



Inspection Report on

Church View

**Churchview Care Home
13 St. Martins Road
Caerphilly
CF83 1EF**

Date Inspection Completed

20 and 24 October 2022

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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	31 May 2022
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

People like living at Church View and families acknowledge the good care provided by care workers, and improvements in communication under the newly appointed manager. People tell us, *“Everything I need is here,”* and *“I’m very happy, and carers do everything I need.”* Improvement is still needed to ensure care and support requirements are accurately recorded, and all actions completed in a respectful and timely manner. People love the home-cooked food and warm interactions with staff members, but have lacked activity opportunities while the service looked for a new well-being coordinator.

The health and safety of people is not placed at risk due to improvements in the management of the environment and cleanliness of the home. The provider has allocated a budget to support the refurbishment of the home to help refresh décor and gardens. The home is warm, bright and people personalise their bedrooms with items that are important to them. Communal areas are well-used and provide opportunities for people to meet with others and socialise.

The staff team has lacked effective management over the past six months but the newly appointed manager is giving strong direction so that improvements required are addressed. They are supported by the area management team and responsible individual (RI). The RI is also new in post but is demonstrating that they have oversight of the service, working with the area team to address improvements identified.

Well-being

People can speak for themselves, and voices are mostly listened to. Before living at the home, information is gathered about a person and what they like. The quality of this has improved under the new manager so that the service is confident that they can meet the needs of the person. When a person finds it difficult to understand or express themselves, the service ensures they consult with families or representatives. This again has improved under the leadership of the new manager. Further work is planned to ensure the information captured in the assessment is transferred to the care plans so that staff understand how to help someone achieve their identified outcomes. Communication has improved in the past two weeks, with relevant meetings held by the new manager to allow people or their representatives voice their concerns. People mostly have choices about where to be in the home, and people are supported to move around the building. Staff know people well and support them with kindness to make wise daily choices, including activities to help maintain health.

The provider is considering the safety of people but systems are not always followed, so people may be at risk. Staff are safely recruited, with checks made to ensure they can work with vulnerable people. People tell us they feel safe and like their care workers. Staffing levels have not always been appropriate for the needs of people living in the home, but this is being addressed. Management and distribution of staff is also being addressed to better meet the needs of people. The front entrance is secure and visitors are asked to sign into the home. Improvements have been made to keep the environment clean and safe. Equipment is available to support people and this is routinely checked and serviced. When safeguarding issues are identified the service takes appropriate action to keep people safe and notify relevant authorities.

People are happy and healthy but not always able to do things that would interest them. People have been without opportunities to do things that are important to them, but there is indication this will now improve with the appointment of a well-being coordinator. People really enjoy the dining experience, spending time in each other's company, getting the right support to eat, and served home cooked food. People also like spending time in the communal living rooms. Families are free to visit and some people enjoy going out with them. Telephone systems are being improved to support families to communicate with individuals. Care workers assist people with personal care with improvements made under the direction of the manager. District nurses and other health professionals are involved if required with the service mostly making timely referrals to these services. Medication is administered by conscientious senior care workers, but there are some gaps in recording of this that can put people at risk, but people have medication reviews with an appropriate health professional.

Care and Support

People like their care workers, tell us that the food is fantastic, and are generally pleased with the service they receive. Home-cooked meals are appetising and people receive appropriate support to eat and drink if they need this. Snacks and drinks are available. The kitchen team are aware of people's dietary needs. People feel relaxed and safe in the care of the staff team who are described as "*lovely*" and "*hard-working*."

A well-being coordinator is now in post, but there has been limited organised activities for people over the past two months, impacting on people's well-being. Televisions in lounges are turned on, but no support is given to ensure relevant programmes or music is available, and lounges do not always have a member of staff to oversee the safety of people. While there has been an improvement under the new manager around personal care delivery, we saw some people requiring support with cleanliness of fingernails. We saw one staff member speaking in front of a person in a disrespectful manner; we raised this with the manager who took immediate action to address this. Some people are at risk as daily records around food and fluids are not consistently completed when this is an identified need, and we saw gaps in some medication records. One person did not have an appropriate referral to a health professional and another person's skin integrity issue had not been escalated to management in a timely manner. Weight records are not consistently recorded. We found two people did not have information within their care plans to identify the support they needed around reducing risks of falls and preventing low mood. While there has been no or minimal impact on people, this is an area for improvement, and we expect the provider to take action to address this.

