



Inspection Report on

Vale View Residential Care Home

**55 Vale Street
Denbigh
LL16 3AP**

Date Inspection Completed

26/07/2019

Welsh Government © Crown copyright 2019.

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
You must reproduce our material accurately and not use it in a misleading context.

Description of the service

Vale View Residential Care Home provides personal care for up to 10 older adults.

Vale View Limited is the registered provider. The company has nominated Suresh Mahadeo to oversee the service and we, Care Inspectorate Wales (CIW), recognise this person as the Responsible Individual (RI). There is a manager in post who is registered with Social Care Wales (SCW).

Summary of our findings

1. Overall assessment

People are happy living in Vale View. They told us they were able to influence the menu choice and could choose to take part in a range of activities. We saw that staff understood people's need and treated people with respect, but noted the personal plans would benefit from improvements. The building was in need of improvements, which would enhance people's sense of well-being. We noted the RI has been carrying out visits as required, but improved oversight is required, for example to ensure staff training meets regulations, particularly induction training for new staff.

2. Improvements

This was the service's first post registration inspection since the service was re-registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).

3. Requirements and recommendations

Section five of this report sets out the areas where the service is not meeting the regulatory requirements and our recommendations to improve the service provided. These include:

- the environment;
- personal plans,
- staff development and
- staff induction training.

1. Well-being

There are systems in place to ensure people are protected from abuse and neglect. Staff we spoke with confirmed they had completed training on safeguarding vulnerable adults, and would feel comfortable reporting any concerns. Records we saw confirmed staff had received this training shortly after commencing employment at Vale View. We saw the service had a good policy on Safeguarding with clear instructions on the process to be followed. We saw that staff had been recruited after safety checks had been completed, namely Disclosure and Barring Service (DBS). People are supported to be safe and protected from abuse.

Generally, people have control over their day to day lives. People were able to influence aspects of their lives, for example what they ate and what activities they joined in with. The service have held resident meetings, which allowed people to speak for themselves and contribute to decisions that affected their lives. We saw that people were supported with dignity and respect, but noted that the home was in need of improvement to ensure that dignity is protected in all areas of the service provided. People are able to contribute to decisions that affect their lives.

People are supported to keep themselves healthy. This was achieved by supporting people to access the right healthcare at the right time. People were provided with nutritious meals of their choice, and had opportunities to be engaged socially with other people who lived in the home, staff and visitors. People had individualised personal plans, but we noted these should contain more detail, and identify the outcomes people wish to achieve and should evidence they have been involved in their preparation to ensure their wishes are met. People in Vale View are supported to maintain their physical and mental well-being.

There are systems in place to ensure health and safety is addressed within the home. The home had been described as homely by some people who responded to our questionnaires. However we found that there were areas of the home which would benefit from attention and re-decoration both externally and internally. People overall cannot be assured of living in a home that can enhance peoples well-being.

2. Care and Support

People are provided with a range of food which supports their well-being and have opportunities to be active, taking into consideration their personal wishes.

We saw the menu was varied and changed over a four week period, however some dishes did feature often. We were advised this was at the request of people living in the home, who had explained what they do and do not like. People we spoke with told us they enjoyed the food and confirmed they were able to influence the menu. We saw minutes of residents meetings which evidenced people were given opportunities to talk about menus. We observed the food was plentiful and looked nutritious. People were offered hot and cold drinks throughout the day, as well as snacks. We saw people reading newspapers and magazines, chatting with each other and staff and enjoying music, which care staff would consult them about. We saw that the home had a weekly activity planner, but that it was not rigid and people could choose what activities they would like day by day. We noted that recordings about activities showed most days appeared the same. The manager assured us that people were offered choice, including trips out of the home, which people then declined as they got closer. We advised that records should show what had been offered, as it currently appeared people do the same things most days. People are supported to maintain a healthy diet and be active in accordance with their wishes.

