



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

# Inspection Report on

**Valley View Care Home**

**Dan-y-coed  
Hengoed  
CF82 7LP**

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## **Description of the service**

Valley View Care Home is registered with Care and Social Services Inspectorate Wales (CSSIW) to provide personal and nursing care for up to 65 people; some of whom have a diagnosis of dementia.

The home is in Hengoed, Caerphilly and is operated by Four Seasons (Bamford) Ltd. The company has nominated a responsible individual to act on its behalf. The registered manager is Rebecca Kenchington.

On the days we visited the home 39 residents were accommodated which meant there were vacancies in all areas of the service i.e. residential, nursing and dementia.

## **Summary of our findings**

### **1. Overall assessment**

Overall people were complimentary of the service especially the cleanliness of the home and the attitude of the staff. Since our last inspection, an activity worker had been appointed to provide residents with opportunities for stimulation and the acting manager had registered with CSSIW. She is supported with the day to day management of the home by a deputy. We found both managers were open, enthusiastic and willing to make changes to improve the service. The service relies heavily upon agency nurses. Relatives told us this meant the nurses did not always know their loved ones because of the high turnover of qualified staff. We found staff supervision during mealtimes should be increased to ensure the health and safety of residents and improve the overall experience.

Two members of staff who work on Primrose, unit for people living with dementia, had been nominated for an award from the company.

### **2. Improvements**

Since our last inspection to the home in January 2017, the following improvements have been made to the service:

- Care workers oversee the delivery of care for residents assessed as requiring residential care.
- Actions for nurses and senior care staff had been implemented following a medication audit by the Local Health Board.
- Additional review systems had been introduced via the “resident of the day” and monthly dip sampling by management to reduce issues arising with people’s care documents.
- To reduce the risk of dehydration staff are informed during the daily handover of the residents who have not taken their expected daily fluid amounts.

- Dementia Awareness training is being “rolled out” out for all care staff.
- Staff had received regular supervision.

### **3. Requirements and recommendations**

Section five of this report sets out recommendations to improve the service and areas where the registered provider is not meeting legal requirements.

- People’s care plans should be reflective of peoples need and in sufficient detail to provide staff with clear guidance.
- People should be suitably supervised during mealtimes to both improve experience and ensure health and safety.
- Manual handling practices should be reviewed.
- PRN protocols should be implemented and reviewed. Robust monitoring arrangements need to be in place to identify any errors quickly.
- A report following each three monthly visit to the home by the RI or representative on their behalf should be made available in the home.
- Develop ways of consulting and demonstrating consultation with stakeholders and how this is used to improve the quality of service.
- Greater care needs to be taken to ensure the deployment of staff on duty to ensure people receive the care and support they need at key times.

## 1. Well-being

### Summary

Generally, people appeared comfortable and relaxed. We spoke to relatives and considered their responses from our questionnaires which indicated their satisfaction with the service. We were told that their relatives looked well when they visited and we observed prompt action from staff when a resident had an accident with a drink. However, we found staff supervision during mealtimes could be improved.

### Our findings

People are encouraged and supported to make everyday choices. We saw staff routinely ask residents their food and drink preferences. We saw a staff member write a note for a person who was described as hard of hearing so they could make a selection. Staff asked people where they wanted to sit and spend the morning/day. Two residents told us they liked to sit in the small lounge on Primrose and watch the TV because it was quieter. Another resident we spoke with said they preferred to spend time alone in their room. From our observations and discussions with residents and their relatives it was clear personal choices are respected.

People are able to take part in activities and socialise with others. Since our last inspection to the home an activity worker had been appointed with a second worker due to resume their duties. We spoke with the activity worker who told us the homes programme of activities included stimulation for both individual and groups of residents. We observed interaction between the activity worker and a number of residents. The activity worker included all of the residents present and considered their individual abilities. Residents were asked to play cards, games and puzzles. The activity worker talked to residents about their individual family members, their likes and preferences. One lady preferred to sing along to music and we saw she was encouraged to do so. One family member told us via a returned questionnaire *“the activities are appropriate to the abilities of residents and the activity worker works hard to engage with all residents”*.

