



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Inspection Report on

Montclair

Blackwood

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Description of the service

Montclaire is a care home registered with Care Inspectorate Wales (CIW formally CSSIW). A respite service is provided at the home for up to five younger adults (aged 18 to 65 years) with a learning disability and in need of personal care. Conditions of registration permit two named people over the age of 65 years to be accommodated at the home for respite care. There are a total of forty-seven people currently accessing the service.

Caerphilly County Borough Council provides the service and there is a person appointed to oversee its operation who acts on behalf of the council, known as the responsible individual. The manager of the home is Alison Moss, who is registered with CIW and Social Care Wales.

Montclaire Care Home is situated in, Blackwood, Caerphilly.

Summary of our findings

1. Overall assessment

People who use the service and their relatives told us that they are happy with the care and support provided. We found staff to be caring and responsive to people's needs. Improvements are needed to ensure support plans are sufficiently detailed. People are engaged in a range of activities of their choice within the home and local community. The process for identifying and responding to risks needs to be strengthened as do the systems for managing medication, training and recruitment. The home is well looked after, welcoming, clean and meets the needs of people living there.

2. Improvements

The format of care documentation has improved.

3. Requirements and recommendations

Section five sets out details of our recommendations to improve the service and areas where the home is not currently meeting legal requirements. In brief these relate to:-

- Service user plans: Written guidance was not always sufficiently detailed and updated when required.
- Medication: A robust system of recording and administering medication was not always in place to ensure people received their medication as prescribed.
- Review of Quality of Care: The provider did not obtain views from service users and their representatives in order to inform an opinion of the standard of care provided as part of the review undertaken.
- Fitness of workers: Full and satisfactory information or documentation was not available for all staff employed at the home.

- Unnecessary risks to service users: The home had not identified and eliminated all unnecessary risks to the health and safety of service users.
- Staffing: Training in relation to work staff are to perform is out of date and requires updating.

1. Well-being

Summary

People benefit from recreational support provided within the service and the local community. We found that people are treated with dignity and respect and receive support from friendly and caring staff. People are enabled to make choices and have their individual routines recognised and valued.

Our findings

People relate well and have good relationships with staff that support them, and are satisfied with the care they receive. We spoke with four people using the service to gather their views about the care and support received.

Feedback we received was positive comments included:

- *"I like it here. I'm going for a meal."*
- *"I like staff, food is nice. Things are fine."*

Some people had limited verbal ability to express their view about the support received, however people's facial expressions, body language and gesticulations indicated that they were comfortable, relaxed and happy. We saw one person smiling while watching the television and another person who chose to spend their time colouring a picture at the dining table. One person nodded to indicate a 'yes' in response to our questions.

We spoke with a relative who commented positively about the service. They said:

- *"There's nothing they will not do for you. The service is excellent."*
- *"The service has always been first class."*

We observed staff caring for residents in a kind and dignified manner, and interacting with warmth and respect. Staff appeared to be aware of people's individual needs and responded to people in a timely manner. We saw staff supporting someone who was experiencing pain and discomfort, gently offering reassurance. We received written feedback from a relative attached to a CIW questionnaire that indicated how satisfied and reassured the relative was with the quality of care and support provided to their relative. Comments included; *"We are extremely grateful to all staff for their kindness to us and especially (X) who has grown to feel confident and safe at Montclair."* We concluded that people are happy and content and have a good relationship with the staff that support and care for them.

People are encouraged to make choices, are engaged in meaningful activities and have their individual routines recognised. We spoke to one person who told us what they had chosen for evening meal. We saw that staff asked people their preference of food and drink at mealtime. We examined care records and saw that people's individual likes and preferences were identified. People were asked to be involved in completing pre-stay plans detailing essential information in relation to people's preferences, personal care needs and any changes to individual routines. We observed that people did different things. For example, some were watching television in the lounge area, one person was relaxing in the conservatory and another person was at the dining table enjoying an activity they chose to participate in. We saw newsletters had been developed that contained photographs of people enjoying themselves and described the many different activities people enjoyed and

places of interest visited. People were asked to complete summary forms following their short stay. This provided an overview to confirm people's enjoyment in their chosen activities. The management team also described how they had involved people in the recruitment of new staff and gave us examples of how people had positively participated in staff interviews and enjoyed the experience. The above indicates that people are involved in the running of the service and have opportunities to experience social and emotional fulfilment.

