

# Inspection Report on

**Severn View Residential Home** 

Severn View Residential Home Mounton Road Chepstow NP16 5BS

**Date Inspection Completed** 

18/09/2023



## **About Severn View Residential Home**

Type of care provided	Care Home Service
	Adults Without Nursing
Registered Provider	Monmouthshire County Council Adults and Children's Services
Registered places	32
Language of the service	English
Previous Care Inspectorate Wales inspection	29 <sup>th</sup> March 2022
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

# **Summary**

People at Severn View Residential Home are happy and live in an environment that suits their needs. Personalised care plans focus on what matters to people. People are supported by dedicated care workers who put wellbeing at the centre of their care delivery. Care workers are kind and respectful, and support people to live as independently as possible.

The responsible individual (RI) has embedded effective governance arrangements to ensure the smooth running of the service. The RI visits the service regularly and identifies areas for improvement which are promptly acted on by the manager. Good management oversight provides a well-run service. Effective quality assurance activities undertaken by the manager ensure people achieve wellbeing and fulfil personal outcomes. Some improvements to health and safety procedures are needed to ensure people's safety.

#### Well-being

People are treated with dignity and respect by care workers who know them well. Care workers take the time to engage with people in a meaningful way. During our inspection, care workers interacted with people in a light-hearted manner and did not appear rushed. Care workers use humour to promote a positive environment. One care worker prompted a group sing-along whilst people waited for their lunch, and effort was made to encourage group discussions. Individualised care methods are used in-line with people's personal plans to improve their wellbeing. A detailed service user guide tells people what to expect from the service. People's emotional and physical wellbeing is promoted in detailed personal plans which are co-produced with them and their families. Personal plans focus on what is important to people. People's families are involved in their care and are encouraged to offer feedback about the service. The service hosts open coffee mornings and Sunday lunches to support visits and relationships. People's families offered positive feedback about the service.

People have control over their day-to-day lives and do things that make them happy. People can freely move around the service and are encouraged to be as independent as possible. Activities are varied and promote group interaction. The service has its own pub which offers a space for people to socialise and where group events are held. People told us they enjoy watching the Rugby World Cup with their favourite drink and snacks. Another person told us they enjoyed a recent holiday organised by the service.

People live in a comfortable environment. A sensory garden offers people space to spend time outdoors. Some effort has been made to personalise bedrooms, and communal areas are homely. The service will be moving to a new, purpose-built setting in early 2024. It is anticipated this will further improve people's wellbeing. The new premises will be set over one floor so that people can access the gardens easier. Ample space has been allocated for communal areas. People have been asked how they would like their new rooms decorated.

People are mostly safe from harm and abuse. There has been an improvement in care workers training statistics and the safe recruitment of care workers since our last inspection. More robust health and safety arrangements in relation to the storage of cleaning products, fire safety and medication storage is needed to ensure people are safe.

#### **Care and Support**

Personal plans reflect people's needs identified before admission and are co-produced with people and their families. Personal plans contain detailed social histories of people and focus on what is meaningful to them. People's likes, dislikes, and preferences are outlined clearly to help care workers provide personalised care. Positive behaviour support plans are in place for people who need support regulating their emotions and behaviours. During our inspection, care workers promptly eased a person's anxieties by using personalised methods outlined in this plan.

People's physical and emotional wellbeing is promoted. Health needs are closely monitored, and specialist input is sought promptly for any needs identified. Personal plans are reviewed by keyworkers monthly and updated in-line with changing needs. Any associated risks are explored and developed into detailed risk assessments. Positive risk taking and independence is encouraged. The manager completes an additional personal plan audit on a rolling basis to ensure plans are of a high standard.

Care workers deliver support in-line with people's personal plans and demonstrate a clear understanding of their needs. Care workers treat people with kindness and take the time to have meaningful conversations with them. Care workers promptly attend to people's needs and offer regular drinks and snacks. A care worker told us, 'They've got an amazing team of people here who care and go out of their way for people...I can't praise them enough. Staff make time for people – the people come first.'