In addition, we saw books, magazines and puzzles were on hand for people to look at in the communal areas of the dementia unit. Rummage boxes were available to the residents, staff and relatives to initiate ad hoc conversations and activities. During both of our visits to the home we saw the care workers spend time talking and playing games with the residents. On our second visit staff and residents were singing along to music which promoted an upbeat atmosphere. Comfort dolls were in use and we were told they provided reassurance to individual residents. This led us to conclude that people can do things that matter to them.

People are supported by kind and compassionate staff. A resident told us the *“staff here are brilliant”*. We spoke to a number of relatives during our visits to the home who were all

complimentary of the staff. One relative told us *“the staff are very dedicated and kind.”* Another said they believed their relative was *“happy living at the home”*. In response to our questionnaire a relative pointed out that *“all the staff”* which included *“admin, kitchen staff cleaners and carers are great”*. We observed staff to use appropriate touch and body language when speaking with residents. We observed many light hearted interactions between staff and residents which showed familiarity. This indicates people relate well to staff and have good relationships with them.

We observed mealtimes in both areas of the home. We found that people were given the opportunity to choose where they wanted to eat their meal with a choice of dining rooms, lounge and individual rooms offered. The atmosphere was relaxed and comfortable.

In Primrose unit, we found that by extending people’s choices the staff were dispersed and needed to move between residents to obtain their food and drink selections. This meant there were times when residents were unsupervised when eating and drinking in the lounge which could increase their risk of choking. We reported our findings to senior staff.

In the main home we found that staff were responsive to the needs of residents. The chefs served residents and we saw they had a good awareness of each individual’s likes and preferences. During the mid-day meal we saw that one resident was moved from the dining room to the quieter lounge when they became distressed. We found staff managed this sensitively and appropriately. However, when the resident was moved to the lounge the person was left alone with their meal despite them displaying signs of agitation. This continued for several minutes until the activity worker intervened and supported the person who calmed immediately they had the support they needed. This indicated the person required supervision and support during this time.

In addition, we saw an inexperienced staff member who was left to attend to the needs of a number of residents. We felt we needed to intervene when they asked a person who required specialist (PEG) feeding if they wanted a meal. This indicated that residents were not always supported by enough staff with sufficient skills and knowledge. We reported our findings to the registered manager to address as a priority.

## **2. Care and Support**

### **Summary**

The organisation had revised its care documentation systems. We found the majority of service users information had been transferred into the new organisational format. Overall, we concluded improvements in care documents were needed to ensure people receive consistent care which is reflective of their needs.

### **Our findings**

At our last inspection we identified deficits regarding the safe administration of medicines. A pharmacy audit was undertaken by the Local Health Board in May 2017 which made recommendations. We considered the action points for the nurses and senior care staff to put in place in order to support safe medication management practices. This included the introduction of routine monitoring of residents Medication Administration Records (MAR) charts. We viewed a sample of people's MAR charts during the visit. We found some gaps in signatures without any explanations given for why the medications were not administered. This was an action made following the pharmacy audit. The home depends on agency nurses to supplement the staff team. The registered manager assured us she would identify the instances and discuss with the individual staff members during supervision.

In addition, we identified that when PRN "as required medication" was given, the effectiveness of the medication was not routinely documented. This was noted at our last inspection because it forms an account for health professionals to review resident's treatment. The registered manager told us that this would be discussed at the home's next nurse/staff meeting. In conclusion, we recognised that improvements had been made to the homes medication practices however; robust systems needed to be applied and sustained to ensure people are safeguarded.