2. Care and Support

Summary

People's needs are assessed; however documentation is not always sufficiently detailed or up to date. People benefit from care that is delivered in a person centred manner. Some improvements are required to ensure that people living in the home are consistently protected from harm.

Our findings

People are consulted about their care and support needs prior to stays, however written guidance for staff to provide particular aspects of care is not always sufficiently detailed. We saw pre-stay plans detailing essential information in relation to start dates, expected time of arrival, people's preferences, personal care needs and planned duration of stays. We examined three care and support files and saw that some care plans contained comprehensive information that would give clear advice and support to people; although we found this to be inconsistent. We saw a behaviour management plan and associated risk assessments on one file that required an annual review. The plan was last reviewed May 2015. We saw information written in a pre-stay plan for one person indicating a change in dietary need; the care plan had not been revised to include this information. We saw an integrated care plan dated 11 November 14 on one file viewed provided by the local authority. Written guidance provided by the home did not fully reflect the needs identified in the integrated assessment and care plan. There is a potential risk that in the absence of sufficient up to date written guidance staff cannot always provide responsive care that meets with the current needs of people using the service. Whilst people are consulted about their support needs, the recording of information within support plans could be improved.

Appropriate action is not always taken to ensure that people are kept safe from harm. We saw that a set of keys were left in a lock on a door labelled '*Fire Door. Keep Locked. Gas Isolation.*' This was discussed with the registered manager who told us that they had been advised by the fire service to keep this door locked at all times due to the risk to people. We walked into the kitchen and found cleaning chemicals under the sink area inside unlocked cupboards. These chemicals have the potential to be hazardous to someone's health if not used in a safe manner or stored securely. We observed clothing that required washing was left on the laundry floor. We saw a key safe located in the kitchen that stored the majority of keys for the home, including the medication cabinet. A key that opened this key safe was left in an unlocked cupboard in the kitchen. These concerns were brought to the attention of the manager who took immediate action. On the second day of our visit we saw a set of keys left in a lock on the door of the medication cabinet. The above indicates further work is required to ensure that systems are sufficiently robust to ensure that resident's safety and well-being are consistently maintained.

People are not always protected by having robust systems in place for the handling of medicines within the service. We saw pre-stay plans detailing people's medication requirements. During the inspection we undertook a partial check of the medication administration records (MAR's) and found errors in recording. For example, on one occasion cream was not applied to one individual as prescribed, we saw a note written on the (MAR) next to this medication "*unsure what area to apply.*" On further examination of (MAR's) we saw that there were gaps in recording on five separate occasions.

We brought the above concerns to the attention of the registered manager during our visit. This led us to conclude that current medication practises require strengthening in order to prevent poor health and well-being outcomes.

People's rights and best interests are generally understood and promoted. We saw that the registered manager had made the required applications to the local authority to ensure that the care and accommodation arrangements were in people's best interests and their rights were protected for some people using the service. The registered manager informed us that there were approximately a further 20 applications that require submission. This demonstrates that peoples' rights and best interests are mostly upheld, however all required applications need to be submitted to the local authority in a timely manner.

3. Environment

Summary

People live in an environment with comfortably furnished conservatory, lounge and dining areas. The home is warm, clean and tidy. People have access to a large enclosed patio and garden area where outdoor space is enjoyed during warmer months.

Our findings

People benefit from a safe, comfortable and clean environment, the layout of which enables them to spend time privately or with others. We saw people using the environment freely, spending times in private and communally as they wish. A spacious conservatory was located off the lounge area which people accessed to spend time privately. This provided the opportunity for separate television viewing from those in the open plan dining and lounge area. We found that the entrance to the home was secure and visitor's identity and purpose checked before entering the home, along with signing of the visitor book. We carried out a visual inspection and found the home to be clean and tidy throughout with furnishing of a good standard. Communal areas of the home looked in need of re-decoration. We found bedrooms to be spacious and provided with all essential furniture to ensure the comfort of people staying at the home. The home has a five star rating from the Food Standards Agency; this means the food hygiene standards were found to be very good. Thus people's well-being enhanced by having access to a clean and secure environment which is a pleasant space in which to stay.

