



Inspection Report on

South View

Hengoed

Date Inspection Completed

22/03/2022

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About South View

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Caerphilly County Borough Council
Registered places	4
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection under the Regulation and Inspection of Social Care (Wales) Act 2016.
Does this service provide the Welsh Language active offer?	No. 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 their service.

Summary

Care Inspectorate Wales (CIW) carried out an announced inspection of the service. To comply with the current pandemic restrictions, we undertook a site visit alongside viewing documentation taken off site. South View provides accommodation and support for people who have a learning disability. The home is in a quiet, residential area in the Hengoed area of Caerphilly. Accommodation is provided in a four-bedded house. The Responsible Individual (RI) is Joanne Williams who has oversight for the service.

People appeared comfortable and content with the care they received. People have control over their day-to-day lives. People are listened to and encouraged to speak for themselves, so they can make decisions within their capability, especially around day-to-day choices. People are treated as individuals, with their circumstances considered and supported.

A stable staff team are familiar with people's needs and preferences and interact in a kind and caring manner. Care files detail how people like their needs met and are clear and well organised, reviewed, and updated when a change has been identified. Systems to audit the quality of the service are in place. However, these fail to identify where the service was not meeting regulatory requirements. The service is not meeting regulatory requirements around staff training, medication policy and health & safety.

Well-being

People have person-centred care and support that is of a good standard. This means that people receive a service that is specifically designed to meet their needs. People living at South View have complex care needs, including limited communication. Detailed personal plans set out their care and support needs and provide care workers with clear instructions. Risk assessments highlight people's vulnerabilities and contain information on how to keep people safe. Care workers told us personal plans are easy to follow and contain all the information they need to support the person effectively. Audits of people's care delivery and health and safety monitoring is in place.

People are treated with respect and their health and well-being is promoted. External healthcare support is sought in a proactive and preventative way. People are supported to access a range of community healthcare services.

Care workers interact with people in a natural, friendly caring and compassionate manner. It is apparent that care workers know the people they care for well and their likes and preferred choices. Care workers are vigilant to changes in body language, vocalisation and use of touch to reassure for those who are non-verbal. Care workers recognise and respond to individuals' emotional needs, especially if they are experiencing difficulties.

Care workers and people using the service know each other well. A stable staff team are familiar with people's needs and preferences and interact in a kind and caring manner. People's routines, needs and wants are understood, and they are supported to achieve their personal outcomes. Care workers promote choice and have a very good knowledge of the people they support and are therefore able to notice any changes quickly and respond promptly.

We saw applications have been made to the local authority for people identified as potentially lacking mental capacity to make decisions about their care and/or welfare. This is known as Deprivation of Liberty Safeguards (DoLS). It is a legal process which seeks to ensure care arrangements for such residents are proportionate and in their best interests. We noted where Deprivation of Liberty Safeguards had been authorised, they had expired. There is no clear action taken/recorded to seek re authorisation.

Care and Support

People have limited verbal ability to express their view about the support received, however people's facial expressions and body language indicate that they are comfortable, relaxed, and content. Communication plans are in place for those who require these. We observed staff interacting positively with people during our visit, gently reassuring people and making sure they were comfortable. Relatives we spoke with were very complimentary of the care and support being provided at the home.

People have person-centred care and support that is of a good standard. Care files detail how people like their needs met and are clear and well organised. Personal plans contain key information on people's physical and emotional needs. Details of social history, interests, preferred activities, and food preferences help in understanding how people like to be supported. Risk assessments highlight people's vulnerabilities and contain information on how to keep people safe.

People consistently receive the right care and support. The service provides appropriate numbers of staff, who have experience and familiarity with the people they deliver care to. There is a long-standing team of care workers working in the service, with minimal staff turnover. The consistent core team of staff that people know well, and care workers feel they have sufficient quality time to spend with people.

Medication systems are need strengthening. We examined a small sample of medication administration records (MAR's). These are appropriately completed by care workers. Secure arrangements are in place for storing medication. We spoke with a member of staff who demonstrated good knowledge of the home's procedures. The service completes checks of stored medication temperatures. We found prescribed creams had not been dated to reflect when opened. The staff training matrix identified several staff with overdue medication refresher training. The medication policy has not been updated or reviewed. While no immediate action is required, this is an area that requires improvement. We expect the provider to take action and we will follow this up at the next inspection.

