



## Inspection Report on

**Castle View**

**CASTLE VIEW AGED PERSONS RESIDENCE  
CLAUDE ROAD  
CAERPHILLY  
CF83 1UZ**

**Date Inspection Completed**

22/01/2020

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## **Description of the service**

Caerphilly County Borough Council is registered with Care Inspectorate Wales (CIW) to provide accommodation, care and support to 28 adults at Castle View. The general residential setting can accommodate 17 older people and a separate unit on the first floor Cantref can accommodate 11 people living with a diagnosis of dementia. Joanne Williams is the nominated responsible individual. A manager is in post and registered with Social Care Wales.

## **Summary of our findings**

### **1. Overall assessment**

Castle View provides a person-centred service. We found people receive care and support that promotes their well-being, and are treated with warmth, kindness and consideration by a familiar staff group. People living at the home and their relatives are happy with the care and support provided by staff. Residents are provided with opportunities to express their views, supported in accordance with their individual choices and preferences. However, residents would benefit from a wider range of regular activities. Medication practices require strengthening in order to safeguard people and prevent poor health and wellbeing outcomes. Comprehensive and accurate daily recording is required to support monitoring and quality assurance systems to drive development and improvements.

### **2. Improvements**

This was the first inspection since the service re-registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA 2016), and therefore any improvements will be considered as part of the next inspection.

### **3. Requirements and recommendations**

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

- Administration of medicines
- Daily records should reflect care and support being delivered
- Activities
- Building exit

# 1. Well-being

## Our findings

People's physical and emotional well-being is promoted as they are treated with warmth and kindness by friendly staff. People gave positive feedback about the care provided and we saw that residents appeared generally content and happy. We were told, "*I like the staff, they help me*" and "*staff are kind and caring*". We found individuals were as healthy as they could be because they received proactive care as identified in their personal plans and were referred to appropriate professionals in a timely manner. Staff were knowledgeable about the people they supported and staffing levels were sufficient on the day of our visit to ensure that individual needs were met. We were told that activities within the home could be limited sometimes. Daily recording evidencing care and support provided and the impact on people was limited. We conclude that people receive good care and support, which enables them to stay happy, healthy and active.

The service offers a safe and suitable environment, which supports individual well-being and a sense of belonging. We found people were supported to live in a pleasant and homely environment, which was decorated and maintained to a good standard. Bedrooms were personalised to individual tastes. Policies and procedures were in place to ensure people's safety was maintained using appropriate security checks, fire safety measures and an ongoing programme of maintenance and repairs. The front door to the home was secured to prevent unauthorised entry and exit without a key code; however, for people who were able to leave the home independently access to the key code was not available on the day of our visit. We saw family members being welcomed into the home, supporting and promoting the emotional well-being of their relative. Therefore, we can conclude people's well-being is enhanced by having access to a safe and pleasant space to live.

People are listened to and have influence over the care they receive. We observed throughout the inspection that individuals were treated with dignity and respect and were able to contribute to decisions made in their day to day life. The policies we looked at were comprehensive and legal rights were recognised and supported. We found the service had a good understanding of people's needs particularly those with a diagnosis of dementia. Minutes of the most recent family meeting were available throughout the home. In conclusion, we found individual circumstances are considered and people can contribute to decisions related to their care.

Systems are in place to safeguard people from harm and neglect. We found risks were identified as part of the assessment process and were revised as required. People can be confident that they are cared for by staff whose character and suitability to undertake their roles had been checked prior to the start of their employment. Medical and professional advice was sought in a timely manner and the service was proactive in identifying potential risks. However, improvements in the administration of medicines are required. Staff received adequate training relevant to their role, which enabled them to understand their

responsibilities to safeguard and protect vulnerable adults. Staff spoken with during our visit confirmed their understanding of the procedures to follow if they had concerns about an individual's safety. We conclude, people are overall protected from abuse and neglect, but some improvements are required.

