



Inspection Report on

Castle View

**Castle View Aged Persons Residence
Claude Road
Caerphilly
CF83 1UZ**

Date Inspection Completed

31/10/2023

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About Castle View

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Caerphilly County Borough Council
Registered places	28
Language of the service	English
Previous Care Inspectorate Wales inspection	[22 January 2020]
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

People speak highly of the standard of care and support at Castle View. We saw positive interactions and relationships between people and their care staff. Personal plans are developed with people, and to a high standard, although not all plans are reviewed in line with the regulations. People's wellbeing outcomes are supported by experienced and effective care staff.

The service has a good staff retention; we found that most care staff have worked in the service for many years. However, the service has some vacancies which it is working to fill. The service and the wider organisation are implementing a variety of approaches to support recruitment.

The home is brightly decorated and maintained. There is a novel use of space to support people to spend time in their preferred social groups. People's health and safety is promoted, there are clear processes in place for managing health, safety, and maintenance, although there are some inconsistencies in the recording of safety checks.

Well-being

People are happy with the care and support they receive; we heard people complimenting their care staff and saw positive interactions throughout the inspection. People receive care and support as and when they need it, care staff work hard to ensure that whilst tasks are completed on time, their focus is the people living at the service. People's wellbeing outcomes are considered through assessment and are reviewed and monitored by their dedicated key workers. We found that people's wellbeing outcomes reflected their preferences and impact their day-to-day support and their environment.

The service promotes choice; people make frequent and meaningful choices throughout the day which enable them to form positive relationships with others living in the home. We saw people choosing who to have lunch with, and when to have it, as well as which lounge to sit in and what activities they participate in. There is a varied programme of activities for people to choose from which are sourced externally. We heard people singing, laughing, and joking during a concert. People are supported to engage in meaningful activities by care staff, but some care staff told us they would benefit from more time to organise activities. The responsible individual (RI) is working to address this and has created a role for a wellbeing co-ordinator to work across several services to support the team.

Care staff are kind, polite, and respectful; we saw people are treated with dignity and respect by all staff working at the service. The management at the service are familiar to people, and we saw people confidently and comfortably addressing concerns with the manager throughout the inspection, as well as enjoying a conversation with them. Families and representatives are complimentary of the service and hold the care staff and management in high regard. We saw people receiving visitors frequently throughout the day. A person's family told us *"We can't praise them enough."*

People are protected from abuse and neglect in the service. There are clear policies and procedures in place to ensure all care staff understand their roles in relation to safeguarding people. People are confident to raise concerns with their care staff and the management at the service. There is a service user guide (SUG) available to people as they move into the service which outlines their rights and how they will receive care and support.

Care and Support

People benefit from the care and support they receive. There is clear familiarity between people and their care staff; communication is warm and friendly. We observed people looking content in the company of care staff and seeking support as they need it. Care staff take time to ensure people feel listened to, and reassurance is given to people at times of distress. People engage in individual activity such as reading their preferred newspapers or enjoy the social aspects of the lounges.

People's personal plans provide a clear picture of who the person is and their preferences and histories. People are supported to develop their personal plans by experienced key workers. The service ensures people's preferences and daily routines are captured, involving families and representatives when people require support to contribute. Personal plans contain clear and specific guidance on a variety of wellbeing outcomes, to ensure that care staff can support people to maintain good wellbeing. Care staff make daily notes to capture a record of the care and support delivered by the service. We found care notes provide an accurate and up to date reflection of care delivery, and there is a focus on wellbeing as well as tasks completed by care staff.

The service has a system to ensure that personal plans are reviewed, and people are involved in this process. However, the system in place to support the reviewing of plans requires strengthening, we found not all plans are reviewed in line with the timeframe set out by the regulations. We also found changes highlighted by reviews are not added to the personal plans. This has the potential to impact the delivery of care and support. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Risks and specialist needs are considered in the care planning process. The service has a clear pre-admission procedure in line with their Statement of Purpose (SoP) which highlights potential risks which are managed through the guidance in personal plans and risk assessments. The service has a system in place to support the safe handling and administration of medications. People are supported to be as independent as possible. Where people are unable to keep themselves safe, the necessary procedures are followed. Appropriate arrangements are in place with the Local Authority to ensure decisions are made in people's best interests, when required.

Environment

The environment meets the needs of people living at the service; spaces are bright, clean. The service is split into two distinct communities to meet the varied needs of people. The layout and decoration within these communities is distinct, but both have a pleasant and homely atmosphere. The larger community comprises of two lounges, and a larger dining area near the main kitchen where people spend time socialising at their chosen mealtimes. The dining area has been decorated with murals, as has the foyer, which creates distinct markers to support people to navigate in the space, as well as being visually interesting. The service has recently been painted and is benefitting from light and bright hallways; people have colourful bedroom doors which lift the appearance of longer corridors and make each room more personalised. People's bedrooms are personalised with their belongings and photographs.

The other community is well designed with a garden mural at the entrance, and a space for people to sit and enjoy the bird song from the resident budgies. The space is welcoming and calm with seating for people to use. There is a communal lounge/ diner which is attached to a kitchenette for people, creating a more homely and comfortable space for people. Outside there is a spacious garden which is well maintained, although at present the seating has been stored for winter. The manager has plans for the summer months to utilise the space to support people to garden, and to develop a bar area in a summer house where people can meet for activities. There is plenty of communal and private spaces for people to spend time with others living at the service, or their families, including a smaller family room which is also used as a cinema for film movie nights. Posters are displayed to show what will be showing and when, as well as other posters to let people know about activities and events at the service. There are communal bathrooms and shower rooms in the service, and the toilets have been refurbished to ensure they are accessible.

The environment is safe for people using the service; there are clear processes for ensuring safety certificates are in place, and there is a system for monitoring maintenance and safety checks. However, we noted some minor gaps in the frequency of recording, which the RI assures us will be addressed.

Leadership and Management

There are adequate governance arrangements in place to support the smooth running of the service. The manager of the service is experienced and familiar with all people living in the service, we saw people comfortably raising queries and enjoying conversations with the manager throughout our inspection. Policies and procedures are suitable for the home and are in line with good practice guidance. We saw that the manager and the RI have an agreed action plan in place to support oversight and governance of the home on a day-to-day basis, but some systems for auditing and review could be further strengthened. The RI carries out their regulatory duties and visits the service each quarter, and uses the feedback gathered to report on the quality of care provided. There is analysis of patterns and trends, however procedures could be strengthened to ensure that gaps in processes and regulatory actions are not missed.

There are enough staff on duty to support people effectively, however the service has some vacancies and care staff told us that they would benefit from additional staffing to ensure that they have time to spend with people. The RI has a robust plan in place to support recruitment efforts at the service, including an apprenticeship scheme to support kitchen staff into care homes. The service has a high level of retention for care staff, who speak positively about their roles, and opportunities for learning and development. We found some gaps in records for training for care staff, which had been impacted by staffing vacancies and other factors. However, the service benefits from a high proportion of qualified care staff who are registered with Social Care Wales (SCW) the work force regulator. Care staff told us they feel well supported by their manager, and where support and supervision takes place care staff are given opportunities to reflect and debrief. However, we found significant gaps in support and supervision sessions. While no immediate action is required, this is an area for improvement and we expect the provider to take action. Care staff attend team meetings where there is clear information provided about the needs of the service; we found strong handover processes to ensure care staff are well informed.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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16	Personal plans are not reviewed in line with the frequency set out by the regulations.	New
36	There are significant gaps in support and supervision sessions for care staff.	New

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