



Inspection Report on

Hill View Care Home Ltd

**HILL VIEW CARE HOME
COMMERCIAL STREET ABERBARGOED
BARGOED
CF81 9BU**

Date Inspection Completed

06 November 2019, 21 November 2019

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Description of the service

Hill View Care Home Ltd is registered with Care Inspectorate Wales (CIW) to provide a service 'Hill View Care Home' to accommodate a maximum of 34 individuals. The service provides residential health and social care for people with a mental health condition such as dementia for people aged 55 and over. Amjad Ali is the responsible individual (RI) and they have been appointed by the registered provider to represent the company and oversee the service. The manager in post is registered with Social Care Wales (SCW).

Summary of our findings

1. Overall assessment

People told us they are happy with the care and support provided, although we found some improvements are needed in the activity provision. Relatives are welcomed into the home and told us they were satisfied with the support provided. There are support mechanisms in place for staff, however, induction and safe recruitment practices require improvement. The environment is warm and welcoming and meets the needs of people living in the home. Quality assurance systems are in place and the RI has a presence at the home. Systems to ensure risks to people are identified and mitigated in a timely manner need to be strengthened.

2. Improvements

This is the first inspection of this 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:-

- Quality assurance: The provider needs to ensure reporting processes are improved.
- Supporting and developing staff: The service provider needs to ensure all staff receive an induction programme appropriate to their role.
- Health and Safety: Risks to people within the home need to be managed safely.

1. Well-being

Our findings

People have a voice and their physical health is promoted. External healthcare support is sought in a proactive and preventative way. People were supported to access a range of community healthcare services. We observed the dining experience in different areas of the home and considered this to be an uplifting experience for people. Staff gave choices of meals and drinks and people told us they were supported to make decisions for themselves. Relatives were welcomed into the home. People and their relatives told us staff were caring, kind and considerate. We found the provider had made good efforts when organising celebratory themed events for people and we saw a folder full of photographs that showed this, however, feedback from staff revealed activity engagement in some areas of the home was poor. We found people's day to day experience of activity enjoyment and socialisation was not always recorded. We conclude people's health and well-being is supported, however, some people are not always being fulfilled socially within the home.

Systems are in place to safeguard people; however, the application of these systems require strengthening. Generally risks were identified as part of the assessment process and personal plans were in place, however, some improvements to this process were needed. Policies and procedures were aligned to current legislation, national guidance and safeguarding procedures. Medication was stored safely, systems were in place and mostly followed by staff. Staff had good knowledge on safeguarding protocols and completed the relevant training. We noted Disclosure and Barring Service (DBS) checks on staff in line with regulatory requirements had been completed. The DBS helps employers make safer recruitment decisions. We found the provider had made the relevant deprivation of liberty safeguards (DOLS) applications. This is a legal process which seeks to ensure care arrangements for such residents are proportionate and in their best interests. We observed on more than one occasion, people were not always protected from the risk of unnecessary harm. We conclude, safeguarding systems are in place, however, improvements are needed to ensure potential risks to people are identified and consistently mitigated.

People live in accommodation, which is clean, conformable and meets their needs. People looked relaxed and content. Bedrooms viewed were all light, spacious and personalised with photographs and personal artefacts. This provided a sense of belonging. Health and safety checks were in place to monitor and check the environment. The environment catered for the support needs of people living in the home and we considered this 'dementia friendly.' People's well-being is enhanced by having access to an environment that meets their needs.

2. Care and Support

Our findings

Personal plans record people's specific care needs how they will be met and are mostly kept up to date. Care files we looked at contained evidence of care and support plans from the local authority and personal plans we reviewed had mostly considered these plans, however, this was not always consistent. We found in one person's local authority care and support plan there was an indication of risk regarding safeguarding concerns that required to be monitored, although this was not included within the provider's admission assessment. Personal plans were person centred and individual routines were recognised and recorded. We examined care documentation for one resident who had sustained a fall and noted the personal plan had been reviewed, however, this was not updated to include current safety measures in place. Staff reviewed care documentation on a regular basis and people and/or their representatives were involved in this process. The manager told us commissioners and health professionals were informed when significant changes had occurred in people's needs which enabled regular support and monitoring of the service's suitability to continue to meet the person's needs. We conclude, whilst people's needs are assessed and plans are person-centred, the detail within admission assessments and the revision of personal plans needs to be strengthened.

