



Inspection Report on

Valley View Care Home

**VALLEY VIEW CARE CENTRE
DAN Y COED CEFN HENGOED
HENGOED
CF82 7LP**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

14 August 2019, 27 August 2019.

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Description of the service

Four Seasons (Bamford) Ltd is registered with Care Inspectorate Wales (CIW) to provide a service 'Valley View Care Home' to accommodate a maximum of 64 individuals. The service provides residential care and nursing care for people aged 18 and over; some of whom may have a diagnosis of dementia. Dr Maureen Claire Royston is the responsible individual and they have been appointed by the registered provider to represent the company and oversee the service. There is an interim manager in post who is registered with Social Care Wales.

The home is located in Hengoed, Caerphilly. On the days we visited the home we were told that 29 people were in residence.

Summary of our findings

1. Overall assessment

We found planned activities take place within the home and people were satisfied with these arrangements. Staffing levels, skill mix and deployment of staff needs to be reviewed to ensure people's needs are met and risks are consistently mitigated. The provider has some oversight of the service, however improvements are needed within the leadership and management of the home. The mealtime experience in the home is not always uplifting. The systems for managing people's medication, staff supervision and induction need to be strengthened. Improvements are required to ensure there are adequate bathing facilities within the home.

2. Improvements

This is the first inspection of the service since it 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 details of our recommendations to improve the service and areas where the care home is not meeting legal requirements. In brief these relate to:-

- **Respect and sensitivity:** People should always be listened to and supported in a sensitive manner.
- **Health and Safety:** Risks to people within the home need to be managed safely.
- **Medication:** A safe system of recording and administering medication needs to be in place.
- **Supporting staff:** Appropriate support systems for staff should be in place.
- **Staffing:** Staffing levels / skill mix needs to be reviewed.
- **Premises:** Adequate bathing facilities should be available.

1. Well-being

Our findings

People are supported to access external services and remain socially stimulated. Health referrals were made to ensure people got the help they needed at the right time. We found evidence within personal plans that external healthcare support is sought in a proactive and preventative way. We received feedback from a health professional who visited the home on a regular basis, they stated the communication was good and the home had, “*Excellent staff.*” We saw activities taking place and people we spoke with were happy with the organised activities and were generally satisfied with the way staff interacted with them. We also considered the responses in five returned service user / relative questionnaires. The overall feedback we received was that activity arrangements were, ‘very good.’ We conclude, people have things to look forward to and are supported to access external healthcare services as needed.

Systems are in place to safeguard people; however, the application of these systems requires strengthening. Generally, individual risks were identified as part of the assessment process and personal plans were in place, however personal plans were not always kept up to date or revised as needed. Policies and procedures were aligned to current legislation, national guidance and safeguarding procedures. We noted the provider had completed Disclosure and Barring Service (DBS) checks on staff in line with regulatory requirements. We found the provider had made deprivation of liberty safeguards (DoLS) applications to the local authority, however we recommend the provider reviews this area to ensure applications are submitted where required and information collated assists in robustly monitoring this area. Medication systems were not always robust. Staff were aware of the procedures to follow if they had concerns about an individual’s safety and received safeguarding training. We observed on more than one occasion, people were not always supported and monitored as required and considered improvements were needed to ensure risks to people are consistently mitigated. People do not consistently receive the right care and support in order to consistently keep them safe and promote their well-being.

People are not always supported or listened to in order to promote their well-being. We found there were occasions when people required support, however, this was not always acted on. People’s requests for personal care and nutritional needs were not always taken into consideration or identified in a timely manner. We noted one resident preferred their breakfast in the dining room, however during our visit due to insufficient staffing this was not possible. During the mealtime experience, we observed insufficient numbers of staff in the dining area in order to meet people’s needs. We also noted risks to people in communal areas were not consistently monitored or mitigated as required. We found the provider has systems in place to obtain the views of people about the quality of the service, however, we considered the manner in how people’s wishes and needs are responded to on a day to day basis needs specific attention. People’s voice is not always heard and their individual circumstances considered.