## **2. Care and Support**

### **Our findings**

People's needs are assessed, planned for and reviewed. Residents received timely, appropriate person centred care that meets their individual changing needs and abilities. We examined five people's care documentation, which contain information about their assessed and agreed needs and how these should be met. We saw admission information, personal plans and pen pictures provided an insight into people's characters and what was important to them. Documentation also included risk assessments to identify and determine the level of risk for various issues. Best interest and deprivation of liberty decisions were documented to ensure personal plans for those individuals lacking capacity were proportionate and legal. We examined corresponding daily records and found them to be task orientated and lacking in evidence to demonstrate the care and support being delivered and the affect this had on people. We saw during our visit examples of care and support interventions, which had improved individual residents wellbeing, however this information had not been routinely recorded. Without accurate recording and monitoring, themes and patterns could be lost, including examples of good practice, which could be replicated. Accurate record keeping supports the continued improvement in the delivery of care. We find that people receive person centred care and improvements in record keeping would inform service delivery and service development.

People's dietary and nutritional needs are being met. We spoke to kitchen staff who were knowledgeable about individual resident's likes and dislikes and anyone who required a specialist diet. We saw meals were attractively presented and people we spoke with were complimentary about the standard of food they received. We saw that the meals provided were freshly cooked, varied and people always had a choice. Fresh hot and cold drinks were readily available for people throughout the day. We observed staff interactions through the lunch time period and saw people were supported in accordance with their personal plans. Overall, we found staff interacted with people in a sensitive manner, engaging in conversation and offering support and reassurance. We saw monitoring of fluid and food intake was undertaken where required. Therefore, we can conclude that people's dietary needs are understood and met.

The home did not have a dedicated activity co-ordinator, we were told that care staff had responsibility for organising activities within the home. However, staff told us that this could be difficult to organise on a regular basis due to the busy nature of the home, especially on the residential floor. We were told of visiting entertainers and themed activities for example at Christmas time. We saw that the home had access to appropriate transport on a fortnightly basis and people had been supported to attend places within the local community. However, people who chose to remain at home on a daily basis had limited access to engage in social activities. We find that the range of activities provided within the home could be improved.

People are not always protected by having robust systems in place for the handling of medicines within the home. Medication is stored securely in locked medication rooms. Staff received appropriate training and competency checking in relation to the safe storage and administration of medication. However, during our visit we saw medication being administered without following safe practices. When we examined medication records, we saw resident photos were consistently missing and a medication administration record (MAR) sheets stating generic medication and hand written amendments to records did not have accompanying signatures. MAR sheets did not evidence when medication was offered and if refused, 'as required' (PRN) medication had been given without corresponding reasons for administration. We were informed of a forthcoming internal medication audit, however regular audits had not been completed to identify problems and to rectify in a timely manner. We find that current medication practises require strengthening in order to safeguard residents and prevent poor health and wellbeing outcomes.

### **3. Environment**

#### **Our findings**

People live in a comfortable and homely environment, which meets their individual needs. The home had sufficient internal space for people to spend time communally or individually. There was a relaxed atmosphere in the home that helped people and their relatives feel at ease. People had their own private rooms, all of which were personalised to individual taste, some with photos and furniture people had brought in from home. We saw people moving about independently between communal areas and their bedrooms. Others who required support to mobilise had staff support to do so. On the day of our visit, people were unable to leave the building due to the installation of a key code pad to safeguard one resident. We were told the key code number was available for other residents to use however, this could not be located. We were assured this would be rectified immediately. We find that the home generally meets people's needs and supports them to maximise their independence.

The service has systems in place to identify and mitigate risks to health and safety. People live in a safe environment, with safety checks and maintenance of equipment being carried out on a regular basis. Health and safety documentation was examined and contained a selection of documentation including gas safety certificate, fixed and portable electrical testing certificates and equipment maintenance checks. We saw they had been completed within the required timescales. We saw an annual fire risk assessment had been completed; appropriate weekly, monthly and annual fire safety checks had been carried out and recorded. Personal emergency evacuation plans were in place for residents. We find that the service takes appropriate action to ensure people are cared for in a safe environment.



## 4. Leadership and Management

### Our findings

The services' procedure for recruitment, induction and supervision are sufficient, however improvements are required in staff training. We examined five staff member's files; we saw that pre-employment checks were in place, including disclosure and barring service (DBS) checks, verification of identity and necessary references. We saw evidence of mandatory training being completed and shadowing shifts at the home as part of their induction. Improvements in attending refresher training are required. We examined the staff training matrix and saw gaps for example in dementia and infection control. We were told the regularity of formal staff supervision had recently reduced. However, the staff files we examined contained supervision records, which were comprehensive and showed regularity. We also saw that staff team meetings had been held. Staff told us they felt equipped and confident to carry out their work. They also said they enjoyed their work, however at times they found it very busy which reduced the time they spent with residents on a one to one basis and the variety of activities they could undertake with people. We find that staff are recruited safely, inducted, trained and supported appropriately to carry out their duties; improvements are required in relation to attendance at refresher training.