Residents are not always supported in a consistent manner. We looked at a sample of people's care plans and found that in order to ensure consistent care; the instructions in people's plans need to be clearer and more explicit. Each person's plan should set out in detail the actions taken by staff to ensure how all aspects of the person's health, personal and social care are to be met. For example:

In one person's plan we found reference that they had displayed increased behaviours towards staff e.g. pinching and lashing out. There was no management plan to direct staff about how to manage the person at such times. We would expect the plan to set out clear

instructions for care staff to identify any triggers to the person's behaviour and strategies for how to support the person e.g. distractors to reduce such behaviour or how to reassure the person.

In a second person's plan it suggested that in order to alleviate swelling to the person's feet they should be elevated at all times when seated. We spoke to a staff member who knew that the person's feet had a tendency to swell but was unaware their feet needed to be raised when seated or how. We discussed the need for this to be clarified in the person's care plan with the senior staff member in charge.

We saw that one person suffered from pain in their knees. Given the person was unable to express their needs we asked how staff would know when to administer pain relief. We would expect the person's care plan to indicate how to identify when the person is experiencing pain and how to respond. We did not issue any non-compliance notices because the senior staff member acted upon our observations.

Referrals to the relevant health and social care professionals have not always been made for residents in a timely way when people's needs change. At our last inspection we were notified of instances which led to delays in people receiving necessary care and treatment and or equipment. During our current visit/s we examined a sample of resident's care documents which showed that one person's health/well-being had deteriorated and saw that staff had taken relevant action. This led to intervention from GP and referral to a community psychiatric nurse. We spoke to a relative who told us they found the registered manager and deputy to be approachable and responsive in meeting the individual needs of their loved one. This indicates that improvements had been made in relation to making timely referrals to health professionals.

We found systems had been introduced to reduce the possibility of residents experiencing dehydration. We viewed a monitoring chart for a person which indicated they were failing to take appropriate fluids. We were told that staff would refer to the nurses and the person would be discussed at daily handover to increase focus on taking fluids. However, when we looked at daily notes we found no reference was made to actions needed to be taken e.g. methods to increase fluids or referral to GP. We suggested the actions needed to be reflected in the person's daily notes to demonstrate what had been done to improve hydration.

The home has introduced dementia awareness training for all the care staff. We were told a few staff members had attended initial training that would then be responsible for extending the training to the rest of the staff team. One staff member told us the training places "*staff in the shoes of people they care for*" and "*staff will have a better understanding of what the residents are feeling*". It is intended that trainers will become dementia champions and promote good dementia care practices.

We found care workers now oversee the delivery of personal care for residents assessed as requiring residential care. This allows nurses to attend to the duties associated specifically with the needs of people who require nursing care. We were told this has benefits for residents and staff however, there had been no analysis of the evidence to demonstrate this

On our second visit to the home, during our observations, we saw staff use a number of poor manual handling practices with residents. This included staff supporting residents when walking by hand holding, continuing to stand a resident in equipment when one of the loops of the sling attached to the hoist had come off the equipment, and a staff member trying to assist a person alone from a chair to a standing position when the person was physically unable to do so which required the swift assistance of a second staff member. Also, when people are being transported in wheelchairs lap belts should be used to maintain their health and safety. Whilst, none of the practices seen caused any harm to the individuals involved each had the potential to cause injury to residents and or staff members. Training information showed 87% staff compliance in moving and handling theory. We were told since our last inspection two manual handling trainers now work at the home. The trainers conduct practical staff training and carry out assessments on individual staff members to observe their practice. We discussed the specific incidents with the registered manager. She told us she would share our observations with the manual handling trainer/s the next day and plan further training. We have not issued non-compliance given that the registered manager gave her assurance the issues will be addressed as a priority and the lack of impact on this occasion to any of the residents.

### **3. Environment**

#### **Summary**

Valley View was fresh, clean and comfortable for its residents. The home offered people sufficient facilities to spend their time in private or communally with others. The home has an entry system which keeps residents secure and safe from unwanted visitors.

