



Inspection Report on

Cottage View

**Powys Teaching Health Board
Knighton Hospital
Ffrydd Road
Knighton
LD7 1DF**

Date Inspection Completed

11 July 2022

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About Cottage View

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Powys Teaching Health Board
Registered places	10
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People tell us they are very happy living at Cottage View. They are supported by care staff who work hard to make sure people are happy and well cared for. People are respected and treated with kindness. They have opportunities to do what interests them because they are consulted about what is important to them.

People are involved in decision making including moving into the care home. Improvements have been made to documentation about how people want to be supported. Further work is needed to make sure care documentation is clear for staff to follow and people, their representatives and where applicable the placing authority are involved in reviewing their personal outcomes.

Improvements have been made to the oversight of the service. The responsible individual (RI) visits the service regularly and reviews the quality of the service provided. Improvements are needed in areas including recruitment. The RI has recognised this and work is underway to address the issues.

Well-being

People have control over their day to day life. They have choices around meals, activities and their daily routines. Staff have good relationships with people and treat them with respect. People are asked their views on the service and feel listened to. Information about what people can expect from the service is available and people we spoke with know how to raise concerns should they need to.

People are supported to manage their physical and emotional wellbeing. Interaction observed between staff and individuals is respectful and caring. We heard conversations about the weather, staff complimenting people on their choice of clothing and constantly keeping people informed of what is happening through the day. Staff are visible in all areas of the home so requests for assistance are met in a timely manner. People enjoy visits from family members, sitting in the garden and going out with them. People have access to health care when they need it. Care staff have information about how people want their needs met.

People are protected from abuse and neglect. Staff know people well and know what to do if they feel a person's well being is compromised.

People live in an environment which helps promote their independence. The care home is attached to the hospital and is all level access. Signage is bilingual. More space has been acquired to allow for people to spend more private time or meet with family and friends.

Care and Support

People and their relatives tell us they are very happy with the care and support they received. Comments include *“I have everything I need here.” “I am very happy living here, content and comfortable and the staff are lovely”, “it is a lovely place and I am more than content”, “(my relative) is always so clean and tidy which again is important as she has always cared about her appearance”* and *“I have two words for Cottage View “first class” I absolutely cannot fault them”*.

People tell us the meal experience is good. The dining area was set up for evening dinner. There are individual visual menus at each place setting to display choices people make for their meal. The manager tells us they are working with the kitchen staff to monitor the quality and presentation of the food. Records show this has been raised as part of the quality review of the service.

People speak highly of the activities programme in the home. There is now a dedicated room for people to enjoy. The activities coordinator takes photos and creates memory books so that friends and family can see what is happening in the home and people can look back on these which is a useful aid for discussion. Links are being made with the local community and there are puzzles, games, books and magazines for people to enjoy.

People’s needs are assessed prior to coming into the home. There is evidence that people and their representatives are involved in the admission process. The manager confirmed pre assessment documentation is now completed for all new admissions to evidence how the decision to admit is made.

At the inspection in March 2021, we identified there was no policy on admissions to the care home. There is one in place now which is kept up to date to reflect circumstances which may affect admissions to the home.

At the inspection in March 2021, we advised the provider improvements are needed to personal plans especially risk assessments. At this inspection, we found care files contain useful information about people, including their history and how they want their care and support needs met. Risk assessments are evident in the files viewed. We saw evidence of positive risk taking where despite a risk being identified, the importance of the task to the person was paramount. Controls are in place to ensure the task could still be facilitated whilst reducing the risk to the individual. However, the information in the care files is very hard to follow and should be reviewed and arranged in a format which staff can easily follow. Following our visit, the manager confirmed this has been addressed.

People, their representatives and where applicable the placing authority are not involved in reviewing the personal plans every three months. The manager confirms this. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

People are supported to manage their physical health. They have access to health professionals when they need it. Medication practices make sure people have their medication as prescribed. The RI told us the medication policy is being reviewed so it is specific to Cottage View and plans are in place for staff to have competency assessments in line with current guidance.

People are protected from harm and abuse. Staff spoke with know the process to follow if they think a person's safety is compromised. They confirm they have safeguarding training. Deprivation of Liberty Safeguards have been applied for to make sure people are kept as safe as they can be. Training for staff is advisable to make sure appropriate referrals are made to ensure people's rights are upheld.

Environment

People live in an environment which supports their needs. The environment is clean and tidy. Signage around the home is bilingual to help people whose first language is Welsh. The communal areas were being decorated on the day of our visit. The manager told us they now have access to more communal rooms which are used for activities, a private space for people to meet with relatives or just to have some privacy. Everyone spoke with agree this is beneficial for people giving them more room to enjoy. One resident was doing a jigsaw in the communal area on our arrival and when spoken to later said they liked being able to sit somewhere quiet with more space.

Bedrooms are decorated nicely with good quality furniture that looks homely. All have ensuite facilities. The seating is of good quality and people tell us they are comfortable. They have personal items important to them. There is a kitchenette in the lounge area which has recently been refurbished. People can have drinks and snacks when they want them without having to rely on the main kitchen which is in the hospital. We saw people spending time in their bedrooms or the communal areas. They tell us they can go outside and enjoy the garden if they want to.

People benefit from an environment which is well maintained. There are regular audits and checks on areas including water temperatures and fire safety. The maintenance officer was in the home during our visit. The management carry out regular audits of the environment as part of their quality assurance process. Staff checked our COVID tests on arrival and we heard staff reminding family to test prior to their visit later in the day. Clinical waste bins are available for personal protective equipment to be disposed of.

Leadership and Management

At the inspection in March 2021, we issued priority action notices because the Statement of Purpose was not an accurate reflection of the service provided. The guide to the service did not contain information for people to know what to expect from the service. Both documents have now been reviewed and updated. However, the management must make sure the most recent version of the documents is available to people.

People are cared for by staff who tell us they generally feel supported in their role. Records show they have an appraisal of their work. The frequency of one to one meetings has improved this year. Staff meetings are held but not as often as is required (a minimum of six per year). Staff tell us they are supported with their career progression and encouraged to work towards obtaining a recognised care qualification. Training records are difficult to follow. It is difficult to see what training staff have had. The management recognise training is an area for improvement and are working to ensure more training opportunities are available this year and clearer records are kept to evidence this.

People are supported by care staff who go through a robust recruitment process. The process is available in Welsh and English. However, whilst care staff have Disclosure and Barring Service checks as part of the recruitment process, there is no system in place to make sure the frequency of these checks is in line with regulations. The RI has recognised this and is putting systems in place to address it. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

At the inspection in March 2021, we advised the provider the review of the quality of the service needs improvement. At this inspection, we saw improved audit processes in place. The RI carries out his visits to the service and records these in line with the regulations. Reports are completed following the review of the quality of care every six months.

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
7	The statement of purpose does not contain all the required, or correct information.	Achieved
19	The registered provider has not ensured the guide to the home contains all the required information.	Achieved
6	There are no clear arrangements for the oversight and governance of the service.	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
35	The provider does not undertake Disclosure and Barring Service checks as often as required in the Regulations.	New
16	People, their representatives and the placing authority (where applicable) are not involved in three monthly reviews of their personal plans.	New
80	The registered provider has not ensured quality of care reviews are carried out every six months as required.	Achieved
	The SOP is not an accurate reflection of the service and does not contain information required in regulations.	Achieved
19(2)	The guide to the service does not contain all the information required in the regulations and guidance.	Achieved
64(1)	The complaints policy does not contain information required in regulations	Achieved

Date Published 08/09/2022