



Inspection Report on

Valley View Care Home

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

Date Inspection Completed

06/10/2022

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About Valley View Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	View Care Home Ltd
Registered places	64
Language of the service	English
Previous Care Inspectorate Wales inspection	17 March 2021
Does this service provide the Welsh Language active offer?	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

Valley View provides care services with nursing for up to 64 people. The manager who oversees the day to day running of the service is not currently registered to manage the home with Social Care Wales, the workforce regulator. The Responsible Individual (RI) visits the home regularly.

People told us they enjoy living at the home and are treated with dignity and respect by care workers. However, we found some significant gaps in people's care which had led to poor outcomes for one person. Personal plans are clearly written and kept under regular review; however, we found some key information on how to support people was not consistently recorded.

The service is currently recruiting for the vacant position of Clinical Lead. We found the interim arrangements in place are insufficient to adequately support the nursing team and ensure people are kept safe. Staff supervision is not kept up to date and we saw some gaps in the personnel records of staff.

The home is secure and overall, well maintained. People enjoy a range of both group and one to one activities arranged by the home.

Well-being

We saw care workers engaging with people in a friendly, supportive and well-humoured manner. People choose where to spend their time. We saw some people prefer to stay in their rooms, whilst others spend time in the communal areas. People told us they enjoy living at the home, they like the food, and the care staff are kind to them. People enjoy regular family visits and participating in a range of activities. We saw people enjoying a sing-along with the local minister who came in to play his guitar and lead this group activity.

The home welcomes visitors in line with current guidance and the providers' risk assessments. People with poor mobility do not always receive the support they need to maintain their health and wellbeing in relation to re-positioning and medication was not adequately provided for one person. This is despite the service completing a range of assessments and personal plans, which identify each person's aspirations, and care and support needs and how these can best be met.

People have their own rooms, which are personalised to their individual tastes. People have family photos, cards and collectables in their rooms, which gives a homely and familiar feel to their surroundings. Infection prevention and control procedures are good. Care workers wear appropriate personal protective equipment (PPE) in line with current guidance. Regular COVID-19 testing of staff is carried out.

The service goes some way to protect people from abuse and neglect. We saw unnecessary delays in the reporting of a person's deteriorating health condition, leading to poor outcomes. Care workers are provided with training in relation to the safeguarding of adults. The staff we spoke to understood their role in protecting people. The service has a safeguarding policy, which reflects current guidance and is kept under review.

Care and Support

People do not always receive the care and support they require. The care needs of each person are documented in their personal plans. We found some important information was not clearly evidenced such as how frequently people with poor mobility should be re-positioned to ensure their skin integrity was maintained. We asked the management team and care staff about these frequencies for specific people and were given differing responses. We found significant gaps in the recording of this important support and that where concerns had been found, these had not been reported to the manager or external professionals in a timely manner, leading to poor outcomes for one person. This is placing people's health and wellbeing at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Systems are in place for the safe management of medication within the service. People receive appropriate support with their medication, which helps to maintain their health. The records we checked were completed accurately, however we were informed of some missed medication after our inspection visit. Medication storage is well organised, and checks are completed daily to ensure the temperature of the room and medication fridge are within the required ranges.

Referrals are made to health and social care professionals but there has been an unnecessary delay with this on one occasion. People are registered with a local general practitioner (GP). Records are kept of all appointments and outcomes for review as required within the daily notes. People are supported to maintain a healthy weight and diets are reviewed when required. Drinks are readily available for people throughout the day and call bells are answered promptly if people need assistance.

People enjoy the food provided and the meal experience when many people socialise with their friends in the home and engage in lively chats. Care staff encourage people to be as independent as they can be and provide support as required. The activities coordinator provides one to one activities to people as well as arranging a variety of group activities. People told us they enjoyed engaging in the activities offered to them.

Environment

The home is clean and tidy. A refurbishment is being completed and consideration to minimising the impact on people living in the home has been given. People's bedrooms are personalised to their own tastes, individuals have photos of loved ones, pictures, flowers, ornaments, and soft toys to help their own environment feel homely and familiar. The home is well maintained, and the décor is in good order.

The lounges, dining room, and separate visitors room are well-maintained with comfortable, sturdy furniture. Communal bathrooms are clean and tidy. Personal protective equipment (PPE) stations for staff to be able to regularly change their PPE, such as disposable gloves, aprons and face coverings, are placed around the home. The courtyard in the middle of the home is a safe outdoor space for people to access with a level patio and lawned area with garden furniture.

People benefit from a secure environment; the front door is kept locked. We viewed the maintenance file and saw that all serviceable equipment had been checked to ensure its safety. Regular checks of the fire alarms take place at the home and staff are trained in fire safety, although some practical fire training is not up to date. The provider has taken action to address this. People living in the home have a personal emergency evacuation plan to guide staff on how to support people to leave safely in the case of an emergency. The home has a five-star rating from the food standards agency which means that hygiene standards are very good.

Leadership and Management

The home has not had a manager registered with Social Care Wales (SCW), since January 2021. The manager is currently working towards the relevant qualification to be able to apply to register to manage the home with SCW, the workforce regulator. This is placing people's health and wellbeing at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

We reviewed four staff files and saw there was not evidence of them having one to one supervision with their line managers as often as required. This is placing people's health and wellbeing at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Not all staff personnel records contain all of the information required by regulations to ensure they are safe and fit for work. Some files we checked did not have the persons' full employment history recorded, sufficient references, proof of ID documents, or recent photos. This is an area for improvement, and while no immediate action is required, we expect the provider to take action and will follow this up at our next inspection.

We found adequate numbers of staff on shift when we inspected, some short-term sickness was being covered by nurses who were planned to be shadowing experienced nurses. The service does not allocate care and nursing staff by assessing individual's needs, which is a regulatory requirement. One qualified nurse had worked at the home between January and August 2022 without a valid Nursing and midwifery PIN, there was no safe system in place to check the validity of nurse's PIN's. The Clinical Lead position is currently vacant, and we found the arrangements to support and supervise the qualified nursing team inadequate to keep people safe. This is placing people's health and wellbeing at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

The RI visits the service regularly and provided us logs of their visits which are detailed, thorough and comprehensive.

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
21	Regulation 21 (1). The service provider must ensure that care and support is provided in a way which protects, promotes and maintains the safety and well-being of individuals.	Not Achieved
36	Regulation 36 (2) (c). The service provider must ensure that any person working at the service receives appropriate supervision and appraisal	Not Achieved
67	Regulation 67. The responsible individual must appoint a person to manage the service.	Not Achieved
34	Regulation 34 (1) (a) (b) (c) and (d). The service provider must ensure that at all times a sufficient number of suitably qualified, trained, skilled, competent and experienced staff are deployed to work at the service, having regard to (a) the	Not Achieved

	statement of purpose; (b) the care and support needs of the individuals; (c) supporting individuals to achieve their personal outcomes, and (d) the requirements of the regulations in Parts 3 to 15.	
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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
35	The required information for staff personnel files is not all present	New

Date Published 21/02/2023