Health and safety within the home is maintained. We saw that records of electricity, gas and fire checks were maintained. Equipment, including specialist lifting equipment was inspected as required. We considered fire safety records which indicated fire safety checks were up to date. The fire risk assessment was completed August 2017 and was being kept under review by the provider. A fire inspection by the Fire and Rescue Authority had taken place November 2017 and we were told by the provider that the necessary action had been taken following this inspection. We saw records of monthly health and safety checks completed by the management team with actions identified where improvements are required. Therefore, people are supported in an environment which is safe and appropriate to their needs.

4. Leadership and Management

Summary

People are able to express concerns and action is taken immediately to resolve any dissatisfaction. There are systems in place to encourage and capture feedback from people using the service. Information about the service is available, but some information could be clearer. Staff in the home feel motivated, well led and supported to do their work but are not all receiving supervision at the required intervals. Improvements are needed in the home's training and recruitment processes to ensure that staff members appointed are fit and competent to carry out their role.

Our findings

Recruitment and supervision practices require improvement to fully meet regulatory requirements. We viewed two staff personnel records and identified some discrepancies in relation to employment histories (two staff), identification requirements (one staff), where a person had previously worked in a position whose duties involved working with vulnerable adults, verification of the reason why the employment ended (two staff) and recent photograph on file (one staff). In addition, we viewed a supervision matrix for all permanent staff. This indicated that the majority of staff had recently received supervision; however the information was limited to the dates from November 2017 onwards. We discussed supervisory arrangements prior November 2017 with the management team. We were told that prior to this date it had been difficult to complete staff supervisions at the required intervals.

On the other hand, we saw that regular team meetings took place. We sampled minutes for September and October 2017 and January 2018 which demonstrated staff were kept informed of important matters within the home. We also received positive comments from staff. Examples included:-

- *"The service is run very well. I feel supported to do my job."*
- *"I feel the home is run quite efficiently. The door is always open from the managers."*
- *"The home is lovely, things are brilliant. I've worked in other homes and this tops the lot."*
- *"The managers are supportive and approachable."*
- *"It's a brilliant job they do here. I feel supported to do my job."*

The above indicates that recruitment and formal supervision practices are not as robust as they need to be; although staff feel supported in their work.

Additionally, examination of staff training records demonstrated staff were receiving ongoing training. However, we saw training and refresher training had not been completed for some staff; such training included fire safety, first aid, care handling, infection control, positive behaviour management (theory) and mental capacity. Whilst we acknowledged there had been some improvement in the training of staff since our last inspection, further improvement is still needed to fully satisfy regulatory requirements.

The service has systems in place for monitoring quality and service delivery. We saw comprehensive reports detailing regular visits to the home by the team manager. The last visits were 30 October 17, 9 November 17 and 26 February 2018. The reports evaluated the home's facilities, health and safety, care plan documentation, also taking into account

the views of staff, relatives and people using the service. The management team also complete monthly monitoring audits that review health and safety procedures, medication administration, care plan reviews and staff documentation. We also viewed the quality of care report 2016-2017. This report included views from the staff and supportive mechanisms available for staff within the home. The report lacked views and opinions of people using the service, representatives or stakeholders. Overall, we found the home has comprehensive systems in place to audit areas of service delivery that includes regular managerial oversight.

People living at, working in or visiting the home are able to express concerns. We spoke with a relative who told us, *“No complaints. Any issues have been dealt with. They go out of their way to put anything wrong, right.”* We asked to view a log of the complaints received about the home since our last visit. We were able to see that individual complaints were recorded and that action had been taken with regards to any issues that had been raised. We concluded that people know how to raise concerns and that appropriate action is taken.

