



Inspection Report on

Church View

**CHURCHVIEW CARE HOME
13 ST. MARTINS ROAD
CAERPHILLY
CF83 1EF**

Date Inspection Completed

12 April 2021

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About Church View

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	HC One Limited
Registered places	45
Language of the service	English
Previous Care Inspectorate Wales inspection	January 2020
Does this service provide the Welsh Language active offer?	Yes

Summary

Church View is a residential care home in the town of Caerphilly that can accommodate up to 45 people. It offers a clean, warm, welcoming environment. People have their care needs met, including those who live with dementia. There is a manager in place who ensures good practice is followed and the day to day running of the home promotes the well-being of people living there. A Responsible Individual (RI) is appointed to oversee the service on behalf of the provider, HC-One Ltd. They have been made aware of areas for improvement to support service development. The RI acknowledges that the service is greatly improved since the last inspection in January 2020, primarily due to better leadership and management.

Well-being

The service provider ensures care and support is provided in keeping with any assessment and personal plan, meeting the individual's needs, supporting them to achieve their personal outcomes. Individuals are helped and encouraged to do things that matter to them. This is evidenced in care plan reviews and when speaking to people or their representatives. Daily logs tend to be factual, based on care provision and tasks completed. People's mood and well-being outcomes are not always captured. This could be improved. The current pandemic has restricted trips outside of the home that people really enjoyed. The Well-being co-ordinator along with managers, including area managers, provide stimulation to support people's mental health and ultimately their well-being. The care staff have good interactions and form positive relationships with people in the service that is beneficial to both the individual and member of staff. The service supports communication between people and their family or representative. Though this is challenging, there is evidence to show that the service works to promote good communication. This is an area that has greatly improved since the last inspection.

People are protected from abuse and neglect. The provider has policies in place to support the prevention of abuse and promotes the reporting of concerns surrounding potential abuse. Staff have appropriate training and are aware of the duty to report concerns. The manager acts with a duty of candour and reports any issues that could be considered abuse or neglect to the local authority and regulators. Area managers visit the home on a regular basis to audit the service; this ensures people and staff have a point of contact outside of the home to approach if required. The Responsible Individual (RI) as part of their monitoring, uses information gathered by area managers.

The service has safe systems in place for medicine management. A medication policy is in place. Staff have relevant training. A newly revamped medication room supports the safe storage of medication. Documentation is in line with requirement and recommendations. Recording methods are found to be accurate. Medication audits take place. Issues regarding medication errors are disclosed to ensure that people are protected from harm and staff can learn from incidents. Morning medication is observed to be administered later than would be expected and needs to be reviewed by the service. The service provider needs to be confident that the times between medication administrations does not contradict any prescription directives in terms of timing.

Care and Support

The service is improving how it involves people in development of their care plans and reviews. Care plans show details about individuals and the support they need with their care. Risk assessment are in place and reviewed regularly. There is evidence that people and their representatives are invited to discuss the person's needs on a regular basis and this is recorded. Some finer details, such as ensuring the signed paper work is dated needs attention. Activities that contribute to the well-being of people is considered, but this is not always captured and documented on personal reviews. A booklet called "Remembering Together" evidences the focus the service places on getting to know an individual; further work is required on these and they need to be accessible to the individuals. The manager tells us this has already been planned. Things that matter most to people are recorded in care plans. People are observed doing things that make them happy.

People's needs are met in a respectful and sensitive manner by a suitably trained workforce. Staff receive appropriate training including "Caring for People with Dementia". Interaction between staff and residents is observed to be positive and respectful. One person told us "it's good care, I can't fault them, and they are kindness itself". We observe people being treated kindly, offered choice throughout their day, and staff respecting choices made. While some people chose to take part in a group activity, others chose to be in the quiet lounge, and others chose to stay in their own bedroom. Due to the current pandemic, people's identified outcomes may not be achievable due to government imposed restrictions. The service provides the support required to ensure the person's well-being is at the centre of decision making. A family member told us "they are doing their best and I can't thank them enough".

Individuals are supported with their physical health requirements. A module on "Skin Health" is part of staff training. The District Nurse confirms that whilst there have been issues in the past surrounding pressure damage, this is greatly improved, especially as the new manager ensures good communication. People who require greater monitoring and support receive this, including weight, nutrition and fluids. There is evidence that people have appropriate and timely intervention from professionals. Appropriate equipment is in place to support people with their physical needs. One family member told us that "contact is good and we are kept up to date about care, treatment and contact with the GP".

Environment

The provider has systems in place to keep people safe but there is room for improvement. A maintenance person contributes to the regular testing of equipment and systems in the home that are within their level of competence. Certificates of safety and evidence of reviews and repairs are in place for equipment. The home has a Level 5 Food Standards rating. An item risk assessed by the organisation was found to be in one corridor on the day of inspection. The South Wales Fire Service insists this is not in line with Fire Safety regulations. The manager arranged for the immediate removal of the item. We found people living with dementia are not protected from potential harm of ingesting toiletries available in open bedrooms. Immediate action was taken by the manager to address this, but the service needs to improve awareness of what poses potential harm to people who lack capacity, as they rely on others to identify this for them. Infection control and personal protective equipment (PPE) stations are in place throughout the home; these are well stocked. We observe staff wearing appropriate PPE.