Staff recognise and respond to individuals' emotional and physical needs. We observed the dining experience in different areas of the home and considered this to be an uplifting experience for people. Relatives were welcomed into the home and enjoyed the dining experience with their relative. We observed staff members engaging positively with people and found staff to be caring and sensitive to people's needs. We spoke to one person who told us they enjoyed reading books in their bedroom and staff respected this choice. We observed people enjoyed a 'singing quiz' and others were involved in an arts and craft session. We spoke to relatives who told us they were satisfied with the activities on offer. However, feedback from people working in the home was that there was not enough to do to stimulate people in all areas of the home. We were told there had been a change to staffing allocation in some areas of the home and this had affected social stimulation for some people. We discussed this with the RI and manager who agreed to review this area of service delivery. We reviewed a folder that contained photographs of people enjoying organised activities, however, we found people's day-to-day experience of activity enjoyment and socialisation was not routinely recorded. We noted referrals were made in a timely way to relevant healthcare professionals when needed. We saw information within personal plans that confirmed the home had referred to relevant professionals in a timely manner. We had the opportunity to speak to a visiting health professional who told us, *'Communication is very good. If the home contacts us, I am confident that I can trust their word. They go above and beyond.'* We conclude that people are provided with care and support to remain healthy but an improved activities programme incorporated into some peoples' daily life would enhance their well-being.

People are not always supported in a way which consistently promotes their safety and well-being. We noted a door that required to be locked for safety reasons had been left unlocked. We found the door that led from the main kitchen into a communal corridor had been left unlocked. We walked into the kitchen and found no staff in attendance and immediately brought this to the attention of a senior staff member. We saw the main kitchen door that led into the main lounge/dining area on the ground floor had no locking device fitted to the door. We found baths had been left half full in two communal bathrooms and noted continence aids were not always disposed of safely. We saw a red sack that contained soiled laundry was left unattended on the mattress in a person's bedroom. We discussed our concerns with the RI and manager who assured us that these matters would be addressed immediately. Discussions with staff demonstrated a good knowledge of abuse and how to report matters of a safeguarding nature. We saw applications had been made to the local authority regarding residents identified as potentially lacking mental capacity to make decisions about their care and/or welfare. This is known as deprivation of liberty safeguarding. It is a legal process which seeks to ensure care arrangements for such residents are proportionate and in their best interests. We conclude safety measures are not always in place to ensure people are kept safe from harm.

People benefit from a service that ensures medication storage and administration is person centred and mostly adheres to statutory and non-statutory national guidance. People are supported by staff who are professional in the management and administration of medication. There were secure arrangements for storing medication stock in a lockable room, accessible only to authorised staff. We found people's daily medication was stored in a locked safe within individual rooms, we considered this to be good practice and afforded people dignity and respect. We examined a sample of medication administration records (MAR). We identified that when PRN "as required medication" was given, some staff were recording the administration and the effectiveness of the medication on the reverse of the MAR, however, we noted this practice was not always consistent. We found prescribed oral solution and creams did not always have evidence of the date the medication was opened. We noted the stock balance of some medications was not always carried forward onto the next MAR, therefore, an accurate stock check of some medications would not be possible. Staff provided us with detailed information on the medication people received and why it was being administered. We noted relevant temperature checks were carried out by staff on a daily basis and regular audits were carried out. We found the use of anti-psychotic medication at the home was reviewed on a regular basis. We conclude there are systems in place with regards to the management of people's medication, however, improvements are needed in some areas.

3. Environment

Our findings

People are cared for in a homely, welcoming and well-maintained surroundings. The home was protected from unwanted visitors by a secure door entry system. We were greeted by staff and requested to sign a visitor's book. The décor in the communal areas was homely and welcoming. We considered the home had been designed with dementia in mind, this included all communal bathroom and ensuite areas having sensor lighting to ensure they are well lit when used. We saw environment enablers to support people find their way around more independently. We found themed areas that were used to generate people's conversation and spark residents' past interests and hobbies. We entered the home at breakfast time and instantly found the home to be welcoming. We saw people eating breakfast in the main dining area, and in quieter areas of the home. We observed people socialising with each other and staff. We saw relatives were welcomed into the home and greeted by pleasant staff that appeared to know them well.

All relatives we spoke with were extremely complimentary on all aspects of the home, and its staff. Comments included, *'Good support. Whatever I ask for I get. The best thing I've ever done was put (X) in here.'* Feedback we received from relative and representative questionnaires included, *'Homely environment with the most caring staff you could hope for,'* and *'The whole team of staff have been our heroes.'* People living at the home were equally complimentary saying, *'I'm quite happy here. I can get up when I want,'* and *'I'm very pleased with this place. Staff are very caring and I feel safe.'* We observed in different areas of the home people could access small kitchenettes including tea & coffee making facilities, and biscuits, cakes and fresh fruit were readily made available. People had access to a pleasant external area that people could safely access in warmer months. We conclude, people live in accommodation which meets their needs and promotes their well-being.

Health and safety within the home is maintained. We viewed records of electricity and gas safety checks completed. We viewed a record of fire safety checks that were completed. We reviewed a fire risk assessment completed in September 2019 and noted actions signed off by the provider as completed. Equipment, including the passenger lift and specialist lifting equipment was inspected, however, we found lifting accessories, for example, slings were not inspected as required. We saw window restrictors were in place for all areas inspected as required. We noted staff had been involved in fire drills on a regular basis. We conclude people are supported in an environment that is appropriately maintained.