The home is mostly clear about its aims and objectives. We viewed the statement of purpose and service user guide. These provided an overall picture of the service offered although we identified some additional information that is required. The service user guide did not include a summary of the most recent inspection report or a copy of that report. The statement of purpose did not include the home’s policy on behaviour management. Neither did it include the precise age-range for whom it is intended that accommodation should be provided or the home’s position regarding the ‘active offer’ (providing services in Welsh without someone having to ask for it). We recommended that the home reviewed its statement of purpose and service user guide to set out its position regarding the ‘active offer.’ Overall, people can therefore be clear about the home and services that are provided.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

At the last inspection the following areas of non compliance, with the Care Homes (Wales) Regulations 2002 were noted:

- Service users' plan (Regulation 15(1)): This is because written guidance of how to meet some needs is not always sufficiently detailed or available. This remains an area for improvement.
- Staffing (Regulation 18(1) (c)): This is because some basic training in relation to work staff are to perform is out of date and requires updating. This remains an area for improvement.

5.2 Areas of non compliance identified at this inspection

We have advised the registered persons that in order to fully meet legal requirements improvements are needed in relation to:

- Unnecessary risks to service users (Regulation 13(4) (c)): The home had not identified and eliminated all unnecessary risks to the health and safety of service users.
- Medication (Regulation 13 (2)): The home had not made suitable arrangements for the recording and safe administration of medicines received at the home.
- Fitness of workers (Regulation 19 (2) (d)): Full and satisfactory information or documentation was not available for all staff employed at the home.
- Review of Quality of Care (Regulation 25 (b)): The provider did not obtain views from service users and their representatives in order to inform an opinion of the standard of care provided as part of the review undertaken.
- Statement of Purpose (Regulation 4 (1) (c)). Did not contain:
 - Relevant qualifications and experience of every registered person.
 - The age-range of the service users for whom it is intended that accommodation should be provided.
 - The care homes policy on behaviour management and the use of restraint.
 - The methods of control that may be used in the home (if any) and the circumstances in which, and by who, they may be used.
 - The home's position in relation to actively offering a service in Welsh, in line with the Welsh Government's *'More Than Just Word's'* strategy document.
- Service User Guide (Regulation 5 (1) (a) (b)). Did not contain:
 - Relevant qualifications and experience of every registered person.
 - A summary of the most recent inspection report or a copy of that report.
 - A summary of the statement of purpose.

A notice has not been issued on this occasion, as there is no immediate or significant impact to the people using the service. The registered persons had taken some action to rectify these areas, however further improvements are required, and they will be followed up at the next inspection.

5.3 Recommendations for improvement

- The provider needs to make the required applications to the local authority to comply with the requirements of the Deprivation of Liberty Safeguards legislation and Mental Capacity Act.
- All staff to have regular, recorded supervision meetings at least once every two months.

6. How we undertook this inspection

We undertook a full inspection and considered all four themes: well-being; care and support; the environment; and leadership and management. Our visit to the home was unannounced and undertaken on 07 and 08 March 2018. The following were used to inform our report:

- We considered the information held by us about the service, including the last inspection report and notifiable events.
- Discussions with the registered manager and deputy manager.
- We toured the home, observed staff interaction with people using the service and considered the internal environment.
- Observations of social activities taken place.
- Discussions with people using the service.
- Discussions with members of staff.
- Discussions with relatives.
- Examination of three care plan files.
- Examination of two staff personnel files and staff training matrix.
- Consideration of the statement of purpose.
- Consideration of the service user guide.
- Consideration of staff supervision notes.
- We viewed a sample of the staff rotas over a four week period.
- Consideration of incident and accident records.
- Consideration of the home's internal auditing records.
- Consideration of the quality of care review report.
- Consideration of the health and safety records, including fire safety.
- Consideration of the last three registered provider reports dated October 2017, November 2017 and January 2018.
- Consideration of team meeting minutes.
- Consideration of the home's policies and procedures.
- We carried out a small sample of MAR charts and reviewed medication systems within the home.
- Responses to CIW Questionnaires.

Further information about what we do can be found on our website www.cssiw.org.uk

About the service

Type of care provided	Adult Care Home - Younger
Registered Person	Caerphilly County Borough Council
Registered Manager(s)	Alison Moss
Registered maximum number of places	5
Date of previous CSSIW inspection	04/10/2016
Dates of this Inspection visit(s)	07/03/2018 & 08/03/2018
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 the service. We recommend that the service provider considers Welsh Government's <i>'More Than Just Words follow on strategic guidance for the Welsh language in social care'</i> .
Additional Information:	

No noncompliance records found in Open status.