People are provided with the quality of care they need. We observed many interactions throughout the inspection which were respectful, dignified and warm in manner. From the nature of the interactions we saw that care staff knew people well and what was important to them. People we spoke with confirmed they felt they were treated with dignity, staff were kind and they were happy living in the home. We saw from diary and personal records of care that people were supported to see a wide range of health care professionals; this included the doctor, district nurses, community psychiatric nurses, chiropodists and opticians. We spoke with a visiting healthcare professional who told us they held weekly surgeries in the home and this had improved communication, particularly with the deputy manager, who was their main point of contact. People are supported to access healthcare to maintain their health and well-being.

People have personal plans and risk assessments which help staff know how best to support them. We viewed two personal plans, and found there were comprehensive initial assessments of what people would like to be supported with which informed their personal plans. However, we found that the personal plans should contain more detailed information, to help ensure staff provided this support in a consistent manner. We also recommended to the manager they consider providing training on outcome focussed and person centred care planning to ensure that the service can be sure they are promote the well-being of people they provide a service too. There was no evidence that people had been consulted with regarding their original personal plans, but we could see these were reviewed monthly with individuals and people had signed to say they agreed with their content. We

recommended there should be evidence that people have been involved in developing their personal plans and they agreed with them. People have personal plans in place, however these would benefit from providing more detail and showing that people have been involved in their preparation.

3. Environment

People cannot be assured that the home best supports them to achieve well-being. We noted that some areas of the home would benefit from re-decoration and maintenance. For example, some wooden window frames were in need of maintenance and many areas looked uncared for and in need of cleaning/re-decoration. We recommended to the manager that the first floor bathroom be given attention, and in part this had been previously attempted, but to not to a sufficient standard. During our second visit, we saw that work had started on this bathroom, and we were assured the work would be completed in the next couple of days. We were advised no formal system of monitoring and auditing the premises were in place as the manager was regularly in the home. We recommended that a maintenance schedule and a cleaning schedule be developed in order to meet the regulatory requirements. This would help ensure people live in a home that promotes their well-being and dignity.

We saw there was a garden area that looked tidy; however it was accessed by an uneven footpath which may pose a risk to people's safety. The manager advised that people rarely used it, occasionally preferring to sit near the house, in the shade, which was not an inviting area as it was largely a car parking and storage area. Consideration should be given to improve the outdoor space available to people, to encourage them to use it. The service provider should give consideration to improving the overall appearance of the home to improve the sense of dignity and well-being of people who use the service.

The service gives good consideration to most aspects of health and safety. We saw that the home had a food hygiene rating of 5, the highest score possible. Records showed fire safety checks were carried out, as required, and the fire alarm was serviced in November 2018. The portable appliances electrical tests were completed in September 2018, and we saw that these were completed annually as required. Equipment in the home, for example the Stannah stair lift and lifting equipment, were tested and serviced in March 2019. We did note that some free standing wardrobes were not fastened to the wall, and they potentially posed a risk to people who were at risk of falls, which is a recommendation of the Health and Safety Executive. We pointed this out, and the manager advised this would be rectified as soon as possible. The service is effective at mitigating risks to health and safety but improvements are required.

4. Leadership and Management

People are supported by competent and caring staff. We saw from the staff rota and staff on duty during our inspection, that staffing levels were as described in the service's Statement of Purpose. We observed that the staffing levels seemed sufficient to meet the needs of people living in the home on the day of inspection. We looked at four staff files. This showed a recruitment process was followed, however we recommended to the manager this should be better recorded and evidenced, as the process followed was not clear from the files we observed. Staff had received a range of training, although care should be paid to ensure that staff receive mandatory training in a timely manner. We noted that induction training for new members of staff was not comprehensive and as recommended by SCW; the manager advised they are looking at the guidance and will be developing this. Staff received regular supervision, but we noted these were not recorded as individualised times where staff could reflect on their practice and identify and resolve any issues. We recommend this be addressed. People are supported by a service that provides appropriate numbers of staff who are suitably fit, although training should be improved to ensure staff have the right skills to provide the levels of care and support required to enable the individual to achieve their personal outcomes.

