



Inspection Report on

Mountain View House

**Mountainview House
Pontypool
NP4 6TY**

Date Inspection Completed

22/06/2023

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About Mountain View House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	PARKCARE HOMES (NO.2) LIMITED
Registered places	7
Language of the service	English
Previous Care Inspectorate Wales inspection	11 November 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

People live in an appropriate environment and their well-being is promoted. Effective relationships with care workers are in place and people receive timely care and support. Care workers know people well and ensure support is provided in keeping with the preferences and routines of people living there. Staff are robustly recruited and receive appropriate training and supervision which enables them to carry-out their roles to a good standard. Since the last inspection there is a manager in post and improvements in daily monitoring and oversight of the service are in place.

Well-being

People have as much choice and control over their daily lives as possible. Information stored in people's personal plans comprehensively document their preferences, preferred routines, and outcomes they wish to achieve. Written documentation completed by care workers is clear, consistent and reflects care and support is provided in the way which matters most to people and is in keeping with information in personal plans. Regular reviews are in place and changes result in personal plans being updated. Care workers promote people's dignity and respect and provide support in a timely way.

People are supported to remain as safe as possible. Risk assessments are clearly recorded and followed. Chemicals or substances which could be hazardous to health (COSHH) are safely locked away. Care workers receive appropriate training regarding adult safeguarding and understand the duty to report concerns. There is an up-to-date safeguarding policy in place which care workers are made aware of. This document is in keeping with relevant Welsh adult protection laws and local authority processes.

Arrangements regarding the oversight of medication are good. Staff receive medication training, and their competence to administer medication safely is re-assessed at regular intervals. There is a thorough and detailed medication policy available which supports the service to ensure safe medication systems are in place.

People are supported to maintain relationships which are important to them and take part in activities they enjoy, and which enhance their emotional well-being. Written documentation demonstrates people have access to varied activities on a regular basis. Photographs taken of people enjoying activities are being collated into individualised books. Most people living at the service have regular contact with their family. Frequent visits to the family home take place and most involve overnight stays. The service understands the importance of people maintaining relationships with their family and friends and actively promote this. A newly appointed part-time activities co-ordinator has recently started working at the service.

Care and Support

People live in a service where their needs are assessed. Pre-assessment information is comprehensive and is available on all care files we considered. There is an up-to-date statement of purpose (SOP) which provides information about the service. Individuals considering moving in are offered overnight stays which help them to make decisions on where they live.

People receive support in a personalised manner. Care workers have developed trusting relationships with the people they support and know them well. We saw kind and caring interactions taking place. Personal plans are comprehensive, detailed, and include people's preferences, routines and their chosen way for support to be provided. Support is provided as recorded in personal plans. Written daily care notes completed by care workers have recently been revised and is working well. Notes comprehensively capture the support provided to individuals. Review of personal plans take place within appropriate regulatory timescales, and where changes are identified, this results in personal plans being updated.

People receive appropriate support which promotes their health and well-being. Care records clearly document when individuals have received input from health and social care professionals such as dentist, GP and mental health services when required. There is an emphasis for individuals to be as healthy as possible and written daily care notes detail how care workers strive to support healthy living. Medication administration charts (MAR) demonstrate people are supported to take their medication as prescribed. Detailed information is held about people's preferences, and what individual activities they enjoy. People are supported to access a wide range of activities in order to promote their well-being. Ongoing development of the activities co-ordinator role is in place. Since the pandemic, unrestricted visiting has returned. Regular visits to the family home, for those who this is beneficial for are in place. Feedback from relatives is positive. One person told us "*the service is amazing*". Another stated "*X loves living there*".

Environment

People live in an appropriate environment with sufficient space which enables them to spend time communally and privately. People's bedrooms are large and there is sufficient space available. There is a regular programme of redecoration and some bedrooms have been repainted since our last inspection. Redecoration is in keeping with people's choices and preferences. Accommodation is located over two floors and there is a large, enclosed garden area. There is a sensory room on the ground floor, which is a pleasant and calm space for people to spend time. There are plans to extend the laundry area to make this an easier accessible space. A maintenance person is employed at the service. They ensure appropriate equipment checks take place at the required intervals. There are appropriate safety checks regarding electrical wiring and portable appliance testing (PAT). All individuals have up-to-date personal emergency evacuation plans (PEEP) in place, which are easily located in the event of an emergency.

People live in a safe environment. The service is proactive at identifying risks and comprehensive risk assessments are completed and updated when required. All COSHH products are appropriately stored. Medication is stored securely and is only accessible to staff who require this. Daily room temperature checks are recorded to ensure medication is stored at an optimum temperature. The front door is secure and visitor identity checks and the reason for their visit is established prior to admission.

Leadership and Management

People live in a service where the provider has appropriate oversight. Since the last inspection a new permanent manager who is registered with Social Care Wales (SCW) is in place. Their appointment has had a positive impact on the day-to-day management and oversight of the service, and effective systems are in place which demonstrate this. The most recent quality of care review indicates the responsible individual (RI) visits frequently and identifies what is working well at the service, as well as areas which require further development. Identified improvements are addressed. Since the previous inspection obtaining feedback from people's representatives has been prioritised and written records are reflective of the feedback received. An area for improvement identified at a previous inspection around deficits in written documentation, lack of pre-assessment planning, frequency, comprehensiveness and content of reviews, updating of personal plans, written daily care recordings and activity records have improved significantly. This regulation has now been fully met.

People receive support from sufficient numbers of care workers who are suitably recruited, supported and trained. Staffing rotas demonstrate there are appropriate numbers of care workers available to support people living at the service. Where agency workers are utilised, the service promotes continuity by using a preferred agency and ensures familiar agency workers who have previously worked at the service work there. Detailed employment histories for care workers are available. Disclosure and barring service checks (DBS) take place prior to care workers commencing their employment and references are obtained. Individual supervision is provided to care workers at regular intervals. This helps to identify ways in which staff can further develop and improve. Annual appraisal of employment takes place. Care workers have access to a range of training and refresher training including adult protection. Care workers we spoke with talked positively about their employment. One person told us *"I look forward to going to work"*. Another said *"it's a nice team, we work well together"*.

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
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N/A	No non-compliance of this type was identified at this inspection	N/A
21	Written document is incomplete and does not provide written evidence to support people are receiving care and support as recorded in their personal plans. Where written documentation is completed, it is not sufficiently comprehensive or detailed to ensure care is provided and reviewed in line with peoples' preferences and preferred routines. Improvements in written documentation are required, in particular this relates to service user pre-assessments, reviews and activity documentation. These documents need to be fully available for inspection purposes.	Achieved

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