

**COMMISSIONING TEAM**

**CONTRACT MONITORING REPORT**

**Name of Provider:** Abermill Care Centre, Thomas Street, Abertridwr, Caerphilly, CF83 4AY

**Date / Time of Visit:** Thursday 30 January, 2020, 9.30 a.m. – 12.30 p.m.  
Friday 31 January, 2020, 9.30 a.m. – 1.30 p.m.

**Visiting Officer:** Andrea Crahart, Contract Monitoring Officer, CCBC

**Present:** Christine Tipper, Home Manager

**1. Background**

- 1.1 Abermill Care Centre is situated close to local amenities in the town of Abertridwr. The Home is part of the HC-One group and is registered to provide accommodation to 38 people (29 people with dementia and 9 older persons). At the time of the monitoring visits the Home had 4 vacancies.
- 1.2 The Home comprises of 2 large lounges and a dining area in the downstairs lounge, 2 lounges and a dining area on the top floor.
- 1.3 A number of safeguarding referrals have been received regarding Abermill care home over the previous year, some of which did not meet the threshold for further investigation/progression. Other issues/concerns have been reported to the CCBC Commissioning Team which were addressed with by the Home as appropriate, in addition to positive feedback having been relayed also.
- 1.4 The Home has achieved a Food Hygiene rating of 4 (Good). A number of areas were identified for improvement, and the Manager provided feedback as to progress made to date. It is anticipated that the CCBC Environmental Health Officer will re-visit in due course.
- 1.5 Dependant on the findings within the report, corrective and developmental actions may be given to the provider to complete. Corrective actions are those, which must be completed as governed by Care Inspectorate Wales (CIW), and developmental actions are those, which are deemed good practice. For the purposes of monitoring this provider a Residential/Nursing Monitoring Tool was completed.

**2. Previous Corrective/Developmental actions**

**Corrective Actions**

- 2.1 Information lacking from Care Plans and Daily Mouth care Monitoring forms to be added to files. Where people are prescribed high fluoride toothpaste, for this to be documented and provided on an ongoing basis. Timescale: Immediately. **Action met.**

- 2.2 Regulation 60 notifications to be forwarded to the Commissioning team in addition to CIW. Timescale: Immediately and on going. **Not met to date.**

### **Developmental Actions**

- 2.3 The Manager to access the Social Care Wales website for guidance regarding the All Wales Induction Framework, new suite of qualifications that staff can access and the forthcoming carer registration process. Timescale: Within 6 months. **On going via HC-One Senior Management Team.**
- 2.4 The Active Offer – More than just words’ – Policy to be read and to continue to implement. Timescale: Within 6 months. **Action met.**
- 2.5 HC-One to explore other suitable options to enable visitors to access the building without the need for staff to answer the door (whilst maintaining a secure environment). Timescale: Within 3 months. **Not met.**

### **3. Responsible Individual**

- 3.1 Abermill Care Home re-registered, as required with CIW in August 2019. There is an expectation within the new Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA), that the Responsible Individual (RI) will visit the Home on a regular basis and report on its compliance and quality. At the time of the visit up to date reports were not available to be viewed.
- 3.2 The Home’s Statement of Purpose was made available and copies were available in the Home’s foyer. This had been updated in November, 2019.
- 3.3 The Home’s Service User Guide had been updated in February, 2019.
- 3.4 The Home’s mandatory Policies/Procedures were viewed as part of the process. At the time of the initial visit the majority were readily available and had been updated with planned review dates set.
- 3.5 In the absence of the RI and Registered Manager, arrangements would be made for another Manager from HC-One to cover the Home in the interim.

### **4. Registered Manager**

- 4.1 The Manager is registered with Social Care Wales (the workforce regulatory body).
- 4.2 The Manager is responsible for the running of Abermill, however there is an expectation that she will cover other HC-One Homes at the request of her manager, if required. The Registered Manager is well supported by the Regional Manager and another Care Home Manager, who is a colleague also.
- 4.3 The Manager confirmed that the Home does not operate a CCTV, inside or outside the building, therefore there is no requirement for consent to be sought.
- 4.4 At the current time there are no issues with the building e.g. the lift is operating well, however some issues were recently experienced with a boiler which led to problems in the laundry room. However, this has now been resolved.

- 4.5 In terms of people being able to regulate the temperature in their rooms via their radiators, the Manager confirmed that each radiator has a dial so the temperature can be regulated accordingly.
- 4.6 Regulation 60 notifications are forwarded to CIW to alert to incidences affecting people residing at the Home/or significant events that may occur. The Registered Manager was reminded that these are required to be sent to the CCBC Commissioning Team also so that they are made aware of issues.
- 4.7 It was evident that the Home actively engage with and send referrals to professionals e.g. Occupational Therapists, and the GP calls on a regular basis. The GP was observed to call during one of the monitoring visits.

