



## Inspection Report on

**Mont Claire**

**Caerphilly County Borough Council  
65 Montclair Avenue  
Blackwood  
NP12 1EF**

## **Date Inspection Completed**

22 October 2021

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## About Mont Claire

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Caerphilly County Borough Council
Registered places	5
Language of the service	English
Previous Care Inspectorate Wales inspection	This was the first inspection under the Regulation and Inspection of Social Care (Wales) Act 2016
Does this service provide the Welsh Language active offer?	The service provides an 'active' offer of the Welsh language, which means it anticipates and shows commitment to meeting the Welsh language needs of people who use, or may wish to use, the service.

### Summary

Mont Claire is a care home in Caerphilly able to accommodate up to five individuals. As per the home's statement of purpose, it specialises in short-term respite care for people over 18 years with a learning disability. The Responsible Individual (RI) is Joanne Williams, who oversees the home's strategic operations. A suitably qualified and registered manager looks after the daily running of the home.

People are treated with care and respect. Care workers show good understanding of their individual needs and preferences. Care workers promote people's choice and independence and they can do things that matter to them. People and/or their representative contribute to planning and reviewing their care; but personal plans and reviews could more clearly reflect people's personal outcomes and the extent to which they are being achieved. Measures are in place to promote safe care delivery and the provider is responsive in addressing health and safety matters. The environment is suitable for people's needs and those using, and working at, the home speak highly of it. There are no areas for priority action from the inspection, but several areas need improving to fully satisfy regulatory requirements. These relate to care worker supervision; RI quarterly visits; deprivation of liberty requests; quality of care reviews; personnel information; and developing an infection control policy. We will follow these areas up at the next inspection.

## Well-being

People's emotional and social well-being is promoted because their wishes and preferences are sought, documented and respected by care workers. People have opportunities to do things that matter to them, both within the home and in the community. Care workers show a caring approach and communicate with people in ways they understand. Feedback from people and/or their representative is positive, indicating people enjoy their stays and feel well cared for.

Care workers show good understanding of people's particular needs. They keep representatives informed of changes during their stay, and the home obtains input from healthcare professionals where appropriate. The service consults with people and/or their representative prior to each respite stay to check the accuracy of information and determine any important changes to their needs. This helps to promote people's physical well-being. That said, care documentation could more clearly reflect what personal outcomes people wish to achieve from the service and personal plan reviews should consider the extent to which people have been able to achieve those outcomes.

There are measures to reduce cross infection and medication risks. Care workers demonstrate appropriate infection control practices. This helps to keep them, visitors and residents safe. The service must have an infection control policy, which we are advised is being addressed. People's emotional and physical well-being is promoted by a suitable living environment with communal spaces. The provider is responsive in addressing maintenance and safety needs within the home. The provider should liaise promptly with the relevant team regarding individuals who potentially lack mental capacity to consent to their respite stay, to protect them and their rights as far as possible.

To ensure people's voice is regularly sought and used to drive improvement within the service, the service provider needs to strengthen its arrangements for engaging with people and reviewing the quality of care and support provided.

## Care and Support

People receive appropriate care and support, according to their particular needs. Care workers show good knowledge about individuals and demonstrate a caring, respectful approach. The service liaises appropriately with healthcare professionals for advice. People and/or their representative speak positively about Mont Claire. One representative commented: *“[individual] loves their breaks there. The staff – I can’t say enough about them. They are marvellous”*. Another described their experience as *“absolutely phenomenal”*. One individual told us they were enjoying their stay, liked the staff and was able to visit, to check they liked it, beforehand. People’s interests and choices are promoted and they can access social and recreational opportunities in the community.

People and/or their representative are involved in care planning. Changes to their circumstances are reviewed prior to each stay. Personal plans consider people’s needs and risks. Personal plans would benefit from more clearly reflecting people’s personal outcomes and reviews should consider the extent to which people have been able to achieve those outcomes. We also discussed with the provider record keeping regarding oral care and recording exact times of care interventions.

There is written information about the service for people, but it needs reviewing. We discussed with the provider its responsibility to provide people and/or their representatives with up to date information about themselves and the service. An active offer of the Welsh language is reflected in the home’s literature. People’s communication preferences are recorded and we are informed Welsh speaking staff can be deployed from elsewhere within the organisation if required.

Measures are in place for minimising cross-infection risks, but the provider needs to have an infection control policy in place, which it assures us is being addressed. Care workers demonstrate appropriate infection control practice. There are Covid-19 visitor checks and a service risk assessment is present. Care workers complete regular cleaning and disinfecting and the provider addressed an issue regarding the location of a waste bin that we identified during the inspection.

There are appropriate arrangements in place for managing medicines, supported by a policy and audits. Some aspects of documentation would benefit from review, such as written documentation regarding the use of PRN (as and when required) medicines and GP contact details could be included on medication administration records as per practice guidance.