Governance arrangements require improvement to support the operation of the service. We spoke to visiting relatives who described the manager as "*friendly and happy to help*". We were also told that they would have no issue making a complaint or raising concerns with staff and the manager if necessary. We saw evidence of a family meeting that was held in September 2019, minutes were pinned to notice boards in each room. We were told the December meeting was cancelled due to poor attendance and other festive activities being arranged. We were told the service had received one formal complaint since re-registration and saw actions taken and outcomes for people. We saw a range of compliments about the service and care provided to loved ones including "*most wonderful, kind, caring staff*" and "*no-one ever failed to give her the best care and dedicated attention*". Improvements were required in record keeping and monitoring as discussed in the care and support section. Systems to monitor and audit daily service delivery required improvement. For example, the analysis of falls or incidents would identify any themes or patterns and contribute to improvement in the delivery of care. The responsible individual visited the home on a regular basis. We saw evidence of reports completed following these visits evidencing discussions with residents, relatives and staff, overview of complaints, the environment and any staffing issues. We were told these reports and recommendations for the improvement of the service were then discussed with the manager. We find that formal quality assurance systems are in place; however, improvements in the recording and analysis of daily service delivery would further support quality assurance mechanisms.

## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non compliance from previous inspections**

This is the first inspection following re-registration with Care Inspectorate Wales under the Regulation and Inspection of Social Care (Wales) Act 2016.

### **5.2 Areas of non compliance at this inspection**

We have advised the provider that improvements are required to meet legal requirements on this occasion we did not issue non-compliance notices as we were assured measures will be taken to address the issue and there was no immediate or significant impact for people using the service.

- **The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 – Part 14 Regulation 58 (1).** We found that the service provider did not ensure medicines are administered safely and regular auditing of the storage and administration of medicines.

We expect immediate action to be taken to address these areas, which will be considered at our next inspection.

### **5.3 Recommendations for improvement**

At this inspection we have advised the provider that improvements are required in relation to:

- Further improvements in record keeping and monitoring to aid operational oversight, identify trends and patterns, enabling continued improvement in the delivery of care.
- Improvements in the range of activities for people to choose to participate in.
- Exit from the home for those who are safe to do so should be available.

## 6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. This inspection was part of the CIW review of outcomes for people living with dementia in care homes. We made an unannounced visit to the home on 22 January 2020 between 9:30a.m. and 7:00p.m.

The following regulations were considered as part of this inspection:

- The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017

The following methods were used:

- We spoke with four people receiving a service and three visiting relatives.
- We spoke with the operational manager and senior.
- Telephone conversation with the responsible individual.
- We spoke with four members of staff,
- We looked around the home and made observations.
- At the time of completing this report, we received no completed resident/relative's questionnaire.
- At the time of completing this report, no staff questionnaires had been returned to CIW.
- We reviewed information about the service held by CIW.
- We looked at documentation, which included:
  - Statement of Purpose and written guide.
  - Five people's care records.
  - Five members of staff personnel file.
  - Staff training and supervision records.
  - Records relating to health & safety.
  - Medication storage and records.
  - Records of accidents and incidents.
  - Quality assurance and audit records.

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

[www.careinspectorate.wales](http://www.careinspectorate.wales)

## About the service

<b>Type of care provided</b>	<b>Care Home Service</b>
<b>Service Provider</b>	<b>Caerphilly County Borough Council</b>
<b>Responsible Individual</b>	<b>Joanne Williams</b>
<b>Registered maximum number of places</b>	<b>28</b>
<b>Date of previous Care Inspectorate Wales inspection</b>	<b>This is the first inspection following re-registration of the service.</b>
<b>Dates of this Inspection visit(s)</b>	<b>22/01/2020</b>
<b>Operating Language of the service</b>	<b>English</b>
<b>Does this service provide the Welsh Language active offer?</b>	This service is working towards providing an 'Active Offer' of the Welsh language. To anticipate, identify or meet the Welsh language needs of people who use, or intend to use their service.
<b>Additional Information:</b>	

**Date Published 11/03/2020**