enabled them to care for people effectively. One staff member said that through the training they had learnt about the different types of dementia and how these affected people.

The registered manager monitored the training undertaken by staff to ensure this was consistent with the tasks they performed and met the provider's requirements. These were currently being met in relation to the completion of 'compliance' courses. The registered manager told us about the action taken since the previous inspection to improve the staff recruitment documentation. Records showed that a range of checks were being undertaken on applicants and information was obtained from the Disclosure and Barring Service (DBS) before employment. Staff told us that they thought their recruitment had been undertaken in a robust and thorough way. This helps to ensure that people are supported by staff who are safe to be working in the home and who provide effective care.

Systems are in place which help to ensure people receive a consistent and safe service. Records showed that complaints, and accidents and incidents were being followed up and action taken in response to any concerns raised. The registered manager was aware of the action to take to ensure that people were not deprived of their liberty unlawfully. Documentation was being maintained which showed that a number of applications had

been made to the local authority under the Deprivation of Liberty Safeguards and these had been authorised. This means that people's individual rights are protected.

Feedback from people at the home and from staff indicated that staffing levels were sufficient to meet people's needs. A relative commented that agency staff were used occasionally who may be less familiar with people's needs than the permanent staff. This was not felt to be a significant issue however. There was a schedule for the deployment of staff across the three floors of the home and staffing at the time of the inspection was as planned. The registered manager said that staffing levels were based on the number of people accommodated and their level of dependency. They told us that regular assessments were carried out of people's individual needs to ensure that sufficient resources were available to meet these.

Staff told us they felt able to pass on their views; one staff member said that the registered manager was 'Open to new ideas'. Meetings were being held with minutes kept which showed that issues were discussed and information was being passed on to the staff team. One staff member told us that the provider's representative met with staff during their regular visits to the home. They also said that the provider had a whistle blowing policy which was available to staff. This means that staff have the opportunity to discuss any concerns with someone who is not directly involved with the day to day management of the home.

People who use the service and the staff had the opportunity to complete surveys about the home as part of an annual process of quality assurance. The registered manager completed a report of the findings and identified areas for development during the coming year. We saw in the report for 2017 that there were plans for further improvements to the physical environment. The registered manager also told us about plans to implement a scheme in relation to dementia care with the aim of developing this aspect of the service

The provider was also monitoring standards in the home through the visits being made by an area director. Reports were being produced and we saw that a range of checks were undertaken and improvements identified. The registered manager said they were well supported through this process and by the area director.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

Action has been taken to become compliant with Regulation 19 (2)(d) of the Care Homes (Wales) Regulations 2002.

5.2 Areas of non compliance identified at this inspection

The service was not fully complying with Regulation 13 (2) of the Care Homes (Wales) Regulations 2002. This was because people's medicines were not being consistently recorded by staff.

We did not identify any adverse impact on the health and welfare needs of people using service and have not issued a formal non compliance notice on this occasion.

5.3 Recommendations for improvement

We have made one recommendation:

- That action is taken to improve the standard of recording in people's care plans and the evaluation forms. This is to ensure that all sections are consistently completed to a good standard, including those where people's views are recorded.

6. How we undertook this inspection

This was a full inspection which involved an unannounced visit to the home on 21 November 2017 between 9:00 am and 5:50 pm.

The following methods were used:

- We reviewed information about the service held by CSSIW. This included the previous inspection report and records of notifiable events since the last inspection.
- We spoke people with living at the home and with four staff members.
- We spoke with four relatives of people living at the home.
- We spoke with the registered manager.
- We looked around the home and made observations.
- We looked at documentation, which included:
 - Three people's care records.
 - Staff records, which included rotas and details of training and supervision.
 - Recruitment records for three staff members.
 - Records of risk assessments.
 - Medicines records.
 - Records of complaints and compliments.
 - Records of accidents and incidents.
 - Minutes of residents meetings and staff meetings.
 - Records of provider visits.
 - A 'Quality of Care Report 2017'.

Further information about what we do can be found on our website www.cssiw.org.uk

About the service

Type of care provided	Adult Care Home - Older
Registered Person	HC-ONE Ltd
Registered Manager(s)	Alison Durbidge
Registered maximum number of places	45
Date of previous CSSIW inspection	15/09/2016
Dates of this Inspection visit(s)	21/11/2017
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service that does not provide an 'Active Offer' of the Welsh language. Providers are advised to consider Welsh Government's <i>'More Than Just Words follow on strategic guidance for Welsh language in social care'</i> .
Additional Information:	

No noncompliance records found in Open status.