



# Inspection Report on

**Mountain View House**

**Mountainview House  
Pontypool  
NP4 6TY**

**Date Inspection Completed**

**11 November 2021**

**Welsh Government © Crown copyright 2021.**

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk)*  
*You must reproduce our material accurately and not use it in a misleading context.*

## 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	20 February 2020
Does this service provide the Welsh Language active offer?	No

### Summary

Mountain View House is a care home, which provides support to seven individuals with learning disabilities and/or people with mental health needs. Following recent changes, there is currently no manager employed at the service, but recruitment for this role has been successful and employment of a new manager is planned to commence in the near future. At the time of inspection there are temporary management arrangements in place.

Care is provided by care workers who are suitably recruited, supervised and overall sufficiently trained in the caring role. People living at the service receive appropriate levels of continuity, and are supported by care workers whom they know well. A lack of stable management at the service, has impacted on the day-to-day oversight. In particular this is around written record keeping and frequency of reviews. Improvements are required to more fully demonstrate the support available to people living at the service.

## Well-being

People live in a service, which supports them to have some control over their daily lives. However, gaps in written documentation, as detailed in this report, and the lack of some information being available for inspection purposes, has made it difficult to establish how the well-being of individuals living at the service is fully identified and addressed. This is likely due to the recent difficulties ensuring the stable and consistent day-to-day management of the service. The provider has given Care Inspectorate Wales (CIW) assurances, improvements to written documentation will be prioritised.

There is commitment to keeping people as safe as possible. Care workers receive appropriate training in regards to adult safeguarding and spoke confidently with us about their overall understanding of adult protection and the duty to report any 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. However, gaps in written documentation, poor record keeping and the unavailability of some documentation for inspection purposes, means the service is unable to demonstrate fully the range of care and support provided to people, how people are kept as safe as possible and how people's well-being requirements are being met on a daily basis.

People are supported to maintain relationships which are important to them and take part in some activities, which enhance their well-being. During the initial stages of the pandemic, the service followed guidelines to ensure people living and working at the service remained as protected as possible. They have adjusted this approach as guidance changed. We saw and were told people are enabled to have contact and visits outside of the care home. We saw one person has regular overnight stays with their family, which they enjoy. Feedback we received indicates people are enabled to take part in community activities, such as swimming and trampolining, which they enjoy. However, written documentation does not sufficiently document the availability and frequency of activities. Written documentation needs to improve to support the range and frequency of activities both inside and outside of the care home.

## Care and Support

People live in a service where some consideration of their needs takes place prior to admission. There is an up-to-date statement of purpose (SOP) document which provides information to people about the service. We were told people who are considering moving into the service are offered overnight stays, where appropriate. This helps to further comprehensively assess and ensure people's needs can be fully met, and supports early identification of any potential compatibility issues between people living at the service and the new individual. During the inspection we found although some pre-assessment information was available, this information was not available on all the care files we considered. One pre-assessment document was considered during our inspection. Others, were sent after the inspection visit, and one pre-assessment document was not provided. The information contained within the pre-assessment documentation is completed on a basic level, with several gaps in important information evident. Discussions with the responsible individual (RI) following this inspection, highlighted the service had already identified this as an area for further development. We were told a new position had been created to oversee and support the quality of the information collated at pre-assessment. The service have a stable group of service users' living at the service. Therefore, we were unable to assess the impact of the improvements which we were told about in regards to the pre-assessment process at this inspection.

People receive support in a personalised manner. Overall, there is a stable staff team available who provide appropriate levels of continuity for people living at the service. Where the use of agency care workers are required, the service uses the same agency and care workers who know individuals living at the service well. Personal plans are comprehensive and detailed and document people's preferences, routines and their preferred ways for care to be provided. Some written reviews were not available on some individual care files we considered. Where reviews had been completed, most were basic in nature, did not contain meaningful information, and did not record how individuals or their representatives had contributed to the review. One review identified a change which had not resulted in the personal plan being updated. Written daily entries for one person around the frequency of safety checks when the individual was alone in their bedroom, did not record safety checks were taking place at the frequency identified in the personal plan. It is essential thorough reviews take place frequently in order to support the identification of any changes in the support needs, goals and outcomes identified with individuals. Any changes identified need to result in personal plans and risk assessments being updated in order for these documents to contain the most up-to-date information for care workers to follow.

