



Inspection Report on

Forest View

Abertillery

Date Inspection Completed

19 April 2023

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About Forest View

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Riverwood Housing Ltd
Registered places	3
Language of the service	English
Previous Care Inspectorate Wales inspection	11 June 2019
Does this service provide the Welsh Language active offer?	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

Well-being

People can do things that matter to them and that they enjoy. A consistent staff team build relationships with people by spending time with them, seeking their views and preferences on an ongoing basis. Staff cater for people's preferences, know people well and are able to anticipate their needs. People can choose what to do and where to spend their time. Visits from relatives and friends take place, and for those who require it, visits to family members at their home, including overnight stays are supported.

People are encouraged to remain as healthy as possible. Care staff ensure people eat and drink well by offering choice and helping people if they need assistance. Stimulating activities and good relationships with care staff help to support people's emotional health. Appointments with health professionals are arranged for regular checks or if individual needs change.

People are protected from abuse and neglect as care staff know what to look out for and how to raise concerns if they suspect someone's well-being is compromised. Care staff are trained in safeguarding and have clear policies and procedures to guide them. Well-established protocols protect people from having their freedom restricted unnecessarily, and detailed risk management plans help to keep people safe and as independent as possible.

The accommodation provides people with a comfortable and pleasant environment. The home is clean, warm and bedrooms reflect individuality.

Care and Support

People are content. Staff are kind and caring and provide individual support to people as detailed in their personal plans. Staff demonstrate a clear understanding of people's needs. People have choice including about activities, menu options and daily routines. Care staff know people well and how they like their support to be provided and strive to provide support to people in the way which matters most to them. Personal plans are comprehensive, detailed and contain information provided in consultation with people living at the service and their representatives. The outcomes people wish to achieve are clearly recorded. Personal plans are up-to-date and updated when changes are identified. Although informal reviews of personal plans take place regularly, the service needs to ensure a written record of reviews are available. This ensures the service has a clearer audit trail of identified changes and decision-making.

Care staff record the care and support they provide each day. Daily care notes provide a detailed overview about the support provided to people living at the service. People's weight is monitored and recorded on a weekly basis. People are encouraged to be as healthy as possible and a range of healthier meal and snack choices are available and encouraged. People have access to a wide range of activities including healthy activities such as walking, swimming and aqua aerobics. The service regularly engages with other health and social care professionals as required. We saw written documentation of prompt referrals being made. The service takes a pro-active approach in order to ensure people remain as healthy as possible.

Staff ensure people are as safe as possible by adhering to clear policies and procedures and taking swift action when needed. Records show management deals promptly and appropriately with incidents affecting people's well-being. Steps to ensure any restrictions placed on a person's liberty are only in their best interests are taken. Written information about people's capacity to make decisions, decisions made in their best interests and deprivation of liberty safeguards applications are stored appropriately.

Medication systems are robust. Medication is securely stored and is only accessible to staff who have the training and knowledge to administer medication. Medication administration records (MAR) are available at the service and staff routinely sign when medication is given. All MAR charts contain a photograph of the people living at the service in order to reduce the likelihood of medication being given to the wrong person. Monthly audits of medication take place and these accurately record if any medication issues have been identified during the month. Medication audits do not record consideration of any patterns or trends and actions taken to reduce the likelihood of similar events happening again. This would support further oversight.

Environment

The environment supports people to achieve their personal outcomes. The home is welcoming and the entrance to the home is secure. Communal areas and bedrooms are attractively decorated. People's bedrooms reflect their taste and interest and we were told some are in the process of being updated.

Appropriate arrangements are in place to ensure risks to people's health and safety are identified and dealt with. Records show checks are carried out around the home to identify and address issues promptly. The service has access to a maintenance person who works across all services. We saw the maintenance person was at the service on the day of our inspection. Most of the recommendations identified following a recent Fire Officer's report have been carried out. We were given assurances any outstanding actions would be addressed as a matter of priority. Individuals living at the service have appropriate personal emergency evacuation plans (PEEP) in place and these have been reviewed and updated at regular intervals. Copies of PEEPs are available in an easily accessible file should these be required in the event of an emergency. We saw appropriate oversight regarding gas and electricity safety checks are in place and portable application testing (PAT) has taken place. An up-to-date fire risk assessment is available and we saw documentation supports fire drills are carried out at regular intervals.

Leadership and Management

People are provided with accurate information about the service. There is a written guide which gives people who live at the service, their relatives and others, information about the service. There is a statement of purpose (SOP) which describes how the service is provided. The service provision is reflective of information contained in the SOP.

The provider of the service checks people are happy with the quality of care and support and looks for ways to improve. The provider visits regularly to oversee progress and developments, to complete checks and to meet with people who live there and with staff. We saw clear reports that show what they saw in the home, what people have fed back and what actions have been taken as a result. Management at the service regularly check the quality of care provided. They do this on an ongoing basis ensuring comprehensive handovers for care staff, regular care staff meetings, and audits of records and processes are in place.

People are supported by staff who are trained, supported and developed. The records we examined show the provider carries out the necessary checks when recruiting staff. New staff and staff promoted to new positions receive an induction in line with Social Care Wales's requirements. Staff receive training relevant to their roles. Written records demonstrate staff receive supervision at regular intervals in line with regulation. Staff are complementary about working at the service, are happy with the supervision they receive and feel appropriately supported in their roles. Records confirm regular staff meetings and annual appraisals for care staff take place.

The service provider ensures the leadership and management arrangements in place which supports the smooth operation of the service are effective. Since the last inspection the manager who is registered with Social Care Wales now works in a part-time capacity. A newly appointed deputy manager is in place and this is working well.

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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N/A	No non-compliance of this type was identified at this inspection	N/A
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Date Published 05/06/2023