



## Inspection Report on

**Mountain View House**

**Mountainview House  
Pontypool  
NP4 6TY**

## **Date Inspection Completed**

07/01/2025

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## About Mountain View House

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	PARKCARE HOMES (NO.2) LIMITED
Registered places	7
Language of the service	English
Previous Care Inspectorate Wales inspection	26 June 2023
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

People receive good quality care and support at Mountain View House. The management team and support staff know the people they support well and understand their needs. We saw support staff being respectful and caring. People have opportunities to take part in a range of meaningful activities and are supported to maintain relationships with family.

Each person receiving a service has a personal plan which is individualised and reviewed regularly. Staff recruitment practices are robust. Staff receive regular training and supervision to enable them to perform their duties.

People live in a suitable environment which is safe and meets their needs. Bedrooms are personalised and offer space and privacy. The relevant health and safety checks are up to date.

The responsible individual (RI) visits the service on a regular basis to evaluate the quality of the service. There are effective quality assurance systems in place to monitor and review the care and support being provided.

## Well-being

People are encouraged and assisted by support staff to be as healthy as they can be. People's likes, dislikes, and allergies are known. The service assesses people's care and support needs and any associated risks to their health and well-being. These are documented in personal plans, providing guidance for staff on how to support individuals. People have access to GP services and appointments with health and social care professionals are arranged. There are systems in place for receiving, storing and administering medications.

People are encouraged to have as much choice and control over their daily lives as possible. Staff support people to make as many everyday decisions as possible. Information stored in people's personal plans comprehensively document their preferences, preferred routines, and outcomes they wish to achieve. People are supported to maintain relationships which are important to them and take part in activities they enjoy, which enhance their emotional well-being.

There are systems in place to help protect people from abuse and harm. Risks to people are assessed and their safety is managed and monitored. Accidents and incidents are dealt with appropriately and monitored by managers so any trends can be identified and acted upon. The service ensures staff are fit to work at the service, and regular supervision and appraisals support continued development. Training ensures support staff are appropriately skilled, for example around how to manage medication safely, delivering person centred care, and supporting people with any behavioural needs. The provider has a safeguarding policy and guidelines for staff to follow, all staff receive regular safeguarding training. Where there are necessary restrictions made in people's best interests to manage their safety; these appear proportionate.

People live in a home that is safe and secure. There is a sign-in process to enter and leave the premises. The service is clean, clutter free and comfortable throughout. Health and safety building checks are completed and documented routinely.

## Care and Support

People experience a good standard of care and support. They have developed positive relationships with staff, who support them with kindness and sensitivity. People are encouraged to express themselves and have opportunities to follow their interests and try new things.

Assessments are completed prior to people moving in, to determine whether the service can cater for their needs. Each person receiving a service has a personal plan which provides a detailed overview of who people are. Plans are reflective of people's identified needs and contain practical information guiding support staff on the best ways of providing care and support. The strategies for managing risks to people's safety and well-being are included. Plans include individual likes and dislikes, routines and preferences for support ensuring the person's voice is central to the care provided to them. Personal plans are reviewed regularly to ensure they remain up to date.

Support staff complete daily recordings documenting care and support provided. We saw positive interactions between support staff and people throughout the inspection. Care and support is provided in a dignified and respectful manner. People receive support to access meaningful and beneficial activities of their choice. People appear to be happy with the service they receive.

Appropriate referrals to health and social care professionals are made with recommendations acted upon by the service. Mental capacity assessments and best interests' assessments are completed. Deprivation of Liberty Safeguard (DoLS) authorisations are sought where people lack mental capacity to make decisions about their care and accommodation.

Arrangements are in place for storing, ordering, and administering medication which is stored securely and can only be accessed by authorised staff. Monthly audits of medication take place and these accurately record if any medication issues have been identified during the month. The service promotes hygienic practices and effectively manages infection prevention and control procedures.

## Environment

The premises, facilities and equipment are suitable for the provision of the service. The location, design and size of the premises are as described in the statement of purpose. People's well-being is enhanced by living in an environment that is clean, safe, and suitable for their needs. Accommodation is located over two floors and includes self-contained flats, bedsits and individual bedrooms. There is a large communal lounge, kitchen/dining room and a sensory room on the ground floor, which is a pleasant and calm space for people to spend time. There is also a large, enclosed garden area for people to access.

People live in a safe environment, with safety checks being conducted on a regular basis to identify and mitigate risks to health and safety. Arrangements are in place to ensure the environment is clean. Substances hazardous to health are kept safe in locked cupboards. There are maintenance and repair arrangements in place. Maintenance records confirm the routine testing of utilities. Fire safety tests and drills are completed on a regular basis. Personal emergency evacuation plans are in place and accessible in the event of an emergency. The service had been inspected by the Food Standards Agency and had been given a rating of 5, demonstrating the service was rated as very good.

## Leadership and Management

The Statement of Purpose (SoP) clearly states what people can expect, and the service reflects the contents. There are governance arrangements in place to support the operation of the service and ensure continued quality care and support. The RI has clear oversight of the service and completes regulatory visits. Management at the service regularly check the quality of care provided.

There are good staff recruitment practices in place. We viewed a sample of newly appointed staff and found the required pre-employment checks had been completed. This included Disclosure and Barring Security (DBS) checks and gaining satisfactory references. Previous employment histories are explored as part of the selection process. This enables the service provider to make a decision about the fitness of workers at the service. Support staff are supported to register with the workforce regulator, Social Care Wales.

Newly appointed staff complete an induction programme which includes training and shadow shifts. Support staff receive regular supervision, and appraisals are completed annually. This provides an opportunity for care staff to discuss any concerns they may have and for management to provide feedback on their work performance. Staff training records indicate support staff have access to a variety of training opportunities, and complete refresher training in a timely manner. Staff meetings take place, promoting discussions about people's experiences and any planned changes to improve the service. Feedback forms completed by support staff were very positive stating, *"we are very well supported"*, *"good management support"* and *"good teamwork"*.

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	N/A



	inspection	
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