



# Inspection Report on

**Channel View Residential Care Home**

**317 BARRY ROAD  
BARRY  
CF62 8BJ**

## **Date Inspection Completed**

27 November 2020

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## About Channel View Residential Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Cheerful Elegant Healthcare Ltd
Registered places	11
Language of the service	English
Previous Care Inspectorate Wales inspection	07.03.19.
Does this service provide the Welsh Language active offer?	This was a focused inspection; we did not consider Welsh Language provision on this occasion.

### Summary

This inspection was unannounced. Abdul Mohammed is the responsible individual (RI) for the service and the home manager is registered with Social Care Wales, the workforce regulator, in accordance with legal requirement.

There are sufficient staff on duty to provide assistance and staff are trained to deliver care that meets people's needs. People receive support from staff who show respect and kindness. Staff respect the rights and choices of each individual. People's voices are heard and their opinions valued. People sometimes receive a range of social, and recreational support in accordance with their interests, however this is restricted at this time due to the COVID-19 pandemic.

The management team is visible and engaged in the day-to day running of the service, and systems are mostly in place to ensure the quality and support provided. Care documentation has improved and reflects the care and health needs of people living at the home.

The home environment is clean. People confirmed that they are able to approach the manager with any issues and that they receive regular support. The registered person overall maintains oversight of the service and of the quality of care.

## Well-being

People receive care that promotes their dignity and well-being. They appear clean and well dressed, and care staff respond kindly to their needs. Staff value and respect people's preferences, and encourage independence where possible. Personal plans show that people are able to exercise choice in their daily living and staff provide appropriate care and support.

The environment is suited to the needs of people living at the home at this time. People can move freely in accordance with their abilities and assessed risks. Bedrooms are personalised and communal areas are pleasant and clean. At this time, visiting is restricted because of the COVID-19 pandemic, but under normal circumstances, people are able to receive visits from family and friends at any time. There are no activity coordinators employed at the home and staff spend time with residents to identify interests and hobbies and arrange recreational activities on a daily basis to provide stimulation and lift their spirits. However due to the covid-19 pandemic this has been restricted. People told us that, over the recent months they had been able to maintain contact with people that matter to them through telephone conversations. At this time there are only six people living at the home who are supported to do things that matter and make them happy.

People mostly receive care that promotes their physical, mental and emotional well-being. Risks and needs are assessed and referrals made to other healthcare professionals as necessary. People have a good choice of meals and drinks to suit their nutritional requirements and preferences.

People's individual needs define their personal plan, and care and support is adapted to suit their situation, Risk assessments identify people's particular vulnerabilities and strategies for protecting them. Overall they are reviewed regularly and as required, for example to reflect a change in support needs. There is documented evidence in care files of support from other professionals such as the GP and specialist teams.

People feel safe and protected from harm. The home is secure although we advised the manager regarding the arrangements in place whilst people are outside the home. The home is overall clean and staff practice good infection control. We saw that appropriate sanitisation and personal protective equipment (PPE) available at the entrance and throughout the home. We advised that staff wear appropriate PPE at all times and saw appropriate levels of PPE stores.

## Care and Support

People living at the home engage in positive and meaningful interactions with staff. Conversations are cheerful and friendly, and staff have a clear understanding of the needs and preferences of the people they support. During our visit, we spoke with individuals who told us staff were kind and helped them be as independent as possible. Staff were readily available and answered people's call bells promptly.

People receive appropriate person centred care. We looked at three people's personal plans and found that referrals had been made in a timely manner to the relevant health and care professionals when the need indicated. Personal plans are important documents which should outline a person's entire needs and the actions required by staff to support those needs. We found risk assessments are carried out routinely or as required following an incident, they identify vulnerabilities and set out ways to keep people safe.

Care staff know the people they support well; therefore, they can recognise any deterioration in health and well-being, and act accordingly. People told us they feel comfortable with the care staff who provide their support.

Medication management policies and staff training are in place to ensure safe practice. We looked at the medication administration records (MARs) and found they were completed correctly by staff. We were told they have regular audits and any shortfalls noted, so the service can take appropriate action, for example retraining or updating staff. We found the MARs contained all the required information.

Since the last inspection visit, we found incidents at the home are appropriately addressed in accordance with regulatory requirements. We identified one incident where a notification had not been submitted and we brought this to the manager's attention, who told us this would be addressed immediately.

## Environment

This was a focused inspection, therefore this area was not fully considered and will be followed up the next inspection visit.

The home is warm and welcoming. Communal lounges although small enable some social distancing during this covid-19 period. Staff practice good infection control and the environment is clean and as hazard free as possible. People's bedrooms are neat and tidy and contain personal items giving a homely feel. Bathrooms are clean throughout the home.

People benefit from a mostly safe and secure environment. Regular fire safety checks are carried out and people have personal emergency evacuation plans (PEEPs) in place. These records provide up-to-date information for staff about the support each person would need in the event of a fire. Window restrictors are in place and staff ensure they keep all cleaning chemicals hazardous to health in locked cupboards.

All confidential files including care and staff files are stored securely in lockable areas.

## Leadership and Management

This was a focused inspection, therefore this area was not fully considered and will be followed up the next inspection visit.

People receive support from a team of staff who, overall, are able to meet the needs of the people in their care. Staff told us they were up to date with all mandatory training which has been mostly completed online. Staff told us during our inspection they feel supported in their work and told us the manager is approachable to discuss any concerns or issues they have. This is particularly important during this difficult covid-19 period.

There are systems in place to measure the performance of the service and the quality of the care people receive. The registered individual is at the home on a regular basis to speak with people and gain oversight of the service.

People can be mostly confident management monitors the quality of the service they receive. We requested a copy of the latest quality assurance report, but we were told by the responsible individual that they are in the process of completion of the report which has been delayed due to the covid-19 pandemic. We requested a copy of the completed report and we will follow this up at the next inspection visit.

### Areas for improvement and action at the previous inspection

The service provider must ensure that care and support is provided in a way which protects, promotes and maintains the safety and well-being of residents.	Regulation 21	<b>Achieved</b>
The registered person must have arrangements in place to ensure that medicines are stored and safely administered	Regulation 58 (1) (a) (b) & (c)	<b>Achieved</b>
The registered person must ensure that any risks to the health and safety of individuals are identified and reduced so far as reasonably practicable.	Regulation 57	<b>Achieved</b>
The registered person must ensure that the service is provided with sufficient care, competence and skill, having regard to the statement of purpose.	Regulation 6	<b>Achieved</b>

Where providers fail to improve and take action we may escalate the matter by issuing a priority action (non-compliance) notice.

### Areas where immediate action is required

None	
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### Areas where improvement is required

The responsible individual must put suitable arrangements in place to establish and maintain a system for monitoring, reviewing and improving the quality of care and support provided by the service.	Regulation 80 (1) (2) (3)
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We have not issued a priority action (non-compliance) notice on this occasion. This is because there is no immediate or significant risk to or poor outcomes for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection.



**Date Published** 26/01/2021