

CAERPHILLY COUNTY BOROUGH COUNCIL
DIRECTORATE OF SOCIAL SERVICES

COMMISSIONING TEAM (ADULTS)

CONTRACT MONITORING REPORT

Residence: Abbey Lodge

Provider: Abbey Ambitions

Date of Visit: 16 August 2019

Visiting Officer(s): Diane Davies

Present: Wendy Gloster (Manager)
Sam Gloster (Responsible Individual)

1 Background

- 1.1 Abbey Ambitions is a registered provider in the Caerphilly borough and is also a registered provider on the National Collaborative Framework.
- 1.2 Abbey Lodge is a four bed residential home located in the village of Ynysddu in the Sirhowy Valley, close to all local amenities. At the time of the visit there were four individuals living at the property, two funded by CCBC and two funded by another local authority.
- 1.3 Over the course of the visit, the monitoring officer viewed a number of files and documentation, discussed processes and procedures, met 3 tenants, a member of staff, the Manager and the Responsible Individual.
- 1.4 Dependent on the findings within the report, corrective and developmental actions will be given to the provider to complete. Corrective actions are those which must be completed (as governed by legislation etc) and developmental actions are those which are deemed good practice to be completed.

2 Previous Recommendations

2.1 Corrective Actions

Staff meetings to be reintroduced **Immediately and ongoing** Met

Staff signatures and dates to be apparent on signature sheets when information is being shared **Immediately and ongoing** Met

2.2 Developmental Actions

Consider introducing a written log to support the current verbal hand over process. Met

Consider developing a more descriptive method for recording individual's daily activities to represent their presenting demeanour. Not met

3 Findings from Visit

3.1 Files and Documentation

All residents and staff personal files are stored securely in the manager's office with a safe to support financial management and a lockable cabinet to store medication.

Staff have access to the office and resident's files and documentation such as plans, risk assessments, charts etc. Staff also have access to the keys to obtain medication/MAR sheets etc. as required and this was observed during the visit.

Medication records evidenced staff signatures as required and medication audits were being undertaken on a monthly basis however, some gaps were noted and discussed with the manager.

All policies and procedures are available to view and these had been reviewed in March 2018. The manager to ensure that all reviews are undertaken timely.

All files viewed contained detailed and personalised information about the residents together with basic information for all involvements e.g. family and professional.

The personal profile held a current photo of the person being supported and things they liked to do e.g. attending day centre, going to the hairdressers, going to the local shops, visiting friends etc.

The service plan outlined the individual needs in areas such as personal hygiene, dental care, anxiety, community, communication etc. All areas provided guidance on what support is required and how this is delivered in all aspects of care and support and informed of tasks that are undertaken independently.

An outcome plan was viewed which evidenced that the provider supports the individuals to achieve what matters to them. During the visit, one resident was being supported to undertake online shopping which was acknowledged as one of the resident's desired outcomes.

Risk assessments in place were dated from 2016 to 2019. They were detailed and it was evident that measures are in place to manage the identified risk and provide appropriate support to residents when undertaking certain activities such as accessing the community, absconding, behaviours, relationships, communication etc.

Documentation is currently being reviewed on a yearly basis and there were a number of handwritten updates from 2017 remaining on assessments and plans throughout the file. Although this evidenced changes being made as necessary, it is advised that all updates are incorporated into the body of the document and accompanied by signature sheets in a timely manner.

Daily records are kept by means of a tick list and although they provide information on activities undertaken they were brief. Manager to consider comments box to elaborate

on how the day went and how well residents engaged etc.

3.2 Approach to Care

All residents have different needs and requirements and the monitoring officer observed staff communicating and engaging well with residents throughout the visit.

A person centred approach was apparent with the residents' choices and wishes being at the centre of all decisions being made.

Residents have a weekly planner and are supported to access a number of activities of choice such as going to the cinema, the pub for lunch, shopping, walking, pedal power etc.

Outcome charts were viewed which evidenced that individuals are supported to achieve their desired goals. It was positive to see one resident being supported to achieve one of their stipulated outcomes and being supported to undertake online shopping.

Detailed risk assessments are in place to ensure residents are supported appropriately in order to manage risk when undertaking certain activities and accessing the community e.g. absconding, behaviours, relationships, communication etc.

There was evidence of meetings being held for both staff and residents and this provides an opportunity for individuals to add items of choice to the agenda so that they can share their views and/or raise any concerns on both general and business matters.