The service continues to work on care plans to ensure they contain vital information so that all staff members are aware of a person's needs and how risks around these can be minimised. While we saw very good standards of pre-admission assessments conducted by the current manager there is work still needed to ensure this is accurately transferred to the care plan. This will be tested at the next inspection.

People mostly have timely referrals to health professionals, with doctors and district nurses regularly visiting the service. A chiropodist regularly visits the service though there is a slight delay with this due to their current personal circumstances. People's medication is reviewed with an appropriate health professional, and we saw good record keeping around this. When people find it difficult to make decisions, especially around where to live and how to stay safe, they are supported to access representation through a 'Deprivation of Liberty Safeguard' application. Family members also represent people's wishes and these are recorded.

Environment

There has been an improvement in the cleanliness of the home under the direction of the newly appointed manager. All areas of the home smell fresh, and though we found some bins in bathrooms would benefit from sanitising, they are emptied regularly. The housekeeping team are now providing a service in line with the needs of people living in the home, and sufficient attention is being paid to the general health and safety of people.

The kitchen meets requirement of the Environmental Health Food Hygiene Standards and is well-equipped. Dining rooms have sufficient seating and living rooms have comfortable chairs for relaxation. Though some walls have marks from general wear and tear, flooring is in good order, with carpets appearing fresh and free of bad odour. People have items important to them on display in their bedrooms. One person told us how important her family is to her and showed us photographs on the walls and a visual phone provided by the family so she can communicate regularly with them. Another person has photographs of important events in their life on their wall to stimulate conversation. People enjoy their own bedrooms but we saw many people enjoying socialising with others in communal areas, with some people showing improved mood if they are supported to move to the main living room and dining room on the ground floor during the day.

There is a system for the maintenance and servicing of all equipment and services within the home. Documents indicate this is being completed. One family member raised concerns that some maintenance tasks have not been completed promptly. The manager is aware and addressing this. Fire drill records are in place, we discussed the information recorded on these with the manager who is going to test this at the next drill to ensure accuracy. People have 'Personal Emergency Evacuation Plans' in place to record how they need to be supported in the event of an emergency.

The provider has a budget to support the refurbishment of the service so that worn and marked areas will be addressed. Consideration is also being given to making the front entrance more secure and supporting people who live with dementia to have improved quality of life. The provider has identified that outside areas need some development to better support people to enjoy these spaces, and this is planned as part of the budget available.

Leadership and Management

A responsible individual (RI) has recently been appointed to have oversight of the service. They work closely with an area team to monitor the quality of care. A recent report produced by the RI indicates that the service needed to improve. A possible contributory factor to poor performance of the service is the lack of effective management over the past eight months. The staff team has felt unsettled during this time. A new manager is now in post, starting just two weeks prior to this inspection by the regulator. They are giving strong direction to the team and there is a notable improvement in the environment, delivery of care, communication and records under their leadership. Families of people living at the service tell us they see improvements and acknowledge that the new manager is available and approachable, giving them confidence that concerns they previously had will be addressed.

All staff are recruited safely by the provider, with systems in place to gather all pre-employment checks before they start induction and shadowing processes. There is an induction process and staff have an opportunity to shadow others, but care workers tell us this could be better, and feel they didn't have enough time shadowing as they were required to work as part of the team straight away. Training is completed through e-learning, but face-to-face practical sessions also take place. Care workers confirm this. Some people have gaps in their overall training, but this is being managed. The provider is also aware that specialist training such as 'Parkinson's Awareness' and 'Blood Thinning Medication' needs to be in place to support the knowledge and development of staff around more specialist care the service provides.

There is an ongoing action plan to ensure all staff have effective supervision and appraisal meetings to help discussions around development. The new manager has started this, identifying how current staff wish to develop and advance in their career path. The manager has also identified gaps in skills and availability within the staff team, actively recruiting and increasing staffing levels to better support the needs of people.

A 'Statement of Purpose' (SOP) which tells people what to expect from the service is available, along side a 'Service User Guide.' This is reviewed regularly, but the provider needs to consider adding additional information, and checking the accuracy of that already available. Policies and procedures are in place. Information is not easy to find within these and there is no evidence that staff read them but management are aware and working on this.

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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21	The provider is not always ensuring that people's well-being is considered and addressed	New
15	Personal plans do not always reflect the person's needs.	Reviewed
36	The provider is not ensuring there is effective support of staff.	Reviewed

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