People receive appropriate support which promotes their health. We saw documentation which supports individuals have access to a range of services such as dentist, GP and mental health services when required. There is an emphasis in personal plans for individuals to be as healthy as possible and written daily care notes detail how care workers are striving to support healthy living. There is an up-to-date medication policy available at

the service, and written medication charts demonstrate people are supported to take their medication as prescribed. There is detailed information contained on individual files, about the well-being preferences for people living at the service, and what individual activities people enjoy. Understandably, there have been some impact on the availability of community services due to the pandemic. However, records indicate the service is trying to ensure individuals can regularly take part in activities outside of the care home to enhance their feelings of well-being. We were provided with a varied schedule of group activities available. However, written records around activities, in particular about the one to one activities available, are not always reflective of the support provided. Improved oversight of written records is required, to ensure all support provided is documented appropriately.

Appropriate infection control procedures are in place. We were asked to show our recent lateral flow test result, and our identity was checked prior to admission into the service. Staff were wearing appropriate personal protective equipment (PPE) on the day of inspection. All care workers we spoke with spoke positively about the levels of PPE available to them. Staff told us they were happy with the training they had received around procedures to follow to help keep people safe during the pandemic.

## Environment

People live in a pleasant environment with sufficient space to enable individuals to receive appropriate support. People's bedrooms are large and have sufficient levels of personalisation. Accommodation is available over two floors and there is access to an outside garden area. There are ongoing maintenance plans in place and we saw refurbishment of the sensory room, which is a pleasant and inviting space for people to spend time, has been completed since the last inspection. Outside there is now a car parking area for visitors and staff to utilise. We saw further refurbishment plans, which are scheduled to take place in the future. There is a maintenance person, employed at the service who ensures appropriate checks of equipment take place routinely. We saw appropriate safety checks in regards to electrical wiring and portable appliance testing (PAT) had been completed. All individuals have up-to-date personal emergency evacuation plans (PEEP) in place, which are easily located in the event of an emergency situation arising.

Overall people live in an environment, which assesses the risks to individual safety. However, written reviews of risks are not always available. This need to improve. Individualised risk assessments are available for everyone living at the service. We saw some written reviews of risk assessments were in place, but this was not the case on all files we considered. Demonstrating identifiable risks are reviewed at appropriate intervals and updated as required, is fundamental to ensuring the overall quality of the support people receive and demonstrates how risks are mitigated effectively. There are systems in place to check the identity of visitors, the reason for their visit and they have a recent negative lateral flow test prior to admission in order to maximise the safety of people living and working at the service.

## Leadership and Management

People live in a service, which demonstrates there is oversight from the provider. However, there have been temporary management arrangements in place, which has had an effect on some aspects of the day-to-day oversight of the service. The most recent quality of care review report dated August 2021 demonstrates the responsible individual visits frequently and identifies what is working well at the service, as well as what needs to development further. Identified improvements are added to an action plan and when changes have been fully implemented, the action plan is updated to reflect this. Obtaining feedback from people's representatives has been understandably more difficult for the service, due to the pandemic. However, the provider has identified this as an area for further develop and told us about their plans to take this forward. Some deficits in written documentation around pre-assessment planning, frequency, comprehensiveness and contents of reviews, updating of personal plans, written daily care recordings and activity records needs to improve. Assurances have been given, appropriate support will be provided to the newly appointed manager to ensure effective day-to-day management processes and oversight of the service are in place in order to address these issues moving forward.

People receive support from care workers who are sufficiently supported and trained. The staffing rotas we considered as part of this inspection indicate there are sufficient numbers of care workers available to support people living at the service appropriately. Where agency workers are utilised, the service promotes continuity by using one preferred agency and ensuring agency workers who have previously worked at the service are employed. People benefit from appropriate levels of care worker continuity as they are supported by care workers who are familiar, and who know them well. Overall detailed employment histories were held on individual staff personnel files. One file could not be located, and needed to be printed during the inspection visit. All appropriate checks are in place prior to care workers commencing their employment and there are appropriate references held on file. We were provided with information which demonstrates all care workers received one-to-one supervision with their line manager at regular intervals. Not all supervision records were available on each staff file we considered. We were provided with information which suggests all care workers receive an appraisal of their employment and development on an annual basis. However, written records of appraisals could not be found on the individual staff personnel files we considered. Care workers we spoke with talked positively about their employment. One care worker stated *"the staff are lovely here, they make me feel really welcome"*. Another said *"we work well as a team. I feel valued and listened to."* Overall training information provided demonstrates care workers have access to appropriate training and refresher training. However, we did see some refresher training was overdue. We discussed this with the provider who explained where refresher training has not been completed, steps are being taken with individual care workers to ensure outstanding training is completed as a matter of priority.





### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
21	Written document is incomplete and does not provide written evidence to support people are receiving care	New

	<p>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.</p>	
35	<p>Reg 35(2)(d) = staff recruitment records incomplete, recruitment history and references not verified, gaps in employment history not explored</p>	Achieved
12	<p>Regulation 12</p>	Achieved

**Date Published** 04/01/2022