People offered positive feedback about care workers and the service. One person told us, "I like it here; the staff are nice." Another person told us they feel well supported. People's families also offered praise. One family member told us, "They look after X here. The staff are brilliant" and "You can tell the carers care. I can't say enough good things about the place." The service has received a high number of compliments over the past 12 months, largely about the quality of care delivered.

Medication management has improved since our last inspection. Medication is safely administered by appropriately trained care workers who undergo regular competency checks. Medication errors are analysed and improvement action is taken to prevent reoccurrence. Medication is mostly stored appropriately, although we note the absence of opened dates on some liquid medications and creams. The manager offered assurance that improvement action would be taken.

A detailed infection control policy and appropriate cleaning schedules are in place to limit the spread of infection. We observed a good stock of personal protective equipment (PPE) available for care workers to use.

#### **Environment**

The environment appears in-line with the service's statement of purpose. Relevant adaptions and the provision of support aids promotes people's independence. People are free to access all areas of the service. Sensory items are available to provide comfort. Effort has been made to personalise bedrooms and make communal areas homely. External areas are attractive and well maintained. People's wellbeing is supported by a sensory garden which used as a space to relax. On the day of our inspection the service was clean and welcoming. The service is moving to a new, purpose-built setting in early 2024. The new premises offers complete ground level and en-suite bedrooms and a communal hub for people to socialise.

People live in a secure environment. Visitors are asked to sign-in on arrival and present identification. The service has processes in place for managing health and safety, but some aspects of the environment were not safe on the day of our inspection. Improvement of the storage of cleaning products hazardous to health and fire safety are needed. While no immediate action is required, this is an area for improvement and we expect the provider to take action. The manager assured us health and safety arrangements would be made more robust.

The manager routinely undertakes health and safety audits. Relevant health and safety certificates are in place and maintenance checks are carried out on equipment. Fire drills are conducted every three months and most people have personal emergency evacuation plans (PEEP) in place. Kitchen checks are completed routinely, and food is stored appropriately. Effective cleaning schedules are in place.

# **Leadership and Management**

People are provided with accurate information about the service. The statement of purpose and service user guide are detailed and offer a complete overview of what people should expect from the service provided. The service has a thorough pre-admission process to determine if can meet people's needs.

Effective governance arrangements support the smooth and effective running of the service. The responsible individual (RI) has a regular presence at the service and knows people well. RI visits are purposeful and are undertaken in-line with the regulations. Records of these visits are detailed and demonstrate effective auditing and analysis of care delivery. Action plans are developed from audit findings and feedback from people to aid continuous development.

The manager ensures the day to day running of the service with robust quality assurance procedures. This includes regular care plan audits, medication audits, and health and safety audits. The manager is committed to providing good quality care, ensuring people's personal outcomes are achieved. Detailed policies underpin procedures, but most policies we saw required review. The manager offered assurance that action would be taken on this.

Care workers are valued and have opportunities to develop. Since our previous inspection, care workers receive more regular supervision which are pastoral in nature and discuss ongoing development needs. Care workers can offer feedback about the service at regular staff meetings. Care workers undergo regular competency checks to ensure they are suitably skilled for their role. Safe recruitment procedures and care worker training statistics have improved since our previous inspection.

Care workers speak highly of the service and feel happy in their roles. One care worker told us, 'Management are approachable and supportive. I feel valued for sure. I have regular supervision.'

Summary of Non-Compliance			
Status	What each means		
New	This non-compliance was identified at this inspection.		
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.		
Not Achieved	Compliance was tested at this inspection and was not achieved.		
Achieved	Compliance was tested at this inspection and was achieved.		

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement			
Regulation	Summary	Status	

N/A	No non-compliance of this type was identified at this inspection	N/A
57	Health and safety processes need to be more robust to ensure people's safety is consistently maintained.	Not Achieved
35	The service provider has not obtained full and satisfactory information and documentation in respect of all persons employed at the service in respect of matters specified in Part 1 of Schedule 1. This includes applying for a new DBS certificate for each member of staff every three years.	Achieved
36	The service provider has not ensured all persons working at the service receives supervision every three months including an annual appraisal.	Achieved
58	Arrangements in place to administer medication are not consistently safe.	Achieved
16	Personal plans are not consistently reviewed as and when required.	Achieved

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