



Inspection Report on

Mont Claire

Blackwood

Date Inspection Completed

29/02/2024

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About Mont Claire

| | |
|---|---|
| Type of care provided | Care Home Service Adults Without Nursing |
| Registered Provider | Caerphilly County Borough Council |
| Registered places | 5 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | [11 October 22] |
| Does this service promote Welsh language and culture? | This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture. |

Summary

People use Mont Claire for short term respite care, and many refer to their stays as their holiday. People value the opportunity to access respite care both for themselves and for the break it gives their family carers.

The manager is developing an outcome-focused assessment and care planning process. People have their own personal plans, and which are kept up to date. Care staff are skilled and knowledgeable, and there has been positive feedback about the care they provide.

There are safeguarding processes in place to protect people from the risk of abuse or neglect. Processes in relation to Deprivation of Liberty Safeguards (DoLS) had not been followed.

The kitchen has a Food Standards Agency (FSA) rating of four, which means standards of food hygiene are good. Some toilets lack handwashing facilities and there are several areas where redecoration and repair and necessary to reduce the risk of impact to people. There are also areas where cleanliness must improve.

People are supported by staff who have been safely recruited. Formal staff supervision meetings and annual appraisals are not being completed as required. The Responsible Individual (RI) completes a quality-of-care report and visits to the service; however, these are not regular as required.

Well-being

People told us they enjoy staying at Mont Claire and many told us they would like to come more often. People choose how to spend their time when staying at Mont Claire, some people choose to continue with their regular activities and others enjoy taking a break to relax. We saw people enjoying their own pass times and spending time together as well as going out for a meal. The service has a minibus which increases the options available to people during their stays.

The manager is trialling a new process of assessment and care planning which aims to give people more choice and control over what they do during their stays. The service had not always followed the required process when making decisions on behalf of people.

The service ensures care documents are up to date and check if there have been any changes with people and/or their representatives prior to their respite stays.

Care workers show good understanding of people's needs and preferences. We saw care workers and the manager engaging with people with care and respect. Feedback from people and / or their representatives is positive. We were told "*staff are friendly and my son always comes home happy*" and "*I love it here*". Family carers also commented on how important the service is to them, as it enables them to '*have a break*'.

There are plans for the service to transfer to a new purpose build respite centre, and the provider recognises the current accommodation is not ideal to meet the needs of people. We found several areas within the home where repair and redecoration is required to promote peoples wellbeing. Additional hand washing facilities are also needed for good infection prevention and hygiene. The main communal areas and kitchen were clean and comfortable, and the outside area is accessible and inviting. Some other areas of the accommodation require an enhanced level of cleaning. The RI has not completed their regulatory visits to the home as frequently as required and may not have been aware of the decline in the standards of the accommodation and the impact it may be having. Some peoples representatives and staff have commented on the condition of the accommodation.

People are protected from abuse and neglect, by care staff who are trained in safeguarding. Policies and procedures are in place to guide care staff through the safeguarding process if needed. People are supported by staff who have been recruited safely and who are sufficiently trained.

Care and Support

People receive good care and support, according to their needs. Care workers know the people they support well and show a caring, respectful approach. People, and/or their representative, speak positively about Mont Claire. One person told us *“I love it here, it’s my holiday”*. People’s interests and choices are promoted during their stay, and they can access social and recreational opportunities in the community if they wish. People we saw on the day of inspection were happy and well-presented and appeared relaxed and confident when with care staff.

People and/or their representative are involved in the care planning process and the service considers information from professionals such as social workers and community nurses. The manager is trialling a new outcome focused assessing and care planning process, to give people more choice and control within their respite stays. Personal plans detail people’s needs and how they would like these needs met. Care staff check if there have been any changes to people’s needs and circumstances prior to each stay and care plans are updated as needed.

Care workers support people to take their medication as prescribed. There are appropriate arrangements in place for managing medicines, which is supported by a policy and audits. Care workers records when a person has been supported to take ‘as required’ medication however full records of the reason these were needed, and the effect of the medication, is not always made. The manager assured us this will be addressed.

People are supported by care workers who are trained in safeguarding. There is also an up-to-date policy to guide staff if they need to raise any safeguarding concerns. Processes have not been followed when supporting people who are not able to decide for themselves how their needs are met. Due to this there have not been the legal safeguards in place for people without mental capacity. Once this had been identified, the manager has taken action; however this is placing people’s health and well-being at risk and we have therefore issued a priority action notice, and the provider must continue to take action to address this issue.

