



Inspection Report on

Castle View

**Castle View Aged Persons Residence
Claude Road
Caerphilly
CF83 1UZ**

Date Inspection Completed

13/02/2025

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About Castle View

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Caerphilly County Borough Council Adults and Children's Services
Registered places	28
Language of the service	English
Previous Care Inspectorate Wales inspection	31/10/2023
Does this service promote Welsh language and culture?	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

People are complimentary of the staff and the services provided at Castle View. They told us they are happy living here. Care staff have developed good relationships with the people they support. Personal plans set out what is important for each person in accordance with their likes and preferences. We found people experience mixed opportunities for engaging in regular activities.

The manager is long standing having run the service for a number of years. Care staff are experienced and are trained to perform their roles. There is a strong ethos to provide a good service to people. There are vacancies in the staff team with on-going staff recruitment issues. The environment is welcoming, clean, and safe and accommodates people living with or without dementia in separate units. We found care staff food handling practices need strengthening to ensure they adhere to Health and Safety Regulations.

The outstanding areas for improvement set at our last inspection remain. These are in relation to reviews of personal plans which do not always meet the required timescales and irregular staff supervisions.

Well-being

People are supported to make everyday choices and are treated with dignity and respect. People can choose where and how to spend their time, in the various communal lounges, dining rooms, or in their own rooms. People are encouraged to select their clothing each day and make food and drink selections. We saw several good-humoured conversations throughout the day with care staff valuing the uniqueness of people. A resident told us, *“Staff are very good they listen and spend time with you.”* A relative praised the compassion and commitment of staff. They told us, following their loved one’s admission to the service, *“Communication with care staff was excellent.”* A resident described Castle View as, *“A very happy home.”*

People are consulted on a daily basis but there is limited opportunity for them to have a say in the running of the service. The designated keyworker role enables staff to develop relationships with people. People told us staff regularly spend time chatting with them. Resident/ relative meetings are infrequently held at the service to seek people’s opinions. There has been no satisfaction survey conducted since our last inspection.

People are not fully safeguarded from harm. People’s personal plans do not always accurately reflect their needs. Reviews are not always taking place according to required timescales. Where reviews are conducted, revisions are not always added to the plans so there can be a lack of updated documents. We viewed Personal Emergency Evacuation Plans (PEEPS) for people which contained out of date information. In addition, people’s daily healthcare recordings require strengthening to ensure individuals receive personal care according to their needs and preferences. The Responsible Individual (RI) discussed the future implementation of an electronic care document system which will improve people’s outcomes.

People live in a service that supports them to achieve their wellbeing. The home is warm, clean, and welcoming. People living with dementia are accommodated in Cartref, a separate unit which adopts dementia friendly approaches. People’s bedrooms reflect their ownership with photographs and keepsakes on display. Communal areas are comfortable, bright, and spacious which supports people to spend time with others. There is ongoing maintenance of the service which ensures it is safe.

Care and Support

Personal plans are individualised and set out what is important for each person in accordance with their likes and preferences. Individualised wellbeing goals are included. Not everyone's plan contains the required information to enable care staff to fully meet their needs. This is because plans are not always rewritten following reviews which means they can be out of date and not reflective of people's current needs. Personal plans are initially written with people where possible, supported by their representatives before admission. "This is Me" booklet provides further information about each person's social history. Such information can be invaluable for staff who support people living with dementia.

At our last inspection, we identified the system in place to support the reviewing of plans required strengthening. Once again, we found not all plans are reviewed in line with the timeframe set out by the Regulations. Changes in people's needs highlighted by reviews are not always added to the personal plans which continues to have the potential to impact upon the delivery of people's care and support. This area for improvement has not been met.

People have mixed experiences of activity provision. People living in Cartref are offered regular activities whilst, activities for people living on the residential unit are mainly conducted in line with calendar celebrations such as Halloween, Valentine's Day, and Easter. A minibus is available for trips on a six weekly basis. One resident told us how much she liked the chair exercises saying, "*we need more to keep us going.*" Staff told us everyday appointments and routines prevent them from conducting regular activities. The RI told us moving forward senior carers will be responsible for activity provision.