#### **Our findings**

We found Primrose (the homes smaller unit) which accommodates people living with dementia was bright and stimulating. We noted that signs to direct residents to toilets, bathrooms and their individual bedrooms were large and clear which considered the needs of people with additional sensory needs. A number of the rooms were themed and decorated with furnishings which helped set out their function. The layout of the unit provided residents with different facilities of where to eat their food and or spend their time. A visitors' room with tea and coffee making facilities was available for families to spend time with their loved ones.

People's bedrooms were personalised which promoted a homely feel. They were decorated with resident's individual keepsakes and family photographs. Some of the residents we spoke with told us they were able to choose how and where they spent their day. This indicates that people live in an environment that supports their choice and independence.

People's security is anticipated and protected. We found the home was secure from any unwanted visitors because appropriate systems were in place. This means that staff knows who is in the home and visiting which residents at any given time. Relatives told us they are able to visit their loved ones when they wish to. This supports people to have a sense of well-being.

People benefit from having access to outdoor space. Residents living in Primrose benefit from a small and secure garden. Whilst, those people living in the main home have access to a separate garden. This is can be seen from the lounges and so residents have a pleasant outlook. One relative told us they like to sit outside with their family member during warmer weather. There are plans to set up a potting shed for residents who enjoy gardening. This demonstrates people's well-being is enhanced by having stimulating outdoor space.

## 4. Leadership and Management

### Summary

We found the registered manager and her deputy to be open about the service and their plans for the future. The home relies on agency nurses to supplement the staff team. Commissioning agencies were carrying out increased monitoring at the home.

### Our findings

People are aware of the lines of leadership and responsibility and at the home. Since our last inspection, the acting manager Rebecca Kenchington had registered with CSSIW. She is supported by a deputy manager who oversees the residential care provision at the home. They told us they felt supported by senior managers in the organisation.

The managers are looking to develop a cohesive staff team at Valley View. Responses to our questionnaires identified a high turnover of nursing staff at the home. Currently one nurse is employed at the home on a permanent basis. One relative felt *“it was not always possible to speak to a nurse who knows their relative well.”* The registered manager told us that since our last inspection regular agency nurses have been used to supplement the staff team. We saw information which showed the agency nurses were receiving regular supervisions, the same as other staff which is intended to maintain continuity. The area manager told us that staff recruitment is on-going at the home.

In contrast, a number of experienced care workers make up the staff team who provide familiarity and consistency for the residents and their relatives. All of the family responses received from our questionnaires included a positive comment about the staff. We were told they are *“friendly and caring”*, have a *“very good attitude”* and are *“brilliant.”*

There is evidence that people living at, working in or visiting the home know how to raise concerns. We examined the homes complaint records which showed the registered manager had acted upon individual issues. We were informed that some families were offered regular meetings with senior managers to address their individual concerns. Responses from questionnaires showed that some relatives had spoken with managers and matters had been satisfactorily addressed which meant they did not make a complaint.

Furthermore, we were aware that two safeguarding referrals had been made following our last inspection which had led to increased monitoring from commissioning agencies. The registered manager had compiled action plans to address the issues identified which were dependant upon nurses to implement. At the time of our inspection, we were told the actions were on-going.

There are systems in place to assess the quality of the service. The organisation uses a range of internal monitoring systems to assess the experiences for people who use the service, running of the home, health and safety etc. We viewed a sample of monthly monitoring reports which assessed the residents experience in February and March 2017. They showed improvements had taken place in Primrose (the dementia unit) and proposed

that people's experiences would be enhanced with the appointment of an activity worker. In February 2017 it recognised staff morale was low. It indicated staff had spoken to relatives and visiting professionals that they were short staffed. There was no reference to any actions to resolve this position.

The regional manager acts on behalf of the registered individual and carries out the required three monthly visits to the home. We viewed an audit which showed the home had an overall compliance rating of 51.2%. However; the report failed to demonstrate any analysis of any of the categories e.g. accountability and awareness, policies and alerts, dining and activities. This means it fails to provide a narrative about how the organisation had made improvements or proposed to address the deficits or the trends and patterns identified. For example it failed to show what actions had been taken about staffing identified by earlier quality audits.

