



## Inspection Report on

**Hill View Care Home Ltd**

**Hill View Care Home  
Commercial Street  
Aberbargoed  
Bargoed  
CF81 9BU**

## **Date Inspection Completed**

17/04/2024

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## About Hill View Care Home Ltd

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	HILL VIEW CARE HOME LIMITED
Registered places	34
Language of the service	English
Previous Care Inspectorate Wales inspection	21 November 2019
Does this service promote Welsh language and culture?	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 and their relatives are very happy with the care and support they receive and the environment they live in. Care staff are confident in their roles and enjoy working at the home, they feel very well supported by the management team. A good range of activities are offered on both a group, and one to one basis.

People's care needs, preferences and what they would like to achieve are clearly recorded in their personal plans, which are regularly reviewed and updated.

The home benefits from an experienced manager, who is talked about positively by staff, residents, and visitors. The Responsible Individual (RI) visits the home regularly and demonstrates effective oversight of the running of the home.

## Well-being

People have control over their day-to-day lives, as much as possible. People and their families are provided with information on what they can expect from the home, and how they will be involved in decisions which may affect them. Care staff build meaningful relationships with people by spending purposeful one-to-one time with them and seeking their views. People are supported to maintain relationships with their friends and families. Visitors are made to feel welcome and talk positively about the friendly atmosphere at the home. One visiting family member told us *“I can sleep at night knowing Mum is well looked after. She always looks her best, with her hair done and nice clothes on. The home is quick to notice any changes and get the GP in quickly if ever needed. I am always kept informed of what is going on, the communication is very good.”*

A range of stimulating activities help support people’s emotional wellbeing. At the time of our inspection the home was actively recruiting for the role of activity coordinator. Care staff and ‘house mothers’ arrange and support people to engage in meaningful activities of their choice. A hairdresser visits every week and uses the homes dedicated salon room to do peoples hair. The rapport between care staff and people is respectfully familiar, and we observed pleasant fun interactions. Care staff are attentive and consider people’s preferences. The mealtime experience is a relaxed and sociable time of the day, which people enjoy.

People are protected from harm. Care staff know what to look out for and how to report any concerns if required. The provider has a safeguarding policy which is aligned to current best practice. The manager ensures the policy is understood and followed by all staff. Well established protocols protect people from having their freedom restricted unnecessarily. The manager reports any restrictions which are required to keep people safe to the local authority, using the appropriate process.

## Care and Support

The manager considers a range of information about new residents before they come to live at the home. This ensures the service can meet people's needs and preferences. Care staff know the people living at the home well and treat them with compassion, dignity, and respect. We observed call bells being responded to promptly and sympathetically. People told us care staff are always quick to help with anything they need. Good consultation arrangements ensure people can express their views. People have choices about the activities they engage in, menu options, and with their daily routines.

Personal plans contain important information on the social history of people, which allows care staff to get to know them as individuals and offers opportunity for discussions about people's interests and past experiences. People's care preferences and needs are recorded clearly in their personal plans. The plans evidence best practice by focussing on what the person can do for themselves in each identified area before informing care staff how best to support them.

Care records are completed to evidence people are being supported as described in their personal plans. Referrals are made to health and social care professionals as and when required. People are registered with a local general practitioner (GP) who visits the home every week to review residents who require it. The home has a positive relationship with the GP. All appointment records and outcomes for review are recorded in the daily notes. People are encouraged to maintain a healthy weight as part of a healthy lifestyle.

Systems are in place for the safe management of medication. Care staff support people with their medication, which helps to maintain their health. Most medication records are completed accurately. Infection prevention and control procedures are good. Care workers wear appropriate personal protective equipment (PPE) in line with current guidance.

## Environment

The environment supports people to maintain their wellbeing and achieve their desired outcomes. The layout of the home, together with the provision of aids and adaptations, helps promote independence. The home is warm, light, and well maintained. Communal areas are arranged to promote people socialising in small groups of their choice. People's bedrooms are personalised to their own taste, people have family pictures, posters, and ornaments in their rooms. The home is well equipped and spacious. Furniture and fittings are all in good condition.

Potential environmental risks are assessed, and measures put in place to manage the identified risks. Regular audits are carried out on the environment to ensure safe standards are maintained. The manager told us about plans to move the smoking area to increase outdoor space for non-smokers in the home. New outdoor furniture has been purchased.

The front door is kept locked, and our identity was checked on entry. Care staff follow procedures to ensure safety is maintained. We viewed the maintenance file and saw all serviceable equipment had been checked to ensure its safety. Regular checks of the fire alarms are completed, and staff are trained in fire safety. People living in the home have a personal emergency evacuation plan to guide staff on how to support them to leave the premises safely in the case of an emergency. The home has a rating of five from the food standards agency which means food hygiene standards are very good.

## Leadership and Management

People benefit from effective leadership and management at the home. The manager and deputy manager oversee the day to day running of the home. There is a clear structure of responsibility. The management team know the people living at the home well and are supportive of care staff. The RI visits the home frequently and has good oversight of the service provided. Robust governance arrangements are in place. Quality of care reports are detailed, reflective and informative. These reports are completed twice yearly and provide analysis of key events which have occurred, celebrating positive achievements, and clearly planning for agreed improvements to be made. The service is provided as described in the statement of purpose.

Sufficient staffing levels are in place to meet the care needs of people living at the service. People are supported by care staff who are caring, knowledgeable and competent. Staff told us they enjoy their jobs, feel valued and well supported by the management team. Communication is good within the staff team and with other agencies. We saw care staff following the principles of person-centred care by placing people at the forefront of their care. Care staff told us they have enough time to support people and are not rushed. Care staff respond to requests from people in a timely manner and interactions are friendly, encouraging, and respectful.

Care staff are safely recruited. The staff files are well organised, and contain the required information, including Disclosure and Barring Service checks and professional registration with Social Care Wales, the workforce regulator. Care staff complete a range of training courses, including regular refresher courses in mandatory areas such as safeguarding people at risk of harm. Care staff receive one to one supervision which provide staff with the opportunity to discuss any concerns or training needs they may have and allow their line manager to provide feedback on their work performance.

### 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
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N/A	No non-compliance of this type was identified at this inspection	N/A
57	<ul style="list-style-type: none"> <li>Health and safety (Regulation 57): The service provider had not ensured that unnecessary risks to the health and safety of individuals are managed effectively.</li> </ul>	Achieved
7	<ul style="list-style-type: none"> <li>Statement of Purpose (Regulation 7 (3)): The service provider had not notified the persons listed in paragraph (6) of any revision made to the statement of purpose at least 28 days before this change took effect.</li> </ul>	Achieved
36	<ul style="list-style-type: none"> <li>Supporting and developing staff (Regulation 36) (2) (a)): The service provider must ensure all staff receive an induction appropriate to their role in line with Social Care Wales recommendations.</li> </ul>	Achieved
74	<ul style="list-style-type: none"> <li>Oversight of adequacy of resources (Regulation 74 (2)): The RI must report to the service provider on the adequacy of the resources available to provide the service in accordance with the requirements on service providers in Parts 3 to 15 of the Regulations. Such reports must be made on a quarterly basis.</li> </ul>	Achieved

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