The living accommodation and facilities does not always support people's well-being. We found health and safety checks were generally being completed, however we identified some risks to people within the environment that were not always mitigated in a timely manner. We found appropriate bathing facilities were not in place to afford people the choice of having a bath as an alternative to taking a shower. We found people had access to pleasant outside space and noted these areas were well maintained. We conclude, people's well-being is not always enhanced by the environment in which they live.

2. Care and Support

Our findings

Personal plans were not always revised and amended in a timely manner to reflect changes in the individual's care and support needs. These documents are of the greatest importance as they provide staff with the knowledge they need to support people consistently and safely. We saw support plans from the local authority and the personal plans we reviewed had taken these support plans into account. We found in one resident's personal plan there had been input from an occupational therapist in June 2019, however, the associated mobility plan had not been updated to reflect the recommendations made. We noted in care documentation for one individual the person had experienced two falls in July 2019, however the falls risk assessment had not been reviewed until August 2019, and their mobility personal plan had not been updated, the only information documented was the detail of the falls. We noted the medication plan for this person had not been revised following a change in need. We discussed our concerns with the provider who assured CIW these matters would be rectified immediately. Therefore, we conclude, whilst people's needs are assessed, the revision and updating of personal plans needs to be strengthened.

People do not always receive care and support in a way they would like or when they need it. During our first visit, we saw some people had not received their breakfast. We spoke to one person who told us they were annoyed because they had not received their personal care and they were unable to enjoy their breakfast due to having to eat this whilst still in bed. They explained their preference was to have breakfast in the dining room. We spoke to a member of staff who explained the reason for this was because the home was short staffed that morning. We reviewed monitoring charts for one person in the company of the manager, the documentation indicated fluids had not been offered for a significant length of time. We saw the person's lips were dry. The manager offered this person a drink who accepted. We were told by the manager that due to the risk of falls to people, the lounge in the main area of the room was consistently monitored by staff. However, on two separate occasions we found people in the lounge were left unsupervised.

We observed the mealtime experience for people in both areas of the home. In the Primrose unit, we found people were supervised and supported by staff in an unrushed manner with choice afforded and preferences respected. However, in the main area of the home we found the presence of staff was insufficient in the dining room. We observed the chef was left on their own for a considerable length of time to support a number of people to eat and drink. At one point we saw eight people in the dining room with only the chef available to support. We observed the chef was working hard to try and meet people's needs. We discussed our observations with the provider who assured us these matters of concern would be addressed immediately. During our second visit we found the atmosphere was more settled and saw documentation had been completed in a more timely manner. We conclude, people's care and support needs are not always being consistently met and as a result people's health and well-being needs are at risk of being compromised.

Medication systems are not as robust as they need to be. We sampled medication administration records (MAR) for people receiving support in this area. We identified when ‘as and when required’ medication (PRN) was administered, it was not always recorded accurately on the MAR and the effectiveness of the medication was not always routinely documented. We saw a PRN protocol was in place for a prescribed sedative but there was no reference to the maximum dose to be administered in a 24 hour period either within the protocol or on the MAR, and the protocol had not been signed or dated. We found some bottles of prescribed oral solution including controlled drugs that had no evidence of the date the medication was opened allowing medication to be used beyond the recommended use by date. We found medication which should have been disposed of was stored in the medication fridge, and we noted the fridge was not locked. We undertook a stock check of some medications and we found stock levels were not accurate for one prescribed medication and noted some medications were not always being carried forward to the next cycle, therefore making it difficult to complete an accurate reconciliation of current stock levels. We conclude improvements are needed to medication systems to ensure practices are consistently safe.

