



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

# Inspection Report on

**Castle View Residential Home**

**Claude Road  
Denscombe  
Caerphilly  
CF83 1UZ**

**Date of Publication**

**Thursday, 15 February 2018**

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## **Description of the service**

Castle View Residential Home is owned by Caerphilly County Borough Council. It is registered with the Care and Social Services Inspectorate Wales (CSSIW) to provide personal care for 28 older people, over the age of 65 years. The home's registration permits eleven people with a diagnosis of dementia to be accommodated in a separate unit on the first floor called Cartref. There is a nominated individual to represent the local authority. The registered manager is Mandy Chattaway.

## **Summary of our findings**

### **1. Overall assessment**

Overall, we found people receive care and support that promotes their well-being, and are treated with warmth, kindness and consideration by a familiar staff group. Action is required to ensure that at all times there are sufficient numbers of staff to enable standards to be maintained. The home's environment is generally clean and welcoming with comfortable furnishings. Residents are provided with opportunities to express their views, supported in accordance with their individual choices and preferences. Residents would benefit from a wider range of regular activities. Medication practices require strengthening in order to safeguard people and prevent poor health and wellbeing outcomes. Health and safety standards require additional consideration at the home. Improvements to the statement of purpose and service user guide would ensure that people who wish to use the service have accurate information about the services offered at the home.

### **2. Improvements**

Since the last inspection the home has undergone some refurbishment including the development of a retro café area for use by residents and their visitors.

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

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

- A written Statement of Purpose in relation to the care home which is relevant and up to date.
- Suitable arrangements for the recording, handling, safe keeping, safe administration and disposal of medicines received in the care home.

- Ensure appropriate staffing levels at all times ensuring consistent standards relating to food, cleanliness, hygiene and welfare of residents.
- Ensure that records required by legislation remain in the home and made available for inspection.
- Ensure that full and satisfactory information or documentation is available in relation to staff working at the care home.
- Ensure that complaints are resolved within required timeframe, outcomes communicated and notification of any delay in resolution.
- Ensure that any requirements of the Regulatory Reform (Fire Safety) Order 2005 for the home are complied with.
- Ensure all required notifications of events which affect the well being or safety of any resident are received by CSSIW.

#### Recommendations to improve the service:

- Improvements in the completion of written documentation, ensuring dates and names of people completing paperwork are included.
- Improvements in the range and regularity of activities and events for residents at the home.
- Improvements in maintaining health and safety standards of the physical environment, including safe storage of equipment and hazardous items.

# 1. Well-being

## Summary

People's wellbeing is promoted by a familiar staff team who have a good understanding of their needs. The majority of people we spoke with told us they were, happy living at Castle View. People expressed contentment with the care and support provided by staff but commented how they sometimes felt there was not enough staff and would like to see a wider range of activities. On the whole, people are provided with opportunities to express their views and supported in accordance with their individual choices and preferences.

## Our findings

People living at Castle View have good relations with staff that know them well. We saw good rapport between individuals and those providing them with care and support. Residents spoken to during the inspection told us they were, on the whole, happy living at Castle View. One person told us *"I like it here staff are always smiling, sometimes a bit short of staff and they are running around but there when I need them"* and another stated *"happy with everything"* and *"its nice here"*.

Visiting relatives also spoke positively about staff *"care staff are fabulous but sometimes there aren't enough"* and *"I cannot fault them, staff encourage my relative to mobilise and encourage them to do as much as possible"*. A comment in one of the home's annual satisfaction survey stated *"The staff do their best but could do with additional help"*. Questionnaires returned to CSSIW contained positive comments regarding care staff at the home including *"Staff are gentle, caring and discreet."* We found that residents are comfortable with staff and experience warmth and belonging at the home.

Throughout the inspection we were informed by staff, residents and relatives themselves that visitors are always welcome, have access to hot drinks and have the opportunity to join family members at meal times. One relative we spoke with explained they had booked to have Christmas lunch at the home with their relative and another said *"All of our relatives visited the other day and were made to feel very welcome"*. Demonstrating that residents are supported to socialise and maintain positive relationships with family and friends.