4. Leadership and Management

Our findings

The provider maintains good oversight of the service, however, some reporting processes and regulatory duties need to be strengthened. The provider had submitted regulatory notifications to inform CIW of events in the care home although there was a significant delay in notifying CIW when DOLS applications had been submitted. We reviewed the visit reports completed by the RI in August 2019 and November 2019. We reviewed quality assurance reports completed in August 2019, this included feedback from people using the service, their relatives, visiting professionals and people employed at the home. The manager told us they felt well supported in their role. We saw evidence that incident/accidents and falls were being reviewed and information analysed. We found medication practices were reviewed by the management team at the home on a regular basis. During our discussion with the RI and the manager we were informed that 'housemothers/activity staff had been reduced at the home. This was not in line with the Statement of Purpose (SOP). The decision to reduce activity staff had been made without consultation with CIW or the updating of the SOP. Further, the RI must report to the service provider on the adequacy of the resources available at the service, such reports must be made on a quarterly basis. We noted these reports had not been completed. Overall, we judge, systems are in place to monitor and evaluate the service, however, we found some improvements are needed to meet regulatory requirements.

People living at, working in or visiting the home are able to express their concerns. We asked to view a log of the complaints received about the home since our last visit. We were able to see that an individual complaint was recorded and the manager explained how this was dealt with. We saw action had been taken with regards to any issues that had been raised. However, we found the outcome of the local resolution was not confirmed in writing. This was discussed with the manager during our visit. People we spoke with told us the manager is approachable and responsive. We conclude there is evidence people know how to raise concerns, however, the confirmation of the resolution of a complaint must be provided in writing.

Recruitment practices require strengthening to meet regulatory requirements. We examined four staff files and found the majority of the required documentation had been obtained to ensure that each member of staff was fit to conduct their role/ duties. However, we found some discrepancies in relation to employment histories (two staff), references (one 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). We reviewed a DBS folder for staff and found a robust system in place. The above indicates recruitment practices require some improvements in order to comply with regulatory requirements.

People receive care from staff who are supported, supervised and appropriately trained. Feedback we received from staff indicated they felt 'mostly' valued and supported in their

role. We saw evidence of regular team meetings and viewed staff supervision notes on file which showed staff received regular support from the management team. We saw from staff files viewed that staff had undertaken training in key areas. This included areas such as safeguarding, fire training, dementia and health and safety. We found documentary evidence of an induction checklist being completed, however, this did not demonstrate that an induction was undertaken in line with Social Care Wales, All Wales Induction Framework. We conclude that staff are supported and trained for the work they are to perform, although induction processes need to be strengthened.

Final unpublished report

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

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

5.2 Recommendations to meet legal requirements

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

- Health and safety (Regulation 57): The service provider had not ensured that unnecessary risks to the health and safety of individuals are managed effectively.
- Statement of Purpose (Regulation 7 (3)): The service provider had not notified the persons listed in paragraph (6) of any revision made to the statement of purpose at least 28 days before this change took effect.
- Supporting and developing staff (Regulation 36) (2) (a)): The service provider must ensure all staff receive an induction appropriate to their role in line with Social Care Wales recommendations.
- Oversight of adequacy of resources (Regulation 74 (2)): The RI must report to the service provider on the adequacy of the resources available to provide the service in accordance with the requirements on service providers in Parts 3 to 15 of the Regulations. Such reports must be made on a quarterly basis.

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.

5.3 Recommendations for improvement

- Activity provision across the home needs to be improved.
- Activity engagement on a day to day basis to be recorded.
- Admission assessments to include all the necessary information.
- The service provider needs to make improvements to the arrangements for the recording and administration of medicines received at the home.
- Employment references for staff to include satisfactory information (signed) (dated) (Job title of referee) etc.
- A full employment history, together with a satisfactory written explanation of any gaps in employment to be recorded on staff files.
- A copy of the person's birth certificate to be kept on staff files.
- All complainants to receive a written outcome.
- Inventories to be completed for all people using the service and to include items of value and furniture.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme and 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 06 November 2019 between 08:35 a.m. and 6:25 p.m. and 21 November 2019 between 09:00 a.m. and 5:10 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 and a concern received since the last inspection.
- We spoke with people living at the home during the day, including relatives, and staff.
- Discussions with the RI and manager.
- We toured the home, observed staff and resident interaction and considered the internal and external environment.
- Discussions with visiting health professionals.
- 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 statement of purpose and service user guide.
- 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.

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	HILL VIEW CARE HOME LIMITED
Responsible Individual	Amjad Ali
Registered maximum number of places	34
Date of previous Care Inspectorate Wales inspection	24/09/2018
Dates of this Inspection visit(s)	06/11/2019 & 21/11/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service that is working towards providing an 'Active Offer' of the Welsh language.
Additional Information:	

Date Published 13/01/2020

No noncompliance records found in Open status.