There are mechanisms in place to protect people from abuse. We found the majority of staff had received safeguarding training. Discussions with staff generally demonstrated a good knowledge of safeguarding and whistleblowing procedures, and how to report matters of a safeguarding nature should they have concern. Staff felt confident about who to contact outside of the service if needed. We found the entrance to the home was secure and visitors’ identity was checked on entering the property along with signing of the visitors’ book. These procedures prevent any unwelcome visitor’s entering the property. We noted the provider had made (DoLS) applications where some people potentially lacked the mental capacity to make certain decisions about their health and welfare. We were provided with a matrix which showed applications that had been submitted but the matrix did not include all people using the service and it was not clear what the status of the applications were. We conclude, there are safeguarding processes in place to keep people safe, however some improvements are needed to ensure people’s rights are consistently protected.

3. Environment

Our findings

People live in an environment which does not always meet their needs. We found the home was spacious and the layout enabled people to easily spend time privately or communally. We noted the home was clean and tidy. Resident bedrooms were generally personalised with items of importance to them. We observed baths within the main area of the home gave the appearance they had not been used for some time; individual baths were very narrow and had paint marks on them. We found a bath hoist had not been serviced to allow for the choice of bathing facilities in the main area of the home. We were told by staff the baths in the main area of the home had not been used for some considerable amount of time and people used the shower facilities as an alternative. We were told if residents preferred a bath they would be supported to access the bathing facilities in the Primrose unit. Primrose unit was a specialist dementia unit, and is separate from the main area of the home. We spoke with the manager regarding the bathing facilities and we were told the baths in the main area were not fit for purpose and the refurbishment of these facilities was imminent. During the second day of our visit we were told contractors were on site to commence work in one of the bathrooms.

In Primrose unit we observed that the majority of communal bathrooms, wet rooms and toilets did not have locks fitted to the doors in order to afford people using these facilities privacy and dignity. We discussed this with the manager and later the same day this issue had been resolved. In Primrose unit we saw signs to direct residents to toilets, bathrooms and their individual bedrooms were large and clear which considered the needs of people with sensory needs. A number of rooms were themed and decorated with appropriate furnishings. A visitors' room with tea and coffee making facilities was available for families to spend time with their loved ones. We conclude, people's well-being would be enhanced to live in an environment where the bathing facilities are maintained to a higher standard.

Health and safety checks were in place. We viewed records of electricity, gas safety and fire safety checks completed. We noted a fire risk assessment was completed in April 2017, which indicated the risk was tolerable. We were told by the provider this risk assessment was kept under review, however, we could find no evidence to substantiate this. We noted personal emergency evacuation plans for individuals had not been signed or dated. The home had been awarded a five star ('very good') food hygiene rating by the Food Standards Agency in December 2018. We found fizzy drinks were left unattended in different communal areas of the home. People should have limited access to drinks belonging to other people because of the potential health and safety risk of choking for people who have been assessed as having swallowing needs. We found laundry sacks that contained soiled clothing were placed directly on the floor of the laundry room. We noted continence aids were not always disposed of safely in a communal bathroom and found many continence waste bins were faulty or inoperable. During our visit we made the manager aware of this concern who assured us faulty bins had either been repaired or replaced. We conclude, health and safety practices need to be more robust to ensure risks are identified and mitigated promptly.

4. Leadership and Management

Our findings

The service provider has some oversight of the home. The provider has been subject to increased monitoring by commissioners due to concerns and issues that had been identified. There was an interim manager in post covering the day to day managerial responsibilities and they were supported by a newly recruited deputy manager. The provider informed CIW that a new manager has been recruited and pre-employment checks were being completed. We noted the Responsible Individual (RI) visited the home in March 2019 and completed a visit report. Following this visit the provider made CIW aware of the RI's work commitments and current situation; hence the managing director completed the next regulatory visit to the service in July 2019. CIW acknowledged the provider's situation, however, three monthly visits are the responsibility of the RI and cannot be delegated. People are encouraged to give feedback about the service via a quality of life portal located at the entrance of the home. We viewed feedback left by people using this system and we were assured action was taken where deemed necessary. We saw minutes of a resident and relative meeting held in June 2019, however, these minutes were very brief. We were told these meetings had not been held on a regular basis. The senior managers explained they intend to involve people more in the running of the home. We conclude, the oversight of the home by the provider needs strengthening.