People are, on the whole, protected from abuse, harm and neglect. Staff spoken with during the inspection process discussed their understanding of safeguarding procedures, how they would disclose a concern and how confidentiality applied to their work. We examined the home's Safeguarding Children and Vulnerable Adults policy and saw evidence that the majority of staff had undertaken safeguarding training within required timescales, however nine members of staff were overdue refresher training and one member of staff had not received safeguarding training since May 2011. We would recommend that all staff receive safeguarding refresher training on a regular basis.

Staff encourage people to be as healthy and active as they can be. The home has regular support from external health professionals. Records showed that residents had access to specialist medical, therapeutic services and care from hospitals and community health services according to need. We saw evidence of regular contact with local health centres, General Practitioners, district nurses and Community Psychiatric Nurses. A returned questionnaire stated *"This is an outstanding feature. My relative has had the doctor, district nurses and physiotherapists as and when required."* A visiting professional spoken to on the day of inspection stated *"staff provide a good level of support, resulting in a quick recovery and ensuring mobility."* We find that the home promotes and maintains residents' health and ensures access to health care services to meet assessed needs.

People are able to express their views and opinions. The home had held regular residents meetings, the frequency had declined recently and the registered manager informed us that the home was in the process of recruiting a resident to 'chair' these meetings. We saw evidence of feedback received from a professional who stated *"How much the resident's wishes are being respected. This is such a positive example of person centred practise, I felt needed highlighting."* We observed care staff being approachable and sensitive to residents needs and supported people in a friendly inclusive manner. Care staff were respectful when providing care and demonstrated genuine warmth in their interactions. We heard several members of staff calmly reassuring a resident who appeared anxious. One member of staff was observed several times during a short period of time, reassuring another resident quietly and calmly, speaking in a kind and respectful manner. A returned questionnaire stated *"staff have listened to the way my relative likes things done and follow instructions and wishes"*. Residents are listened to, acknowledged and responded to appropriately.

People would like to be more involved and to have choices to participate in regular activities. Residents and relatives spoken to during the inspection stated *"could do with more activities"*. An activities timetable was not in operation at the time of inspection, we were informed by the registered manager this was being developed by a senior worker and in the meantime care staff tried to organise impromptu activities for example bingo and games. The home completed a satisfaction survey during August 2017 comments received included *"more activities needed"*, *"not a lot going on"* and *"lack of staff means not enough time can be given to residents to support interests and hobbies"*. We examined minutes of a staff meeting held in October 2017 where the above survey, actions to improve activities and staff engagement were discussed, alongside an acknowledgement by management that staff resources impact on time to complete activities. Staff also confirmed that planned activities were limited due to staffing resources. Questionnaires completed and returned to CSSIW further verified this and included comments such as *"more staff and activities"*. On the day of inspection the home had organised a local school to attend and perform Christmas carols, the mayor along with several local counsellors also attended. Residents clearly enjoyed the event with many joining in the singing. However on the whole we find that residents do not have a regular choice of activities available and to look forward to within the home.

## **2. Care and Support**

### **Summary**

Staff have an awareness of residents' individual needs and are knowledgeable about the residents they support. Person centred care planning documentation enables safe and consistent care provision. People are not always protected by having robust systems in place for the handling of medicines within the home.

### **Our findings**

People are on the whole safe and as well as they can be and receive timely appropriate person centred care and support. Residents have care plans in place which contain information about their assessed and agreed needs and how these should be met. We examined four individual care files and these included pre-admission plans, admission information, Local Authority Care and Support Plan and reviews. Documentation also included "This is me" pen picture of the individual, service plans and monthly reviews. Two files did not contain relevant risk assessments and reviews, this was discussed with the registered manager who located the paperwork electronically and assured CSSIW these would be placed in the relevant care files. We also informed the registered manager that not all documentation was dated or included names of people completing the paperwork. We found that a person centred care planning system is in operation however attention should be given to ensure all paperwork is fully completed.

People are not always protected by having robust systems in place for the handling of medicines within the home. We examined Medication Administration Records (MAR) for residents and found an error in recording, we also saw opened bottles and tubes of medication with no evidence of the date medication was opened potentially allowing medication to be used beyond recommended use by date. On examination of team meeting minutes for both February and October 2017 we noted medication errors and action required to prevent reoccurrence was noted. We find that current medication practises require strengthening in order to safeguard residents and prevent poor health and wellbeing outcomes.