The provider does not have robust systems in place to monitor, review and improve the quality of care and support for people. Whilst we saw medication audits were regularly carried out, we did not see evidence of any other audits or monitoring took place, including oversight of care planning documents. We saw that the RI had visited the service every three months, as required, and they had recorded they spoke with people using the service, staff and looked at the premises. However as previously noted, the environment was in need of updating and the RI had not identified this. We recommend that they give consideration to developing these visits to ensure they have full oversight of the service to ensure regulatory requirements are met and standards are well maintained. We noted that a quality of care review had not yet taken place; these are required every six months. We have advised the manager that quality of care reviews are required, and would be beneficial for identifying and planning improvements to the service. We considered a wide range of policies and procedures and they were of a good standard, although we advised that some should be reviewed to reflect changes in legislation. We considered the admission to the home policy and recommended they update their policy on admission and commencement of service in order to meet the current regulatory requirements. We noted there was a large number of policies so recommended they considered identifying key policies so they can direct staff to these and to evidence that staff have read them. There are some arrangements in place for the oversight of the service but they are not always effective and require some improvement.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

None, as this was the first inspection since the service was re-registered under RISCA.

5.2 Areas of non-compliance identified at this inspection.

We have advised Vale View Ltd that improvements are needed in relation to staff induction training. We have not issued a notice of non-compliance on this occasion, as there was no immediate or significant impact for people using the service. We expect the service provider to take action to rectify this and we will follow this up at the next inspection.

5.3 Recommendations for improvement

We recommend the following:

- Personal plans should contain details of how people like to be supported and should record people's desired outcomes and how they will be met. Initial personal plans should be signed by the individual to record their agreement.
- Improve recording with regard to activities.
- Improve safety for people by ensuring wardrobes are attached to walls.
- Develop a maintenance schedule to ensure the home is improved to a good standard to support people's dignity and well-being.
- Produce a quality of care review and ensure it meets regulations, including completing one every six months. The manager has advised CIW they will complete a review and submit it to CIW by 31 October 2019.
- Staff files should evidence that a full employment check has been carried out before staff members commence their employment.
- Supervision of staff should be individualised to evidence the one to one time is given to reflect on their practice.
- Ensure mandatory training is delivered in a timely way. Consider training on outcome focussed, person centred planning.

6. How we undertook this inspection

This was the first inspection of the service following re-registration under RISCA. This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the home on 25 July 2019 between the hours of 10.00 am and 1.30 pm and 26 July 2019, 9:15 am and 11:40 am.

The following methods were used:

- We spoke with four people using the service, the manager and staff on duty.
- We spoke with a visiting healthcare professional.
- We provided questionnaires so that people using the service, relatives, staff and professionals involved with the care home could share their experience of the service with us. At the time of issue of this report, four people using the service and one family member and staff members had responded.
- We looked at a range of records and documents. We focused on two people's care records, staff recruitment and training records, the home's statement of purpose and maintenance records.
- We looked at the communal areas, kitchen, bathrooms and a sample of bedrooms.

CIW is committed to promoting and upholding the rights of people who use care and support services. In undertaking this inspection, we actively sought to uphold people's legal human rights.

<https://careinspectorate.wales/sites/default/files/2018-04/180409humanrightsen.pdf>

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	Vale View Ltd
Manager	A manager is in post and is registered with SCW.
Registered maximum number of places	10
Date of previous Care Inspectorate Wales inspection	This was the first inspection of the service following re-registration under RISCA.
Dates of this Inspection visits	25 and 26 July 2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people who use, or intend to use their service. We recommend that the service provider considers the Welsh Government's ' <i>More Than Just Words follow on strategic guidance for Welsh language in social care</i> '.
Additional Information:	

Date Published 16/09/2019