Environment

People are cared for in a clean, homely, well-maintained environment. The service is committed to promoting a good standard of cleanliness and hygiene. Substances hazardous to health are stored safely. On arrival at the service, the care worker appropriately checks to ensure the visitor is safe to enter. The medicines and personal files are only accessible for those with authorised access, to ensure confidentiality and safety.

There are effective infection control arrangements in place, which care staff follow. When we arrived at the home, the staff followed procedure to ensure the visit was safe and testing undertaken. Visitors' identities are checked on entering the property along with signing of the visitors' book. Care workers have access to a sufficient supply of personal protective equipment (PPE) to manage infection control in the home. Peoples' relatives told us that they are in regular contact with their relatives, and the provider facilitates visits to the home in line with current Covid-19 guidance.

Bedrooms are personalised and contained items such as family photographs and furnishing. We saw the home is clean and tidy throughout. The kitchen area is accessible to residents to enable people to maintain their independent living skills. People are supported to use the environment, spending time as they wish, appearing relaxed and comfortable in their surroundings. People have access to a very appealing and attractive patio area, that is secure and enables people to sit outside during suitable weather. In places radiator covers are scruffy such as in the newly refurbished wet room, which takes away from the freshly decorated area.

People can generally be assured health and safety is adequately monitored to keep them safe from harm. There are arrangements in place for maintenance and servicing of equipment and facilities, this includes regular maintenance work and repairs. Records such as a gas certificate, fire risk assessment, fire alarm testing and regular safety checks of the premises are in place. We noted there is no monitoring of water temperatures to reduce the risk of scalding. While no immediate action is required, this is an area that requires improvement, and we expect the provider to take action.

People are supported to live in accommodation which meets their needs. The home was clean and well maintained. The environment was homely. We found external areas were spacious, appealing, secure, and well kept. We conclude, the environment people live in supports their well-being.

Leadership and Management

People can be clear about the services that are provided at the home. The statement of purpose (SOP) is a key document setting the homes aims and objectives. It provides a detailed picture of the service offered, and clearly demonstrates the range of health and care needs the service will provide support for, including any specialist service/care provision offered.

The home's manager has been absent since September 2021. An experienced, competent deputy manager has day-to-day responsibility for the home. The deputy has access to and is supported by a manager of another Local Authority home. We were unable to consider care worker recruitment and appraisals as the deputy did not have access to staff files. The service provides appropriate numbers of staff, who have experience and familiarity with the people they deliver care to. There is a long-standing team of care workers working in the service, with minimal staff turnover. The newest care worker has been working at the service for three years. The deputy has undertaken one supervision session with each care worker within the last three months.

Learning and development of staff needs to be strengthened. A partially completed training matrix was provided. It demonstrates staff mandatory and specialist training are out of date. Care worker refresher training has not been accessed for many years, which could affect their ability to carry out their jobs safely and effectively. Staff core training is not consistently being arranged/ updated in line with the roles and responsibilities of staff. Relatives of people receiving care feel care workers are suitably skilled and competent delivering care. While no immediate action is required, this is an area that requires improvement, and we expect the provider to take action. We will follow this up at the next inspection.

Policies and procedures are in place at the service and staff know how to access these. There are a wide range of corporate policies and procedures for staff to access, however these are not service specific. We looked at a selection of policies including infection control; medication; moving in; whistleblowing and safeguarding. We saw that the medication policy has not been reviewed since May 2016. Policies and procedures require regular review to ensure they are up to date and relate to local procedures. While no immediate action is required, this is an area that requires improvement, and we expect the provider to take action. We will follow this up at the next inspection.

Governance arrangements are in place that support the operation of the service. We saw evidence of three monthly visits and six monthly quality of care reviews conducted by the Responsible Individual in line with regulations; However, these fail to identify where the service was not meeting regulatory requirements in areas such as medication, staff training, and health & safety. While no immediate action is required, this is an area that requires improvement, and we expect the provider to take action.

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
36	Training matrix not kept up to date little evidence that mandatory and specialist training for staff is up to date.	New

58	Medication policy not reviewed. Creams not dated when opened.	New
57	Water temperatures not checked or recorded.	New
8	Monitoring and improvement.	New

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