People were not always supported by sufficient numbers of staff to ensure their well-being. The deployment of staff throughout the home was not well managed and staffing numbers were not always consistent in order to meet people's needs. We found staff did not always give people the appropriate care and supervision they needed in a timely manner. We observed times when people were left in communal areas unsupervised. We spoke with people using the service, relatives and staff, the consensus view was that people's needs were not always being met in a timely manner due to inconsistent staffing levels. We examined the last four weeks of the home's staff rotas and noted that assessed staffing levels were not consistently maintained during a 24-hour period and there were occasions where the home had run below what the provider deemed as appropriate staffing levels in order to safely meet people's needs. We advised the registered provider that they must ensure staffing levels are sufficient at all times to meet people's identified needs. We conclude, staffing levels were insufficient in order to meet people's needs.

Systems and processes with regard to the learning and development of staff were not always in line with regulatory requirements. We were shown training statistics that indicated the majority of staff had completed mandatory training, however practical manual handling training records revealed that only six staff had completed this training. The provider assured us training in this area was being prioritised and records would be updated. We found a lack of documentary evidence of staff induction being completed. We spoke to one member of staff who had no previous experience of working in care prior to taking up the role, and told us they had not received a structured induction and told us "*This would have been helpful.*" All staff employed should commence a structured induction programme on

the first day of their employment and be assessed at the end of their twelfth week of employment. At the time of inspection we found that not all care staff hold a relevant vocational qualification e.g. the occupational qualification in the Social Care Wales's qualification framework. We conclude people do not always benefit from care delivered by staff who receive an appropriate induction into their role.

People receive care from staff who are not always receiving appropriate supervision. We viewed a supervision matrix for all staff. We found the supervision matrix did not include all the staff working in the home. We examined four staff files and supervision records that indicated staff do not always receive appropriate and regular supervision. Detail within supervision records was variable. Formal supervision in this sense relates to a confidential, documented one-to-one discussion between a member of staff and their line manager. It enables staff to reflect on their practice, the home's philosophy of care, discuss any issues and identify development goals. We reviewed minutes from staff meeting held in August, April and March 2019. We found daily meetings were held with senior staff to enhance communication of matters of importance in the home, but staff meetings for care assistants were not held on a regular basis. We noted annual appraisals of staff performance had not been completed for all staff in the last 12 months. Staff told us they generally felt supported; however, the frequent changes in management has had a negative impact on team morale. We also considered the responses from staff questionnaires, which told us overall staff 'mostly' felt valued by management and 'mostly' had enough support to carry out their role competently. We conclude, people do not receive care and support from staff who are formally supervised in their roles as required.

Recruitment checks for staff employed need strengthening. We were provided with a matrix that indicated staff had DBS checks prior to commencing employment. We examined four staff files and found some discrepancies in relation to employment histories (three staff), employment references (two staff) identification (two staff) and where a person has previously worked in a position whose duties involved working with vulnerable adults, verification of the reason why the employment ended (two staff). Recruitment processes are not always robust to ensure the staff employed are suitable to work with vulnerable people.

The home is clear about its aims and objectives. We viewed the statement of purpose (SOP) for the home. The SOP is fundamental in setting out the vision for the service and is a key document that should clearly demonstrate the range of health and care needs the service will provide support for, including any specialist service / care provision offered. The SOP provided a detailed picture of the service offered and indicated the home's position regarding the 'active offer' (providing services in Welsh without someone having to ask for it). However, we judge this area needs to be further explored and expanded on. We also found the details of the management of the home within the SOP required updating. We conclude, people can be mostly clear about the services that are provided at the home.

5. Improvements required and recommended following this inspection

This is the first inspection of this service since it was re-registered under RISCA.