People are supported to be healthy. The service works collaboratively with health professionals to support people living at the service. Arrangements are in place to monitor accidents. Risk assessments support care workers to deliver care by identifying and mitigating health risks. The relevant applications are made to safeguard people's best interests. Care staff are trained to protect people from harm and abuse and are aware of their duty to report any concerns. Families can visit their loved ones whenever they want, which helps residents to maintain relationships with their family and friends.

Staff receive training to ensure they have the necessary skills to administer medication safely. Medication audits take place which assess safe storage and administration of medicines. We viewed a sample of people's medication administration (MAR) records on Cartref. We found recording of "as required" PRN medication needs to be strengthened to enable staff to demonstrate if medication such as pain relief has been effective for the person.

Environment

The service is safe, secure, and well maintained. It is split into two smaller communities to meet the varied needs of people living with, or without dementia. The layout and decoration within these units serve the people accommodated, both have a pleasant and homely atmosphere. The smaller Cartref unit, supports people in a smaller living community. A resident budgie is a favourite pet with people. The residential unit benefits from light and bright hallways; people have colourful bedroom doors which serve to orientate them and lift the appearance of longer corridors. People's bedrooms are personalised with their belongings and photographs on display. Communal bathrooms are accessible. The manager has identified improvements as part of on-going repair and renewal programme.

Appropriate arrangements are in place to ensure risks to people's health and safety are identified and dealt with. The service has a maintenance team who visit and complete ongoing health and safety checks and maintenance of the service. Records show monitoring checks are carried out around the home to identify and address issues promptly.

The service promotes hygienic practices and manages the risk of infection. The service has a current Food Standards Agency (FSA) rating of 5, which means hygiene standards are very good. A choice of meals are freshly prepared at the service, based on people's preferences. We observed a mid-day meal on Cartref and found care staff were not adhering to current Environmental Health guidance on Personal Protective Equipment (PPE). We spoke with the deputy manager during the inspection and discussed our findings with the RI during feedback. We were assured this will be addressed.

Leadership and Management

Governance systems which support the running of the service need strengthening. The manager is experienced having worked at the service for several years. They are suitably qualified for the role and registered with Social Care Wales (SCW), the social care workforce regulator. A deputy manager makes up the management team. A number of long standing staff make up the core team and are dedicated to providing a good service to people. Staff told us they enjoy working at the service.

Since our last inspection, the manager has been supporting another nearby sister service which has reduced their time at Castle View. The manager was transparent in reporting there has been a period of managerial instability during which monitoring and auditing of service delivery were not conducted as usual. We identified gaps in people's healthcare monitoring but given assurances that an electronic monitoring system is to be implemented which will improve people's outcomes. Staff meetings which update and inform the team have not been routinely conducted. Staff have not received supervision as set out in the Statement of Purpose (SoP). This was identified at our last inspection as an area for improvement which has not been met.

Since our last inspection RI visits have not always taken place as required. The visits are conducted every three months and support the RI to gain people's views and opinions of the service and assess quality of care and support. A six monthly quality of care review was undertaken. We found analysis of the service could be improved. The report contained discrepancies about the frequency of care plan reviews which should comply with the SoP. The Regulations require the SoP is kept up to date. We discussed our findings with the RI during feedback who agreed to undertake a review.

Vetting processes are sufficiently robust to demonstrate staff's fitness to work with vulnerable adults. The agency carries out pre employment checks in the form of Disclosure and Barring (DBS) and seeking former employer references. The necessary forms of identification are retained for staff. Staff are registered with Social Care Wales the workforce regulator within timescales. Newly appointed care staff complete an induction programme which includes training and shadow shifts to ensure they can perform specific care tasks. Care staff training records indicate care staff have access to training opportunities, and overall care staff have completed an appropriate level of training.

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.

Area(s) for Improvement

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A
16	Personal plans are not reviewed in line with the frequency set out by the regulations.	Not Achieved
36	There are significant gaps in support and supervision sessions for care staff.	Not Achieved

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