People are supported to access health and other services during their stays, if this is needed.

Environment

The accommodation is able to support up to five people at any one time. The entrance to the home is homely and inviting, and appropriately secure from uninvited visitors. We found the home to be warm and light, and people have the choice of two lounge areas to spend time in. The manager told us significant decluttering of the accommodation has been completed. As a result, an area within the service is being repurposed with the intention of becoming a computer gaming room. There has been investment in the rear garden to make it more accessible and usable to people.

There are displays of the Welsh language throughout the home, such as signage and labels.

The provider recognises the current accommodation is not ideal to meet the needs of people using the service. We were told a purpose-built respite centre is planned for construction. The current service has a food hygiene rating of four, indicating 'good' kitchen hygiene practices. During this inspection some matters relating to health and safety needed attention. This included the treatment of significant water damage in a bedroom and a lack of hand washing facilities in some toilets. Some vanity units within bedrooms were damaged and could not close. We saw need for redecoration and repair in most areas of the home with some areas requiring significant and regular cleaning. This has been noted by some people's representatives as well as some staff. We were told; "*The building is rather dated and a little disjointed*" and "*I think the home has lost its way a little regarding décor, especially the bedrooms*". 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 these issues.

People have their own rooms during their stay and care staff attempt to make these personalised to the individual. People can also bring their own things with them if they wish. Storage space is limited and one of the bedrooms is used to store manual handling equipment. We were told this won't be an issue in the new premises.

There is appropriate maintenance of electric and gas facilities carried out and fire safety checks are in place. People have personal emergency evacuation plans, and people staying at Mont Claire have these located in an appropriate place in the home.

There is an office space within the service which can be used for staff supervision meetings and for the secure storage of records.

Leadership and Management

The manager oversees two respite services provided by the Local Authority and spends their time equally between the two services. The manager takes a whole team approach to service development. The manager has facilitated a joint staff team meeting to reflect on what the service does well and what needs to be improved. Most members of care staff we spoke to said they feel valued, and they work well together as a team. One member of care staff told us “*The manager seems to be trying to make a workable, good environment*”.

The RI and the senior management team support the manager in their role. Although the RI is involved with the service, and they are in regular contact with the manager, they have not formally visited the service as often as needed. Reports on the quality of care provided have been partly based on information viewed ‘off site’ and within discussion with the manager. 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 manager has an ‘open door policy’ and staff can speak with them as and when needed. However, care staff do not have regular formal supervision or annual appraisal meetings. The manager has started to address the situation and we saw a process being developed. While no immediate action is taken, this is an area for improvement, and we expect the provider to take action.

Care staff are safely recruited, and undergo the required pre-employment checks, prior to supporting people. We saw care staff are appropriately registered with Social Care Wales, as is the manager. New staff complete an induction and all staff have access to regular training. The manager has recently implemented a training matrix to enable sufficient oversight of the training needs of the staff team and is taking action to ensure staff are up to date with all training.

There are processes in place to record compliments and complaints which the manager oversees. There are also adequate processes in place to record and monitor accidents and incidents. The manager also ensures Care Inspectorate Wales (CIW) is informed of any notifiable occurrences.

There are a range of policies and procedures in place to guide staff and support the running of the home. The Statement of Purpose (SoP) has been updated and reflects the service provided.

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 |
|------------|---|--------------|
| 44 | Premises are not consistently maintained to a safe level and represent a risk to people receiving services. | New |
| 73 | Regulation 73(3): The RI must visit the service in accordance with Regulation 73(1)(a)-(b) at least every three months. | Not Achieved |
| 31 | Regulation 31: An individual must not be deprived of their liberty for the purpose of receiving care and support without lawful authority. On the day of inspection there had been no DoLS applications made for any person staying at Mont Claire. | Not Achieved |

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 |
| 36 | Regulation 36(2)(c): All staff must receive appropriate supervision and appraisal. | Not Achieved |
| 80 | Regulation 80(2): The quality of care and support must be reviewed as often as required but at least every six months. | Achieved |
| 56 | Regulation 56(2): The service provider must have a policy in place for the control of infection and to minimise the spread of infection. | Achieved |
| 35 | Regulation 35(2)(d): Full and satisfactory information and/or documentation must be in place for all care workers in respect of each of the matters specified in Part 1 of Schedule 1 of the Regulations. | Achieved |

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