## **5. Training and Development of staff**

- 5.1 Abermill Care Centre has an electronic system, which identifies when staff training is due for renewal. These records are well maintained and also provide a statistical analysis of the training undertaken by staff. The Manager confirmed that the overall compliance for mandatory training is at 83.3% at the present time.
- 5.2 The majority of training courses continue to be conducted via E-Learning which staff can undertake during their working day. Staff are able to access PC terminals on the same site as the Care Home. Class room type training is also available for courses such as medication, moving and handling training, first aid, falls in older people etc.
- 5.3 Other training accessed by staff include e.g. oral health care, sepsis and advance care planning. The Manager confirmed that a number of sessions are being planned for in the near future for staff in relation to sepsis and advance care planning.
- 5.4 The quality of the training on offer is assessed by the Manager by speaking to staff about what they have learnt, supervision sessions, observations of practice (e.g. manual handling practices) and walks around the home to observe practices.
- 5.5 Social Care Wales (previously Care Council for Wales) have introduced the new All Wales Induction Framework (AWIF), in addition to a new suite of qualifications which replace the Qualifications and Credit Framework (QCF). The Manager confirmed that HC-One Senior Management are examining the requirements of this framework in order to roll out to new staff. The Manager was also encouraged to begin to prepare for this and the registration process for carers which takes effect from April 2020.

## **6. Staffing and supervision**

- 6.1 Two staff files were examined as part of the monitoring process. Both files contained all relevant documentation i.e. 2 written references, a detailed application form, interview record, signed Contract of Employment and a Job Description. Photographs were also present in addition to copies of their identification. The reference documentation was absent of a place for the referee to insert their signature and date completed. A gap in a staff member's employment was noted and no explanation was documented anywhere within the file.
- 6.2 Information was also easy to locate on 1 of the files, however it was not as easy to locate on the other file.

- 6.3 It was evident from the files viewed that supervision sessions had been held regularly i.e. every 3 months, or more frequently (as required).
- 6.4 There was a good staff presence in all communal areas viewed during the visits with staff being attentive to people's needs and showing genuine kindness. Where there are staff shortages 'bank' staff are utilised. The Monitoring Officer was informed that there has been an increased use of these staff.
- 6.5 Currently no staff work more than 48 hours a week.
- 6.6 The Home employ an Activities Co-ordinator who works 30 hours a week. An additional member of staff works 6 hours a week to support with activities and transporting people to events outside of the Home.
- 6.7 'The Active Offer – More than Just Words' (revised Welsh Language Act) requires providers of social care to provide communication in Welsh without the person asking for it. At the time of the visit 2 members of staff are able to speak Welsh, and the Manager ensures that a person's language preference is asked at the time of the admission process so that the person's needs can be catered for.

## **7. File and Documentation Audit**

- 7.1 Two files were viewed during the visit, with a focus on the Home's falls management.
- 7.2 Pre-admission assessments were present, in addition to appropriate Risk Assessments (e.g. falls risk assessment, choking, bladder/bowels etc.) and Personal Plans that provided pertinent information about the person (e.g. how to provide personal care, the person's communication abilities, mobility needs, eating/drinking etc.). The Personal Plans were person centred, making references to people's individual preferences and it was apparent that the family member had been involved in compiling the plans. The 'sleeping/rest' Personal Plan was very personalised as it confirmed that the person likes to have 2 to 3 pillows, a duvet and a throw blanket and that she likes to have her main light on when in bed.
- 7.3 Reviews of people's care via the Personal Plans had been undertaken on a regular monthly basis. Where a person had recently sustained an unwitnessed fall it was evident that their Risk Assessment had been updated accordingly and information documented relating to the actions that had taken place in terms of contacting NHS Direct for advice etc. However, the Personal Plan required updating to provide further guidance in terms of orientation/the environment. This was discussed with the Manager at the time of the visit.
- 7.4 There was evidence to confirm that people's health needs were being referred to appropriate professionals i.e. GP, Community Psychiatric Nurse (CPN), Occupational Therapist etc.
- 7.5 The Home continues to operate a system named 'Resident of the Day' where each person is allocated a specific day of the month where their Personal Plans and Risk Assessments are reviewed. All individuals involved with the person's care contribute to this i.e. care staff, kitchen staff, housekeeping, activities co-ordinator etc.
- 7.6 When people residing in a Care Home are deemed as not having capacity to make decisions relating to their care, the law dictates that a Deprivation of Liberty Safeguard assessment (DoLS) is applied for to make the placement lawful, after which an authorisation is granted. Abermill care home have a system to monitor this and

apply/follow up, as required, and an authorisation was seen to be in place for a file checked. The Manager confirmed that the Home were up to date with the DoLS applications at the current time.

