



Inspection Report on

Severn View Residential Home

**Severn View Residential Home
Mounton Road
Chepstow
NP16 5BS**

Date Inspection Completed

25 March 2022

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About Severn View Residential Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Monmouthshire County Council Adults and Children's Services
Registered places	32
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection of this service since it was re-registered under The Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).
Does this service provide the Welsh Language active offer?	Working Towards. The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People who live in the home told us they are happy with the care and support provided. Visiting and activity arrangements are in place, including giving the people the opportunity to access the community. People's health and emotional well-being is promoted. Personal plans are in place, however the three monthly review process and the oversight of falls management requires attention. Quality assurance systems give people the opportunity to be listened to and involved in the running of the home. The Responsible Individual (RI) maintains oversight of the service and completes comprehensive regulatory reports reflecting a good overview of service delivery. This includes engaging with people and staff working in the home. Supervision, recruitment and medication practises require strengthening. CIW acknowledge the significant pressure the pandemic has placed on the service provider.

Well-being

People's individual circumstances are considered. We saw people are listened to and they have the opportunity to give their views and opinions. People told us they are happy, staff are kind and treat them well. We observed the dining room experience and saw people are valued and given choices. People have the choice to sit with others at the dining table or to sit in the comfort of their armchair to consume their meal. We saw choices of meals and desserts offered to people. We note staff sit with people to enjoy their meal together embracing the dining experience. We observed some people sat out in communal areas reading or watching the television where others preferred to do this in their own room. People have a voice and can make a contribution in the running of the home. However, care records reveal people are not always involved in the three monthly review of their personal plan.

People are treated with respect and their health and well-being is promoted. People are involved in activities of their choice, in the community and in the home. There are opportunities for people to experience social and emotional fulfilment. We observed relatives/representatives being welcomed into the home supporting and promoting the emotional well-being of people they are visiting. Multi-disciplinary meetings are held on a regular basis and healthcare support is sought in a proactive and preventative way. We observed staff being caring and attentive to peoples' needs. We saw a staff member supporting one person to mobilise to use the bathroom in a kind and sensitive manner. Staff wear personal protective equipment (PPE) taking into consideration current guidance. PPE is readily available and staff told us they feel confident in how and when to use this. We found Covid-19 work place risk assessments are in place and reviewed as necessary.

Systems are in place to safeguard people, however some areas need strengthening. We saw staffing levels are sufficient to meet peoples' needs to allow care to be delivered in a timely sensitive manner. RI reports reflect people are consulted with and observation records reveal staff practice is observed by senior management. Staff recruitment and support processes in place require improvement. We note the provider has completed Disclosure and Barring Service (DBS) checks on staff, however, this is not in line with regulatory requirements, that is every three years. The DBS helps employers maintain safety within the service. Medication management systems are in place, although some improvements in staff practice is required. The review and analysis of falls within the service needs attention in order to learn lessons and to support the timely review of personal plans as necessary. Refresher training in safeguarding for the majority of staff has lapsed. Staff we spoke with have a good understanding of how to report matters of a safeguarding nature.

Care and Support

Opportunities are available for people to partake in activities promoting their well-being. We saw entertainment was planned on the day of our visit. Some people enjoy gathering as a group on a weekly basis to have their Sunday lunch together. Themed events take place at the service and people access their community. A hair stylist visits on a regular basis and people really benefit from this experience. One person was supported to the garden centre and we were told how they really enjoyed this outing. We saw a general store within the home that supports independence and allows people to do things of importance to them. The service provider is in regular communication with families and representatives to keep them informed of the visiting arrangements, current guidance and to share other matters of importance.

Care documentation is not always clear and revised to ensure accurate information is available for staff on people's care and support needs. We sampled personal plans for three individuals. We note one person had two falls in the last six months, one of which required hospital attendance. We found the personal plan and falls risk assessment has not been revised following these incidents. We found similar failings in a personal plan for another individual. Information in one personal plan is unclear on the current support needs for the person who has previously been supported in the community. However, we did note better information in another plan we reviewed; reflecting the actual support the person requires to complete a task. CIW note people and their families are involved in the formal review process, however, the service needs to improve how they record people's involvement in the three monthly review of personal plans. CIW acknowledge the manager audits care documentation, identifies areas for improvement and shares this with the staff team. Personal plans lack consistency and the revision of plans requires improvement.

Referrals are made in a timely way to relevant health care professionals when people's needs change. We saw information within personal plans that confirm the service has referred to the relevant professionals when needed. We note people are supported to access a range of healthcare services, for example, GP, occupational therapists and district nurses. We found anti-psychotic medication is reviewed by the prescriber on a regular basis. We saw a dietician was regularly involved in one person's care and their advice was clearly recorded with nutrition charts completed in detail alongside the plan. However, we did note where a person was assessed at risk of dehydration there are some improvements required to the monitoring of fluid intake charts. This was discussed with the manager and we will follow this up at our next inspection.