Appropriate action is taken to ensure that people's rights with regard to restrictions placed upon them are safeguarded. We saw that Deprivation of Liberty Safeguarding (DoLS) applications were being made by the registered provider. We examined DoLS documentation and found that applications had been submitted to the Local Authority for people whose freedom is restricted. We saw that care plans detailed these restrictions. This indicates that legal safeguards are in place for people whose freedom and liberty may be restricted.

Staff encourage people to eat healthy and nutritional food. The home had been inspected by the Food Standards Agency and had been given a rating of 5 demonstrating the service

was rated as very good. We observed both breakfast and lunch being served on the day of inspection. Residents had personal choice for breakfast and a choice of two different meals including desserts for lunch. We saw balanced and appetising meals being provided for lunch. However some relatives raised concerns about the quality and quantity of food available on the first floor Cartref unit. We also noted this issue was raised by care staff during a team meeting in July 2017 minutes stated "*concerns were raised that not enough food is going up to Cartref at mealtimes and portion sizes are too small*". Relatives and staff spoken to confirm some improvements had been made. We received a questionnaire from a relative which stated "*good range of food and drinks always available*". Based on the above we concluded that people's nutritional needs are now, on the whole, recognised and met.

There is evidence of driving continuous improvement and a willingness to learn from best practice through the home's participation in a pilot scheme regarding admissions to hospital following a fall. The home has reviewed and amended its falls procedure resulting in a significant reduction in the number of 999 calls made within the first 6 months of the pilot. The above example demonstrates the home's commitment to improving resident's well-being outcomes.

### 3. Environment

#### Summary

The home is decorated and maintained to a reasonable standard, some areas had better presentation than others. Bedrooms are personalised to the individual resident's choice. Health and safety standards require additional consideration at the home.

#### Our findings

People are supported within a pleasant and comfortable environment, the layout of which enables people to spend time privately or communally. On the day of inspection the home was clean, warm and free from malodours. The home was adorned throughout with festive decorations in preparation for Christmas. We observed three communal lounges, two dining areas and a redeveloped retro café area on the ground floor for residents and visitors to make hot drinks. Several individual bedrooms were seen and all were personalised, including pictures and photographs. We found the home to be welcoming, comfortable and homely.

People cannot always be confident that they are cared for in a safe environment. There were some systems in place to protect residents' safety for example, a secure entrance to the home and window restrictors were found to be in place. The health and safety file was examined and contained a selection of documentation including gas safety certificate, fire safety report and equipment maintenance checks. A fire authority audit and schedule of works dated 19 July 2016 was examined, requirements included "*not wedging kitchen door open*" on the day of inspection the door was clearly seen wedged open. The registered provider had failed to ensure that requirements were complied with.

We saw a number of wheelchairs stored in a variety of rooms on the ground floor including a shower room, sluice room and activity cupboard. The registered manager explained the festive decorations in the foyer restricted access to the wheelchair cupboard and acknowledged storing wheelchairs in a shower room could be a trip hazard to residents and would rectify the situation. We saw the room which housed substances which could be hazardous to health (COSHH) had a key pad entry system, however the code was written above the key pad allowing anyone access into the room. Laundry rooms and sluice rooms on both floors of the home were unlocked one of the sluice rooms had containers of fabric conditioner and sterilising liquid left on the floor. A communal toilet on the first floor was seen to have an overflowing clinical waste bin. On the first floor Cartref unit we saw a festive Christmas garland wrapped around the handrail which could deter people from using the handrail. We judge that improvements are required to ensure health and safety standards and eliminate unnecessary risks at the home.

The certificate for Public Liability Insurance was displayed in the ground floor corridor, however the CSSIW registration certificate was not displayed, the registered manager

explained due to the Christmas decorations in the foyer it had been removed. The registered manager was reminded of the requirement to keep the issued certificate of registration affixed in a conspicuous place in the home.

