



## Inspection Report on

**Church View**

**Churchview Care Home  
13 St. Martins Road  
Caerphilly  
CF83 1EF**

## **Date Inspection Completed**

04/12/2023

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## About Church View

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	HC One Limited
Registered places	45
Language of the service	English
Previous Care Inspectorate Wales inspection	20 October 2022
Does this service promote Welsh language and culture?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

### Summary

The home is divided into three floors, and provides specialist support to people living with dementia, as well as general care needs. The current manager has recently been promoted from within the service, having previously been the deputy manager for around two years. The home has recently changed which floor provides which kind of support to better meet the needs of people living there. Planned improvements to the environment are in the process of being carried out to further support these changes.

People are well presented, happy and kept as occupied as they would like. They enjoy the food provided at the home. People talk fondly about the care staff who support them. We saw care staff treat people with genuine warmth, compassion, and good humour.

Care staff know the people who live at the home well. Personal plans clearly inform care staff about each person and their individual care needs and preferences. The care staff and management team are adapting to the recent changes, and how best to allocate care staff around the home. We saw an example of people not being supervised as they should be during a mealtime experience.

Care staff feel well supported in their roles but have not all receive one to one supervision meetings as frequently as they should. The new manager intends to address this as a priority.

## Well-being

The lower floor of the home is now being used to support people living with dementia. The manager has met with people living here, and their relatives to agree on the décor they would like to have. Consideration has been given to environmental recommendations for people living with dementia, and the redecoration programme is planned shortly.

People have choice in their day-to-day lives. They can choose what time they get up in the morning and go to bed at night. Their preference over whether to take a bath or shower. When choosing meals, people are given options and shown a sample meal to support their understanding of each option. People told us they enjoy their meals and have a good choice of main meals, and snacks throughout the day. People are encouraged to stay hydrated to support their wellbeing.

The home employs an activities coordinator who is very popular with people living at the home. Group activities are arranged, as well as some people having one to one pamper sessions. A hairdresser visits the home every week, we saw people enjoying having their hair done and chatting with the hairdresser.

People are supported to be a part of the local community; we saw some school children visiting during our inspection. They were showing their artwork projects to the people living at the home, which some clearly enjoyed very much.

People are kept safe from risk of harm. The home has a safeguarding policy which is kept under review and the care staff know how to report any concerns.

## Care and Support

People are generally supported in a way which is safe and follows their personal plans. However, we saw occasions where people did not have the relevant level of supervision during mealtimes, which may have put them at risk of poor outcomes. Although no immediate action is required, this is an area for improvement, and we expect the provider to take action. We will consider this again at the next inspection. The mealtime experience we observed was a sociable event, with people enjoying each other's company and receiving support as required.

People and their family members are happy with the care and support they receive. Most people we spoke to were very complimentary. One person told us *"I have a lovely room; I like to get up early. There are always plenty of staff around, they are wonderful. If ever I need anything they help me with it. I am treated very well."* A visiting family member told us *"X is really well looked after here; they do a fantastic job. We really couldn't be any happier."* We were told by one person there are not always enough staff on one unit. Which the manager assured us they would address.

Personal plans are written clearly, they inform care staff about the individual and their social history. Each identified area of care contains information on what the person can do for themselves, what they would like to achieve, and how best to support them with this. Plans are thorough and kept under regular review to ensure they contain up-to-date information. Care staff make frequent detailed records which evidence people are being supported as planned.

Safe medication practices are followed in the home. Care staff use an electronic system for recording when medication has been administered. The system alerts senior staff and management if any doses are late, so this can be explored, and action can be promptly taken if required. The manager completes a monthly audit of medication. We found records to be clear and accurate.

## Environment

People are kept safe from unwanted visitors, the front door is kept locked, and we were asked for proof of our identification when we entered. The home is kept clean and tidy and generally in a good state of repair. People's rooms are individualised to their own tastes. People are encouraged to have their own pictures and personal effects in their rooms to give them a homely feel. Each unit has a communal bathroom with specialist equipment, separate spacious wet room, and toilets to meet peoples needs. Personal Protective Equipment (PPE) is stored appropriately around the home, for staff to use as required.

The middle floor has a spacious dining room which is well laid out for people to eat their meals in a comfortable communal setting. This dining room leads directly from the main kitchen where all meals are cooked on site. The home has a five-star rating from the food standards agency, which means hygiene standards are very good. The lower floor has a smaller dining area with a kitchenette.

Communal lounges throughout the home benefit from homely décor, and some pictures of local interest from times gone by. Furniture is in good condition and suitable for peoples needs. Some areas of the home have some scuffed doorframes and skirting boards. We spoke to the manager about the recent changes of use of different areas of the home and how these impact on people living there. The lower floor is now used to support people living with dementia. The manager has met with relatives of people to gain their suggestions and preferences of the décor for the area where their loved ones reside. A full redecoration is planned based on these suggestions, and guidance for environments most suitable for people living with dementia.

The garden area has a level patio which is suitable for people with mobility difficulties. There are raised planters, covered areas and garden furniture suitable for people to sit out when the weather allows.

## Leadership and Management

The responsible individual (RI) has effective oversight of the management of the service. They visit regularly and record conversations they have with people living at the home, visitors, and staff. Regular feedback is sought to gain feedback on people's satisfaction. A quality-of-care report is completed every six months. This report provides analysis of key events, celebrates successes, and evidences the agreed actions to improve the service in any areas identified. The new manager is supported by the area director, and more experienced managers in the local area.

Care staff are safely recruited, the home has records of the required information for each staff member. This includes references from previous employers, proof of identification, and relevant Disclosure and Barring Service (DBS) checks. Care staff are registered with Social Care Wales, the workforce regulator. Some care staff told us they felt they should have more staff on duty. We saw isolated times when this may have been the case, but overall care staff support people in an unrushed manner. The manager assured us the home is getting used to some recent changes, and they are working to improve communication, especially for the allocation of the care staff who work across all areas of the home.

Care staff receive training in the key areas of their roles and have regular refresher training in important areas, such as safeguarding and infection prevention and control. Care staff have respect for the new manager, they feel she is approachable and helpful. Staff receive one to one supervisions with their line manager, but not as frequently as required. This is important to check on staff members wellbeing, reflect on their performance and record any concerns they may have. Although no immediate action is required, this is an area for improvement, and we expect the provider to take action. We will follow this up at our next inspection.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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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N/A	No non-compliance of this type was identified at this inspection	N/A
21	The provider is not always ensuring that people's well-being is considered and addressed	Not Achieved
36	The provider is not ensuring there is effective support of staff.	Not Achieved
15	Personal plans do not always reflect the person's needs.	Achieved

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