Systems to manage medication are in place, however these require strengthening. We examined a small sample of medication administration records (MAR) and found they are mostly completed accurately. However, we did note some discrepancies in the administration and mechanisms in place. We found the temperature where controlled drugs

(CD's) are stored is not monitored or recorded. There have been occasions where CD's are administered with only one signature recorded in the CD book. We note medication that is no longer in stock has not been signed out of the CD book. We found medication that is required to be returned to the pharmacy stored in the fridge. We asked to view the returns/disposal drugs register, however, we were told this was at the pharmacy. We found some bottles of prescribed oral solution have no record of the date the medication was opened potentially allowing medication to be used beyond the recommended use by date. CIW were assured systems are being developed further with additional staff training being provided. We notified the provider that they were not meeting legal requirements in this area and we will follow this up at the next inspection.

Environment

People are cared for in a spacious, clean and welcoming environment. The décor in communal areas is homely. Some areas have been freshly painted and we were told people are involved in how the home is decorated. We saw some environment enablers are in place to support people to find their way around more independently. Dining areas are thoughtfully arranged. We saw a general store within the foyer of the home that helps harness the opportunities shopping can give to people. One relative we spoke with told us they are kept fully informed regarding the visiting arrangements and they feel measures in place keep everyone safe. We saw photographs displayed of people enjoying activities and themed events. We observed people either independently or being supported to use the environment, spending time as they wished. People have access to a large dining area where everyone in the home has the option of coming together to enjoy events. Bedrooms are personalised and contain items such as family photographs, things of importance and keepsakes. External gardens are welcoming and outside spaces are well maintained giving people the opportunity to enjoy these areas in warmer months.

Health and safety checks are in place, however systems need to be more robust in order to keep people consistently safe. There are systems in place to protect peoples' safety for example, a secure entrance to the home. There are coronavirus risk assessments and checks recorded for all people visiting the service. Maintenance records reveal action is taken to repairs in the environment in a timely manner. We saw cleaning chemicals that have the potential to cause harm are mostly stored appropriately, however, the locking mechanism on one storage cupboard needs to be more robust. A sluice room in the service was not locked securely. We saw window restrictors are in place as required. We found toiletries left out in one bathroom posing a risk of cross contamination if used communally. Staff wear appropriate PPE and follow correct procedures. We saw completed records of servicing for gas and electrical safety checks. Routine fire safety checks within the environment are completed and recorded as required. However, we note not all staff have been involved in a fire drill on a regular basis. We reviewed a fire risk assessment completed in July 2018 and note this has not be reviewed annually. A legionella risk was completed in February 2020. The requirements from this risk assessment are recorded in the action plan as completed.

Leadership and Management

The service has embedded robust systems for monitoring quality and takes account of the views of people living in the home and their representatives. The manager told us they feel well supported by the RI. We saw regular quality assurance audits are completed and the information analysed. We saw examples of regular communication with relatives by the manager. Staff told us the manager is supportive and approachable. The manager undertakes regular observations of staff practice maintaining an ongoing understanding of people's support needs and staff performance. Systems are in place to obtain the views of people and staff about the quality of the service. The RI completes a report every three months including a quality of care review which reflects how they consider the overall performance of the service. Reports also show the RI observes engagement between people and staff and speaks with people living and working at the home in order to measure their experience. The statement of purpose clearly identifies the vision of the service, including making provision for the Welsh language active offer.

Staff do not receive regular formal supervision and annual appraisals in their roles as required. Support is provided to staff in a variety of ways including regular team meetings and observation of practice. We spoke with staff who gave positive comments about the support they receive and their experiences of working in the home. However, we viewed a supervision schedule for all staff in the last 12 month period and found supervision practice was not consistent. We note not all staff have received formal one to one supervision with their line manager every three months. We reviewed supervision records for four staff and found that two out of the four have not received regular supervision every three months. Formal supervision in this sense relates to a confidential, documented one-to-one discussion between a member of staff and their line manager to ensure their professional competence is maintained. It enables staff to reflect on their practice, the home's philosophy of care, discuss any issues and identify development goals. A notice has not been issued on this occasion as there was no immediate impact for people using the service. We expect the provider to take action to address this and we will follow this up at the next inspection.

People cannot be assured recruitment procedures are robust and maintain people's safety. We examined four staff files and found employment contracts, application forms and interview notes on file as required. However, we identified discrepancies in relation to employment histories (four staff), no recent photographs held for staff, (four staff) relevant identification (two staff) and where a person has previously worked in a position whose duties involved working with vulnerable adults, verification of the reason why the employment ended (three staff). We reviewed a DBS matrix this indicates the relevant checks have not been renewed for all staff as required. These regular checks and updates are important in order to review a staff member's suitability to work with vulnerable people

A staff training matrix for core subjects was shared with CIW. This indicates the majority of staff have completed training in subjects such as medication and manual handling. However, refresher training in safeguarding and emergency aid remains outstanding for most staff. CIW acknowledge the significant impact the pandemic has had on the ability of service providers ensuring all staff receive refresher training pertinent to their role as required. We expect the provider to take action to address this and we will follow this up at the next inspection.

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
35	The service provider has not obtained full and satisfactory information and documentation in respect of all persons employed at the service in respect of matters specified in Part 1 of Schedule 1. This includes applying for a new DBS certificate for each	New

	member of staff every three years.	
36	The service provider has not ensured all persons working at the service receives supervision every three months including an annual appraisal.	New
58	Arrangements in place to administer medication are not consistently safe.	New
57	Health and safety processes need to be more robust to ensure people's safety is consistently maintained.	New
16	Personal plans are not consistently reviewed as and when required.	New

Date Published 20/07/2022