## 4. Leadership and Management

### Summary

The home operates a robust recruitment process, comprehensive induction and support for care staff. Action is required to ensure that at all times there are sufficient numbers of staff to ensure that standards are consistently maintained. Generally, there are effective quality assurance systems in place. Improvements are required to ensure that all notifiable events are reported in accordance with legal requirements. The statement of purpose and service user guide requires improvement to ensure that people who wish to use the service have accurate information about the services offered at the home.

### Our findings

The home offers continuity of care from a familial team of care staff. Agency staff were not being used at the time of inspection. The home had a small team of casual workers to draw upon. During the inspection we considered there to be sufficient staff available to assist people with their needs on that day. However on examination of the home's staff rota we noticed some gaps, this was confirmed by both visitors and staff spoken to who discussed staff shortages and the number of times staff worked double shifts "*staff are doing lots of extra shifts*" and "*staff often look exhausted and we try to help out*". The registered manager discussed issues and delays with the recruitment process for domestic and kitchen staff and the impact when vacancies are not filled in a timely manner. Questionnaires completed and returned to CSSIW following the inspection confirmed staffing levels were a concern for both staff and relatives of residents with comments such as "*lack of domestic staff*", "*care staff try to complete cleaning tasks when on shift*" and "*at the moment we are very short staffed and staff are doing a lot of overtime*". We therefore can not be assured that at all times sufficient numbers of staff are working at the care home to ensure that standards are maintained at all times.

People can on the whole be assured that the home's recruitment procedures are sufficiently robust. We examined four staff member's files; we saw that pre-employment checks were in place, including disclosure and barring (DBS) checks and the required references. However discrepancies were noted with staff photos and verification of identity within the files. None of the files examined had sufficient proof of identity and one file did not contain a staff photo. The registered manager stated that proof of identity would have been obtained during the recruitment process. They stated that action would be taken to ensure that proof of identity and staff photos would be placed on all staff files.

We saw that staff induction incorporated the Social Care Induction Framework. We saw evidence of regular care staff supervision however senior staff had significant gaps between supervision in one instance a gap of nine months and another of five months. A training matrix was provided and examined we noted that the majority of staff had completed appropriate training, however a significant number of care staff had not attended

refresher training for many years. For example eleven members of staff had not attended infectious diseases/infection control training for more than five years. To promote safe working practices we would recommend regular refresher training for all staff working at the home. Based on the above evidence people can be assured on the whole they are cared for by safely recruited staff but do not always benefit from care delivered by people who receive regular refresher training and supervision.

We identified that the service did not fully meet the legal requirements in relation to their statement of purpose improvements are required to ensure the required information is included and accurate, for example up to date information in relation to the registered persons. Improvements to the statement of purpose and service user guide would ensure that people who wish to use the service have accurate information about the services offered at the home.

People cannot be fully confident about their concerns being responded to. The home operates a complaints procedure which had been used by a relative however we found that the home had not followed the procedure fully and had failed to inform the complainant of the outcome. We concluded that effective systems were not always in place to ensure that people raising concerns about the home have been informed of the outcome.

People can on the whole, be confident that auditing and quality assurance systems are in place at the home. We were informed that the responsible individual conducts regular visits but no evidence of these was available at the home. Following the inspection we were provided with the last two reports on the conduct of the home. During the inspection a number of incidents that had affected the wellbeing and safety of residents were noted however these had not been reported to CSSIW. This was discussed with the registered manager who assured us this would be rectified. Generally, there are effective quality assurance systems which enable the home to evaluate and improve. However, improvements are required to ensure that all notifiable events are reported in accordance with legal requirements.

The service position regarding an Active Offer in relation to the Welsh language was discussed with the registered manager during the inspection. The home currently did not have any Welsh speaking residents. The home had access to a range of information in Welsh through the Local Authority and would be continuing to develop services to be able to offer prospective residents care through the Welsh language.

## 5. Improvements required and recommended following this inspection

### 5.1 Areas of non compliance from previous inspections

At the last inspection we advised the registered persons :

- Three monthly visits to the home had not been carried out as required in accordance with Regulation 27 (4) (c). We found that action had been taken to address this area of non-compliance.

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

We advised the registered persons that improvements are needed in relation to the areas identified below in order to fully meet legal requirements.