5.1 Recommendations to meet legal requirements

We found that the service provider is not meeting its legal requirements under RISCA in relation to:

- Respect and Sensitivity (Regulation 25 (1)): The service provider had not ensured that individuals are treated with respect and sensitivity.
- Staffing (Regulation 34 (1) (b)): The service provider had not ensured that at all times a sufficient number of suitably qualified, trained, skilled, competent and experienced staff are deployed to work at the service, having regard to the care and support needs of the individuals.
- Review of personal plans (Regulation 16 (5)): The service provider had not ensured personal plans had been revised when necessary.
- Medication (Regulation 58 (1)): The service provider had not ensured that there are suitable arrangements for the recording and safe administration of medicines received at the home.
- Health and safety (Regulation 57): The service provider had not ensured that unnecessary risks to the health and safety of individuals are managed effectively.
- Supporting and developing staff (Regulation 36) (2) (c)): The service provider had not made suitable arrangements so that all staff receive appropriate supervision on a quarterly basis.
- Supporting and developing staff (Regulation 36) (2) (a)): The service provider had not ensured all staff receive an induction appropriate to their role in line with Social Care Wales recommendations.
- Fitness of staff (Regulation 35 (2) (d) (Schedule 1)): Full and satisfactory information or documentation was not always available for all staff employed at the home.
- Premises (Regulation 44 (9) (a)): The provider had not ensured the premises had sufficient bathrooms of sufficient number and of suitable type to meet the needs of the individuals.

We did not issue a non-compliance notice on this occasion as we were assured measures will be taken to address the issues identified and manage any potential risks. We expect immediate action to be taken to address these areas, which will be considered at our next inspection.

5.2 Recommendations for improvement

- The dining room experience requires improvement to ensure it is a positive experience for everyone to promote positive outcomes.

- DoLS matrix needs to be up-to-date and include sufficient information so there is clear oversight and management of this area.
- Meetings are to be held on a regular basis for people using the service so they have a 'collective voice' to put forward their views about care and services.
- Team meetings are to be held on a regular basis so staff have an opportunity to put forward their views to help improve people's care and support.
- The fire risk assessment is to be reviewed on at least once every 12 months and recorded to show this remains appropriate.
- Personal emergency evacuation plans need to be updated, signed and reviewed on a regular basis, so staff and external services / professionals have the information they need in emergency situations.
- The service provider should consider Welsh Government's initiative '*More Than Just Words follow on strategic guidance for Welsh language in social care,*' to ensure positive outcomes for people whose first language is Welsh.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the home on 14 August 2019 between 07:50 a.m. and 5:50 p.m. and 27 August 2019 between 8:05 a.m. and 18:20 p.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 considered the information held by CIW about the service, including the last inspection report and notifiable events received since the last inspection.
- We spoke with people living at the home during the day, including relatives, and staff.
- Discussions with the interim manager and senior managers.
- We toured the home, observed staff and resident interaction and considered the internal and external environment.
- We received one questionnaire from a resident, five from relatives, one from a visiting professional and 10 from staff.
- We looked at a wide range of records. We focussed on the staff rota, staff supervision records, staff training records, medication charts, four staff recruitment records, and four people's care records.
- Consideration of the home's SOP.
- Consideration of the providers auditing reports, including RI visit reports.
- Consideration of the health and safety records, including fire safety.
- Consideration of the home's policies and procedures.
- We used the Short Observational Framework for Inspection (SOFI 2) tool. The SOFI 2 tool enables inspectors to observe and record care to help us to understand the experiences of people living in the home.

We are 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 is on our website www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	Four Seasons (Bamford) Ltd
Responsible Individual	Dr Maureen Claire Royston
Registered maximum number of places	64
Date of previous Care Inspectorate Wales inspection	26/02/2019
Dates of this Inspection visit(s)	14/08/2019 and 27/08/2019
Operating Language of the service	Both
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:	

Date Published 30/10/2019