People live in a home that is generally warm, bright, clean and homely. Some wear and tear on the paintwork, and historic leak marks on ceiling tiles are on the development plan for improvement. The manager gives assurances that this is to be addressed imminently. People have personal items in their rooms to make it more homely. Larger communal areas feel cosy as furniture is placed to create smaller areas to promote group activities and good dining experiences.

The home provides an environment that promotes the well-being of people who live with dementia in the lower ground floor community, but the general décor in this area needs attention. There is a secure garden that is accessible via a ramped walkway. Doors leading from other parts of the building are controlled by keypad entry and exit. A comfortable lounge and dining area allows for social interaction if people choose. The Area Director explained that the environment usually supports items on the walls to stimulate the senses, but these have been removed to prevent spread of infection during a time of pandemic, so the area does not look as it should.

A fully risk assessed visiting policy is in place to allow family members to see loved ones and meet with them indoors when permissible. Guidance from Environmental Health and Public Health Wales is being followed. Window visits are being conducted. The Well-Being co-ordinator arranges these and any support required to facilitate communication through the window. An adapted conservatory area is in place to facilitate indoor visits, ensuring social distancing. This area is easily sanitised. The manager and staff tell us how they look forward to having families visit once again without restrictions as they are such an important part of the life of the home and are greatly missed.

Leadership and Management

The service provider has arrangements in place to ensure the home is run smoothly so that people can achieve their personal outcomes. Detailed, up to date policies and procedures support the running of the home. A statement of purpose is in place that clearly outlines for people what the service can offer. Care plan reviews are conducted by staff on a monthly basis as part of “Resident of the Day” with the resident or their representative. Managers in the service oversee key clinical information to monitor care provision. Managers also monitor the environment and mostly meet regulatory requirements. The Responsible Individual (RI), through Area Directors, audits the service to measure performance. The RI is aware of their duty to visit the service in person and to gain the views of people. They have completed this remotely during the pandemic, but ensures visits to the home have been made by area managers. Reports are provided in a timely manner that evidence information is analysed to drive improvement in the service.

People are supported by a sufficient number of competent, skilled and qualified staff where their fitness to work in care is mostly confirmed as part of pre-employment checks. Current staff to resident ratios reflect the reduced occupancy of the home. There will be a requirement on the service to review this and increase staffing levels when the home is supporting increased numbers of residents. Staff have appropriate training and are supported to achieve a relevant qualification in care. Staff acknowledge the support they receive from the service, especially allocated mentors who are known to be excellent practitioners. Pre-employment checks are conducted to ensure staff are suitable to work in the care sector. While we see that references are in place, an example has been provided to the manager where people may be at risk as thorough checks are not carried out. This is an area for improvement. The manager took immediate action to address this requirement. Staff benefit from regular supervision meetings.

The service has mechanisms in place to support staff, people and representatives to raise concerns. Policies are in place and information available to support the raising of concerns, including the protection of whistle-blowers. Families and representatives tell us how they have used this with regards to previous management failings. Families acknowledge that there is now much better communication and general management of the home, especially since the appointment of the new manager. The new manager, who has been in post since December 2020, fosters a culture of openness. Staff tell us “the new manager is a fantastic fit for the home” and they are 100% confident in the manager and deputy, believing they would address a concern if it was raised. The commitment and loyalty of experienced staff members has ensured continuity of care and support during a difficult 2020.

Areas for improvement and action at, or since, the previous inspection. Achieved

• Medication (Regulation 58 (1)): The service provider had not ensured that there are suitable arrangements for the recording and safe administration of medicines received at the home.	Regulation
• Fitness of staff (Regulation 35) (2) (d) (Schedule 1)): Full and satisfactory information or documentation must be available for all staff employed at the home.	Regulation
• Personal plan (Regulation 15 (6)): When preparing a personal plan, the service provider must involve the individual and any representative.	Regulation

Areas for improvement and action at, or since, the previous inspection. Not Achieved

None

Areas where priority action is required

None

Areas where improvement is required

The service provider must not employ a person under a contract of employment to work at the service unless that person is fit to do so. This is because the service did not carry out robust pre-employment checks in relation to references provided, so could not be sure that the person was fit to work in care, potentially placing people in the service at risk.	Regulation 35(1)(a)
Health and Safety. This is because the service provider has not ensured that risks to health and safety of individuals are identified and reduced so far as reasonably practicable. Though immediate action was taken by the manager on the day of inspection to remove identified risks, we expect the service provider to review their health and safety risk assessments to ensure they identify risks to people, especially those who lack capacity and rely fully on the service to protect them from potential harm.	Regulation 57

The area(s) identified above require improvement but we have not issued a priority action notice on this occasion. This is because there is no immediate or significant risk for people

using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection.

Date Published 25/05/2021