



# Inspection Report on

**Valley View Care Home**

**Dan-y-coed  
Cefn Hengoed  
Hengoed  
Cardiff  
CF82 7LP**

**Date Inspection Completed**

07/12/2023

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## About Valley View Care Home

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	View Care Home Ltd
Registered places	64
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">16 March 2023</a>
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

This was a focused inspection and we only considered in detail, care and support provision and the leadership and management of the home. People and their representatives are satisfied with the service. During the inspection people appeared settled, relaxed and were taking part in activities. We observed the staff team present as caring and attentive to people's needs.

There are established systems in place to enable the manager, senior staff and care staff to plan and deliver care and support safely. The service provider and the manager maintain ongoing oversight of the staffing levels deployed at the service. Recruitment activities have taken place since the last inspection and have included the appointment of a clinical lead. The Responsible Individual (RI) visits the service and completes the required reports in line with regulatory requirements.

## Well-being

Nearly all people receive the care and support they need and want. We observed people are settled and saw warm interactions between them, care staff and senior staff. We also saw care workers give additional support and reassurance to people when necessary. A relative and an external professional were complimentary towards the service and how it meets the needs of the three people they visit. Throughout the inspection visit people chose where to spend time, what to eat and what activities to take part in. Visitors and staff spoke enthusiastically about the seasonal entertainment which is taking place.

Nursing and care staff promote people's physical and mental health. They arrange referrals and appointments with health professionals when needed. They support people with their medication and ensure they drink and eat well. They also ensure people are supported to move and/or change position on a regular basis. In addition, the activities offered help to support people's emotional health.

Measures are place to protect people from abuse and neglect. Senior staff carry out 'spot checks' to review whether people received the right care at the right time. Risk assessments and care plans detail what people can do and outline the support they need. We saw these reflect people's needs and wishes. The manager works with relevant agencies to ensure restrictions placed on a person's liberty are only in the best interests.

## Care and Support

All staff are attentive and work together to ensure people receive the care and support they need. Care workers are encouraging, reassuring and demonstrate an understanding of people's needs. During our inspection visit, we observed people choosing when to get up, spending time alone or in communal areas and taking part in activities. At lunchtime, we saw care workers give people varying levels of support depending on people's needs. People are given choices of food and care workers provide additional support to people when necessary.

There is documentation in place for each person. It comprises of the assessment carried out before the person is admitted to the home, of risk assessments and of care plans which detail how care and support is to be provided. The documents reflect information gathered from people, their representatives and from external professionals. We also saw there is information in people's bedrooms which consists of a one page profile. This profile gives staff instant information about the individual and what they like and need. It tells staff what topics the person is interested in and can be used to start a conversation with them. At lunchtime, we observed a care worker supporting one person as detailed in their care plan. We also observed one person did not receive the encouragement to eat as mentioned in their care plan.

Nearly all the content of people's care documentation is person-centred, clear and gives sufficient detail for staff to know what the person wants and needs. In one instance, we found conflicting information in relation to the use of a wheelchair, and we also noted the instructions for the use of a mobility aid were not precise. We noted several instances where people's room numbers in lists and records did not match the actual rooms where they are staying. The manager confirmed all lists and records used in the home were reviewed the day following the inspection and these are now all correct.

## Leadership and Management

The service provider has stable arrangements in place to support the smooth running of the service. The RI maintains oversight of the service and they visit the service on a regular basis. They are assisted by the head of region who has ongoing contact with the home and provide direct support to the manager. The manager, and their deputy, manage the service on a day-to-day basis and carry out monitoring activities such as 'spot checks' of the care and support provided. This arrangement has recently been strengthened with the appointment of a clinical lead based at the service.

There are processes in place to monitor staffing levels. The manager explained the levels are flexible and are based on the needs of people and activities at any one time. They told us they meet on a regular basis with the head of region and the payroll manager to review staffing and people's dependency levels. We viewed minutes of these meetings on the day of the inspection. Minutes of the meetings for the last four months were sent to us after the inspection. These show the number of people supported and their needs are considered when planning staffing levels.

We saw a weekly rota and a daily 'staff allocation sheet' in place. The allocation sheet for the day of this inspection showed the carers' names and who they are responsible for. It also showed staff's additional responsibilities and delegated tasks. The manager told us they can bring in more staff when they consider this is needed. This is reflected in the minutes of the 'staffing/dependency meeting' dated 30 August 23 which states the manager is to use their discretion for booking additional staff, as and when required. Staffing levels on the day of the inspection appeared appropriate to meet the needs of people. The arrangements in place to manage staffing levels are consistent with the information in the service's Statement of Purpose and ongoing recruitment takes place. We noted nearly all feedback received from staff is positive.

There is evidence of investment in the service. The service provider continues with the refurbishment and upgrade of the environment.

### 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
35	At our last inspection, we found the required information for staff personnel files was not all present. This was not reviewed during this focused inspection.	Not reviewed



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