- **Statement of Purpose (Regulation 4 (Schedule 1)).** This is because the registered persons failed to compile an accurate written statement as to the facilities and services provided for service users. The registered manager acknowledged the inaccuracies within the statement and assurance was given that this would be addressed. A notice has not been issued on this occasion, as there was no immediate or significant impact for people using the service.
- **Administration of medication (Regulation 13 (2)).** This is because the registered persons failed to make suitable arrangements for the recording, handling, safe keeping and safe administration of medicines in the home. A notice has not been issued on this occasion, as there was no immediate or significant impact for people using the service.
- **Care home records (Regulation 17 (2)).** This is because the registered persons failed to maintain in the care home records specified in Schedule 4. A notice has not been issued on this occasion, as there was no immediate or significant impact for people using the service.
- **Staffing (Regulation 18 (1) (a)).** This is because the registered persons failed to ensure that, at all times sufficient numbers of staff were working at the home as are appropriate for the health and welfare of service users. The registered manager assured us that action was being taken to increase staffing levels. A notice has not been issued on this occasion, as there was no immediate or significant impact for people using the service.
- **Recruitment records (Regulation 19(2)(d)).** This is because the registered persons failed to ensure that full and satisfactory information is available in relation to staff working at the care home. The registered manager assured us that action would be taken immediately to rectify this. A notice has not been issued on this occasion, as there was no immediate or significant impact for people using the service.
- **Complaints (Regulation 23 (D)).** This is because the registered persons failed to ensure that a complaint had been handled in accordance with legal requirements. A notice has not been issued on this occasion, as there was no immediate or significant impact for people using the service.
- **Fitness of premises (Regulation 24 (4a) (b)).** This is because the registered persons failed to ensure that the requirements of the Regulatory Reform (Fire

Safety) Order 2005 were complied with. A notice has not been issued on this occasion, as there was no immediate or significant impact for people using the service.

- **Notifications (Regulation 38 (1) (e)).** This is because the registered persons failed to give notice to CSSIW without delay of all events in the care home which affected the well-being or safety of residents. A notice has not been issued on this occasion, as there was no immediate or significant impact for people using the service.

We expect the registered persons to take action to rectify the above matters and these will be followed up at the next inspection.

### **5.3 Recommendations for improvement**

The following are recommended areas of improvement to promote positive outcomes for people:

- Improvements in the completion of written documentation, ensuring dates and names of people completing paperwork are included.
- Improvements in the range and regularity of activities and events for residents at the home.
- Maintaining health and safety standards of the physical environment, including safe storage of equipment and COSHH items.

## 6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the home on 13 December 2017.

The following methods were used:

- Information held by CSSIW.
- Information gathered through conversation and discussions with residents, visitors, registered manager, deputy manager and staff on duty.
- Observations of daily life, staff interactions and care practices at the home.
- Observations relating to care home environment.
- Examination of four care files for people living at the home.
- Examination of four staff personnel records.
- Examination of staff training and supervision records.
- Examination of team and resident meeting minutes.
- Examination of an external pharmacy audit report.
- Examination of a monitoring report from a commissioning agency
- Examination of internal Quality Assurance reports.
- Observation using the Short Observational Framework for Inspectors (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.
- Examination of the home's Statement of Purpose and Service User Guide.
- Examination of health and safety records.
- Examination of nine returned questionnaires.
- Walk around the home.

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

## About the service

<b>Type of care provided</b>	<b>Adult Care Home - Older</b>
<b>Registered Person</b>	<b>Caerphilly County Borough Council</b>
<b>Registered Manager(s)</b>	<b>Mandy Chattaway</b>
<b>Registered maximum number of places</b>	<b>28</b>
<b>Date of previous CSSIW inspection</b>	<b>19 June 2015</b>
<b>Dates of this Inspection visit(s)</b>	<b>13 December 2017</b>
<b>Operating Language of the service</b>	<b>English</b>
<b>Does this service provide the Welsh Language active offer?</b>	This is a service that provides an 'Active Offer' of the Welsh language. It provides a service that anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.
<b>Additional Information:</b>	

No noncompliance records found in Open status.