The provider will encourage and support individuals to maintain relationships with family, friends, cotenants and social network groups as desired.

The manager and staff provided additional support with communication throughout my time spent with the residents and a clear 2 way effective communication between staff and residents as well as BSL being used was observed.

The provider has a number of processes, documentation and systems in place that are used to ensure that they adhere to the legislation and individuals are appropriately supported in all aspects of care

3.3 Complaints and Compliments

The provider has a complaints procedure which is followed whenever a complaint is made and all complaints will be logged and responded to within stipulated timescales, however, the manager informed that no complaints had been received in a number of years.

The manager informed that Abbey Lodge are currently not recording any compliments received.

3.4 Staff

Two staff files were viewed and both were in good order with all documentation relating to the recruitment process apparent on each file including a birth certificate, photographic ID and current DBS checks.

Staff had undertaken an internal induction over a thorough probationary period

consisting of questions, training, observations and support to ensure that new members of staff are fully trained and confident to carry out their duties. The manager is currently looking into the All Wales Induction Framework.

The manager informed that they use all available methods of training e.g. e-learning, classroom-based, external and internal. Some non mandatory training courses are undertaken as required to accommodate each resident. A training log was acknowledged along with training certificates evidencing staff attendance to date.

The manager will attend training to ensure that it is 'fit for purpose' and staff will complete a feedback sheet for the company. Practice is observed at every given opportunity.

Both files held a supervision agreement that staff had signed with evidence of supervision being undertaken on a two monthly basis and areas for development, training requirements and individual goals and objectives being discussed. Evidence of appraisals being undertaken was also acknowledged, however, appraisals viewed were overdue.

3.5 Health and Fire Safety

The file contained a number of documents to inform that annual checks are up to date such as fire alarm service, emergency lighting etc. and evidence of an internal weekly checklist being undertaken by staff on duty that is signed and dated was also present.

A PEEP was viewed on file and this provided information on day time and night time needs and this was accompanied by a risk assessment.

3.6 Home Environment

The home is well maintained and all areas viewed were clean and tidy both inside and outside of the property.

One of the residents invited the monitoring officer to view their bedroom and this evidenced personalisation with hanging memorabilia, a vibrant colour scheme and items of choice displayed.

The home benefits from a shower room and a bathroom. All hot water taps are thermostatically controlled and these are checked every week. All radiators are individually controlled and all are covered for safety purposes.

There is a pleasant patio area to the rear of the property with hanging baskets and flower pots, a small fishpond and a garden shed which is equipped with electrical appliances to complete laundry tasks.

3.7 Staff

The staff member informed that she had been employed by Abbey Ambitions for a number of years and is happy in her current role. The staff member advised that the manager is always accessible and supportive to both staff and residents and she feels comfortable to discuss any concerns she may have. The staff member is fully aware of the policies and procedures in place to support the requirements of the residents and the home.

3.8 Quality Assurance

Abbey Lodge undertake a quality assurance audit every year. Questionnaires are sent to all stakeholders in order to obtain feedback on staff performance, the service provision, facilities and daily living for individuals.

The Quality Assurance report for 2019 was viewed and the overall response was very positive with professionals stipulating *'We have a very good working relationship and communication with everyone at Abbey Lodge'*

In addition, the Responsible Individual has compiled a template to monitor the general running of the home and support the required quarterly reports.

4 **Corrective / Developmental Actions**

4.1 Corrective Actions

Personal Plans are reviewed every 3 months or sooner. **Immediate and ongoing** Reg 16

Medication monthly audits are timely and consistent to ensure safe systems for medicines management. **Immediate and ongoing** Reg 58

Appraisals to take place yearly. **Immediate and ongoing** Reg 36

4.2 Developmental Actions

Consider introducing a file index and dividers into personal files in order to access any information required with ease.

To archive historic information to ensure all documentation held on file is current.

To incorporate any handwritten amendments to information held on a personal file into the body of the documentation in a timely manner.

Develop a descriptive method for recording individual's daily activities to represent their presenting demeanour.

5 **Conclusion**

The home was welcoming with a warm, calm, friendly atmosphere. Interaction between residents and staff was observed with good knowledge and open communication being displayed. Overall, the visit was positive with good practices observed.

N.B. This report will be made available via Caerphilly County Borough Council's Internet site. Hard copies of the report will also be made available to prospective residents and/or their families should they ask to see them