## **8. Quality Systems**

- 8.1 'Flash meetings' (short team meetings) continue to take place on a daily basis so that updates regarding residents' needs/other pertinent information can take place during the day to update staff, in addition to a 'walk around' by a senior carer.
- 8.2 Resident's/Relatives meetings are held on a 3 monthly basis, and the last one was held in November, 2019. Subjects discussed at this meeting included allergens, the results from the residents/relatives survey, Christmas agenda/activities. Future meetings dates are also advertised in the foyer of the Home so that relatives/friends have an opportunity to attend.
- 8.3 Minutes of a recent staff team meeting were viewed which were very comprehensive. Subjects discussed included e.g. outcomes of inspections, compliments, complaints, outcomes of safeguarding issues/investigations; medication audits, documentation etc. Meetings are planned for on a regular monthly basis.
- 8.4 A Quality of Care Review had been completed and was up to date up to December 2019. This is a review which is required on a 6 monthly basis to include feedback/analysis gathered from people cared for, relatives, staff, stakeholders etc. Complaints and compliments would also be examined as part of this process. Some complaints were seen to have been logged during the visit and had been responded to by the Manager or Regional Director (as appropriate). This is an area that will be re-visited on future visits.
- 8.5 The HC-One website (carehome.co.uk) welcomes reviews from all stakeholders about the care being provided at Abermill, and it was apparent that a number of positive reviews had been posted during recently months and during 2019.
- 8.6 Staff handover meetings are held which involve all relevant care staff, senior carers and the Manager. This information is regularly documented and sources such as the Communication Book, Daily Diary and Handover sheets are used as part of this process.

### Home Maintenance

- 8.9 A maintenance person is employed whose responsibility it is to undertake regular checks e.g. fire alarm checks, legionella checks, wheelchairs, Portable Appliance Testing (PAT), profile bed checks etc.
- 8.10 During the previous year the Home has benefitted from re-decoration in the upstairs lounges and hallway areas making the areas look fresh and clean.

### Fire Safety/Health & Safety

- 8.11 The last Fire Assessment was dated 2017, however had been reviewed by the South Wales Fire and Rescue Service in July, 2018. The recommendations that were identified at this time had all been completed.
- 8.12 Fire drills had taken place during 2019 and included a record of who was involved in the drill.

8.13 The Home hold Personal Emergency Evacuation Plans (PEEP's) for each person residing at the Home which provide guidance on how to safely evacuate each person dependent upon their individual needs. This file had been updated with information relating to a person who had been admitted to Abermill the previous day, and all PEEP's included a photograph of the person also.

#### Managing resident's funds

8.14 This area was not examined on this occasion.

### **9. Relative questionnaire**

9.1 A relative was spoken to in order to gain some feedback about Abermill. The relative confirmed that he always felt welcomed when he visited and that there was a good atmosphere. He confirmed that his loved one had settled well and that he is invited to get involved in activities that are going on. It was confirmed that the Manager had discussed and liaised with him about a change to his relative's care needs and that when asked if there was anything he would like to change about the Home, there was nothing at this time.

### **10. Observations (Activities, environment, meal time experience, interaction etc.)**

#### **Activities**

10.1 The Activities Co-ordinator continues to provide a range of activities for people to enjoy, and provide stimulation. People have the opportunity to visit places of interest outside of the Home as they have access to a mini bus, with the assistance of another carer who supports with this. The Home have links with a variety of organisations e.g. Pet Therapy, the local Oasis café, vocal artists who visit the Home etc.

10.2 In terms of activities people were seen to enjoy having conversations with carers and one gent was enjoying folding up serviettes ready for the lunch time meal. All lounges had a homely feel with new fire places/fires in place and occasional tables with books, newspapers for people to read. At the time of the visit the Activities Co-ordinator was reading a book with a number of people.

10.3 Interactions between carers and people cared for were done with sensitivity. When a lady became very upset a carer was very comforting and looked after her very well.

10.4 Rummage boxes were seen in different lounges to keep people occupied.

#### **Environment**

10.5 The foyer area of the Home continues to be very welcoming and inviting.

10.6 The hallway within 'Bluebell' (located upstairs) has been re-decorated/freshened up and new pictures added to the walls. One of the lounges has been re-furnished as an authentic film room which includes cameras etc.

10.7 There were no malodours noted in the areas visited.

## 11. Actions

### Corrective Actions

- 11.1 RI quarterly reports to be produced to report on the Home's quality and performance and be available to view in the Home. A timetable of RI visits would be recommended also. **Timescale: Immediately and ongoing. RISCA Reg 74.**
- 11.2 To ensure that any gaps in staff's employment records are accounted for/documented as part of the recruitment process. **Timescale: Immediately and ongoing. RISCA Reg. 35**
- 11.3 HC-One reference request forms to include a place for the referees signature and date to be written. **Timescale: Immediately and ongoing. RISCA Reg. 35**

### Developmental Actions

- 11.4 Further meaningful activities to be explored to keep people occupied e.g. introduction of a sweet shop/toiletries where people can pay with 'fake dementia money', laying tables, helping with laundry duties etc.

## 12. Conclusion

- 12.1 There was a good staff presence during the visits with staff showing genuine kindness to individuals and meaningful interactions/activities taking place.
- 12.2 The Manager continues to improve the environment with new refurbishments and re-decoration in parts of the Home which people made positive comments about.
- 12.3 Documentation appeared comprehensive, however, some further improvements are required in terms of staff recruitment documentation.
- 12.4 The Contract Monitoring Officer would like to thank the staff team at Abermill for their hospitality and time during the visit.

**Signed: Andrea Crahart, Contract Monitoring Officer**

**Date: February, 2020**

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