People have an opportunity to give their views and opinions about the service. A quality assurance portal is located in the foyer to record people's outlook of the service. The registered manager told us she offers an open door system where relatives, visitors and professionals are welcome to speak with her at any time. We asked to view minutes of residents/relatives meetings and were told attendance at the meetings had been low. We spoke with a few residents who told us they did not feel they needed to attend the meetings. We discussed the importance for the improvement and development of the service to consult with stakeholders given that annual satisfaction survey was discontinued. We suggested gauging people's opinions of the service at set times during the year to provide an overall satisfaction view. This would provide a more reflective account than basing the service on complaints.

## 5. Improvements required and recommended following this inspection

### 5.1 Areas of non compliance from previous inspections

<ul style="list-style-type: none"><li>• <b>12(1) (b) - make proper provision for the care, appropriate treatment, education and supervision of service users.</b></li></ul>	Improved and recommendations made.
<ul style="list-style-type: none"><li>• <b>13(2) - recording and safe administration of medication</b></li></ul>	Improved and recommendations made .

We found evidence that the registered manager had implemented systems to address the above areas of non-compliance. We have included further details in the report and recommendations below.

### 5.2 Areas of non compliance identified at this inspection

None

### 5.3 Recommendations for improvement

- People's care plans should be reflective of peoples need and in sufficient detail to provide staff with clear guidance.
- People should be suitably supervised during mealtimes to both improve experience and ensure health and safety.
- Manual handling practices should be reviewed.
- PRN protocols should be implemented and reviewed. Robust monitoring arrangements need to be in place to identify any errors quickly.
- A report following each three monthly visit to the home by the RI or representative on their behalf should be made available in the home.
- Develop ways of consulting and demonstrating consultation with stakeholders and how this is used to improve the quality of service.
- Greater care needs to be taken to ensure the deployment of staff on duty to ensure people receive the care and support they need at key times.

## **6. How we undertook this inspection**

This was a full inspection undertaken to consider the outstanding non-compliance set at our previous inspection in November 2016 and January 2017.

The following methods were used:

- We made two unannounced visit/s to the home on 3 & 15 May 2017.
- We spoke with people living at the home, their relatives and staff members.
- We spoke with the registered manager, deputy and area manager.
- We used the Short Observational Framework for Inspection (SOFI 2). The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- We examined resident's documentation. (This included care plans, risk assessments and monitoring tools.)
- We considered 5 questionnaire responses from relatives and representatives of people living in a care home.
- We considered 3 questionnaire responses from care home staff
- We considered Regional Manager TRaCA dated 15 February 2017.
- We considered Resident Experience Team visit TRaCA 1 February 2017 and 29 March 2017.
- We examined the homes action points for nurses and senior staff following medication audit 2 May 2017.
- We considered minutes of staff meetings: Qualified nurses meeting 11 November 2015, Group supervision 15 February 2017; Primrose Staff meeting 8 February 2017, Senior Carers meeting 27 February 2017.
- We considered minutes of relatives meeting March 2017.
- We considered information from local authority/local health board.
- We considered staff training matrix dated 3 May 2015.
- We walked around the homes environment.
- We considered internal Health and safety report.
- We considered Environmental Health report 24 April 2017.

Further information about what we do can be found on our website [www.cssiw.org.uk](http://www.cssiw.org.uk)

## About the service

Type of care provided	Adult Care Home - Older
Registered Person	Four Seasons (Bamford) Ltd
Registered Manager	Rebecca Kenchington
Registered maximum number of places	65
Date of previous CSSIW inspection	30/11/2016 and 24/01/17
Dates of this Inspection visits	03/05/2017 and 15/05/17
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. It does not anticipate, identify or meet the Welsh language needs of people who use, or intend to use their service. We recommend that the service provider considers Welsh Government's ' <i>More Than Just Words follow on strategic guidance for Welsh language in social care</i> '.
Additional Information:	