Safeguarding measures help to protect people, but the home should liaise promptly with the relevant team regarding people who potentially lack mental capacity to consent using the service. Safeguarding and whistleblowing policies are present and accessible to care

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workers. Care workers receive safeguarding training and the provider has arranged refresher training. People know how to raise a complaint and care workers feel confident raising any issues internally. Consideration is given to the care needs of people using the service at the same time, to help ensure people's stays are as comfortable as possible. The provider maintains good communication with people's representatives, to ensure they are kept informed.

## Environment

People live in suitable accommodation for their needs. The home and its facilities are described in the statement of purpose. Mont Claire has capacity to accommodate up to five individuals. At the time of inspecting, the service has reduced maximum intake to protect people from risks associated with Covid-19. The home has updated its literature to reflect this. There is accessible indoor and outdoor communal space for people to use as they wish.

The safety of the premises is promoted by internal audits, safety checks and servicing of equipment and facilities. The home is clean and tidy. Checks relating to food disposal, kitchen hygiene, and of the fridge and freezer temperature are recorded. Documentation shows electrical, gas and equipment safety checks have been carried out. The latest electrical safety report identified areas that required attention, which the provider assures us have been addressed.

The home has received a food hygiene rating of four, indicating 'good' kitchen hygiene practices. During this inspection some matters relating to health and safety needed attention, such as window restrictors and a loose hand rail. We are satisfied the provider has taken prompt steps to address these matters during the inspection. We discussed making good use of audits to monitor all health and safety matters in the home. There is a risk assessment and water hygiene reports regarding legionella. We discussed relevant health and safety guidance with the provider regarding documenting routine water safety checks, to help minimise potential legionella risks as far as possible.

Fire safety measures are in place, which include a fire safety risk assessment, safety related checks, servicing and fire drills. People have personal emergency evacuation plans, although ones we viewed were undated and it was not clear when they were last reviewed. The provider told us it will address this, to ensure the plans are accurate, according to people's current needs.

## Leadership and Management

People benefit from an approachable manager and stable care team. A range of policies and procedures support the operation of the home. Some require reviewing to ensure they are in line with current legislation and/or guidance. The statement of purpose describes the home's objectives and is consistent with the service provided. There is a clear management structure and a written guide to the service, but the provider should review it to ensure all of the necessary information is in order. The home keeps a record of incidents, accidents and action taken. We are advised there have been no recent complaints, disciplinary matters or safeguarding incidents. Internal audits show oversight of areas such as medication records, care documents, and health and safety. A record of belongings, including monies, people bring in when they stay is kept, along with receipts, supported by a relevant policy.

There are some gaps in the information held in personnel records which requires attention. The provider assured us it is addressing these areas. We had a discussion with the provider as regards auditing all personnel files, to check the required information is in order.

Care workers feel sufficiently supported and trained. One care worker commented: "*I love working here. It's homely*". We note the frequency of staff team meetings has been affected by the pandemic; but staff are well supported day-to-day by a visible manager. We discussed with the provider its responsibility in ensuring supervisions and staff meetings consistently take in place in line with statutory timeframes.

We were advised training availability has been disrupted by the Covid-19 pandemic. The provider is in the process of addressing staff training needs. We also discussed considering oral health and mental capacity training which staff may benefit from, considering the needs of the people using the service. The manager told us of measures used alongside training to help ensure safe practices are maintained, such as staff learning resources and competency checks.

Governance and quality monitoring arrangements require strengthening. This is to ensure there is sufficient evidence of at least quarterly RI engagement with people connected with the service and at least six monthly quality of care reviews being completed. This will help the provider demonstrate effective oversight of the quality of the service provided in line with the regulations. We will follow this up at the next inspection. We received assurance from the provider as regards the financial viability of the service.





**Areas for improvement and action at, or since, the previous inspection. Achieved**

None

**Areas for improvement and action at, or since, the previous inspection. Not Achieved**

None

**Areas where priority action is required**

None

**Areas where improvement is required**

The quality of care and support must be reviewed at least every six months.	Regulation 80(2)
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All staff must receive appropriate supervision and appraisal.	Regulation 36(2)(c)
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The RI must visit the service in accordance with Regulation 73(1)(a)-(b) at least every three months.	Regulation 73(3)
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The service provider must have a policy in place in relation to infection control.	Regulation 56(2)
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The service provider should liaise promptly with the relevant team regarding any individual who potentially lacks mental capacity to consent to their care and support in line with the relevant mental capacity legislation and code of practice.	Regulation 31
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Full and satisfactory information and/or documentation must be in place for all care workers in respect of each of the matters specified in Part 1 of Schedule 1 of the Regulations.	Regulation 35(2)(d)
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The areas identified above require improvement but we have not issued a priority action notice on this occasion. This is because there is no immediate or significant risk for people using the service. We expect the registered provider to take action to rectify these areas which we will follow up at the next inspection.

**Date Published:** 19 November 2021