

CAERPHILLY COUNTY BOROUGH COUNCIL, DIRECTORATE OF SOCIAL SERVICES
COMMISSIONING TEAM

CONTRACT MONITORING REPORT

Name/Address Of Provider: Ashville Residential Home, School Street, Brithdir, New Tredegar NP24 6JH

Date/Time Of Visit(s): Tuesday 22 January, 2019, 9.30 a.m. – 3.15 p.m.
Friday 25 January, 2019, 9.30 a.m. – 3.00 p.m.
Wednesday 1 May, 2019, 1.00 p.m. – 3.30 p.m.

Visiting Officers: Andrea Crahart, Contract Monitoring Officer,
Commissioning, CCBC
Sherry Lewis, Senior Nurse, Safeguarding, ABHuB

Present: Neeru Sharma, Registered Manager
Paula Jones, Deputy Manager

1. Background

- 1.1 Ashville care home is registered to provide accommodation to 35 people who have dementia residential or dementia nursing needs. At the time of the visits the Home had 3 vacancies for nursing care.
- 1.2 The manager is registered with Social Care Wales (workforce regulatory body).
- 1.3 CIW (Care Inspectorate Wales) undertook a visit to the Home in November, 2018 and produced a report of their findings in December, 2018. The CIW inspector identified an area of non-compliance, however no notice was issued as it was deemed there would have been no significant impact for people. In addition to this recommendations for improvement were highlighted for the Home to work towards.
- 1.4 Monitoring of the Home is carried out jointly by Caerphilly County Borough Council (CCBC) Social Services and the Aneurin Bevan University Health Board (ABuHB). Visiting officers employ a variety of monitoring systems to gather and interpret data as part of monitoring visits, including observations of practice at the Home, examination of documentation and conversations with staff, residents and relatives. A separate report will be prepared and published by the ABuHB senior nurse.
- 1.5 Dependent on the findings within the report, corrective and developmental actions will be given to the provider to complete. Corrective actions are those that must be completed (as governed by legislation); developmental actions are good practice recommendations. A Contract Monitoring Tool was used to capture the information during the visits.

2. Previous Recommendations

Corrective Actions

- 2.1 Actual dates when supervisions have been held to be captured on the supervision matrix, in addition to dates when appraisals have been held. **Timescale: On going – Action met.** *NMS clause 24.2.*
- 2.2 Bathrooms to be kept clutter-free to ensure rooms are easily accessible for people who would prefer a bath, and to maintain infection control. Incontinence pads to be kept in resident's rooms. **Timescale: On going – Action met.** *NMS clause 36.4.*

Developmental Actions

- 2.3 To continue with individualising people's bedroom doors with coloured doors/name of person displayed/pictures etc. which will aid with orientation. **Timescale: On going – Action met.**
- 2.4 Advice to be sought from the Fire Service if the fire alarm continues to be set off by a resident who has easy access to this. **Timescale: On going – Action met.**
- 2.5 Oral Health risk assessment to be revised (if appropriate). **Timescale: Within 1 month. CMO to check progress.**
- 2.6 Enquiries to continue in relation to enabling residents who have specialist chairs to transfer between floors within the property. **Timescale: Within 12 months – Remains on going. No longer a requirement.**

3. Responsible Individual

- 3.1 The Home re-registered with Care Inspectorate Wales (CIW) in July 2018, as required within the new Regulation and Inspection (Wales) 2016 Act.
- 3.2 The Responsible Individual (RI) for the service visits Ashville care home on a regular basis, and as part of the role there is an expectation that quarterly reports are produced to report on the service and its quality. It was evident that regular reports had been compiled however further structure to these reports was suggested at the time. During the course of the monitoring period it was evident that real improvements had been made in this area.
- 3.3 The Home's Statement of Purpose had previously been updated in June 2018. Some revisions to this Statement were recommended of the Manager at the time of the visits.
- 3.4 The Home's Policies and Procedures were read and it was apparent that the vast majority had been revised and were up to date. However, planned dates for reviewing these had not been captured and was an area for the Manager to address.

4. Registered Manager

- 4.1 A number of questions were asked of the Registered Manager. The Manager manages this service only.

- 4.2 It was confirmed that the building has CCTV and that this is situated in communal areas within the Home. The hub is sited in the Manager's office and arrangements are made for residents/their relatives to consent to this. CCTV is not operational in individual's bedrooms to maintain people's privacy and dignity.
- 4.3 Homes are required to submit Regulation 60 documents to CIW and ensure ABuHB and Commissioning are aware of significant issues relating to people in the home and other incidents affecting the Home. The Manager understands the process for forwarding these, as required.

5. Staffing and Training

- 5.1 Ashville care home access mandatory and non-mandatory training for their staff team via a range of training providers i.e. Langfords, CCBC/Blaenau Gwent Workforce Development Team and the Aneurin Bevan University Health Board (ABuHB).
- 5.2 The Home have training matrices that clearly show when training courses have taken place, who has been booked onto courses etc. The matrices indicated that there had been a good attendance on mandatory training courses over the year (i.e. manual handling, food hygiene, safeguarding etc.).
- 5.3 The Home have actively taken up additional (non-mandatory) training, such as Advance Care Planning (end of life wishes), nutrition and food first, fire training, health and safety, dysphagia/diet/food and texture, food first, diabetes, DoLS (Deprivation of Liberty Safeguards), falls prevention, oral health care etc. which are beneficial to increase staff's knowledge in these areas.
- 5.4 Staff are encouraged to become 'Dementia Friends' which is a course provided via the Alzheimer's Society. This role encourages people to be involved in improving the experience, care/treatment and outcomes for people living with a dementia. It was evident from the training matrix that staff have attended this training and others are booked to attend.
- 5.5 Qualifications in social care have undergone a change, meaning that the QCF level 2 and 3 in social care will be replaced with a new suite of qualifications. In addition to this, new carers will be required to undertake a new induction framework (Social Care Wales) and in the future make arrangements to become registered as a carer with Social Care Wales.
- 5.6 During both visits staffing levels appeared adequate to meet people's needs. On the first visit 7 carers were on duty and the Monitoring Officer was informed that during the night time one person works the twilight shift (from 7.00 a.m. to 10.00 p.m.) in addition to 1 senior carer, 3 carers, plus 1 nurse.
- 5.7 At the current time the nursing team are led by a Clinical Lead, who is supervised by an independent consultant. In addition there are 5 regular RGN's, 2 of which are agency nurses.
- 5.8 One member of staff works more than 48 hours a week, and has signed up to the European Directive in order to do this.

5.9 '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 this. Managers are aware of the Act and how it can be applied, however at the current time the Home are unable to accommodate anyone whose preference is to speak Welsh and their Statement of Purpose reflects this.

6. Staff Files and Supervision

6.1 Two staff files were viewed which were neatly organised, included an index and the information was easy to locate.

6.2 The recruitment process had been followed and was robust. Information gathered included, for example, a detailed application form, written references, interview records, signed Contracts of Employment, DBS (Disclosure and Barring Service) check, a photograph of the carer and training certificates.

6.3 Staff interviews had been undertaken by two individuals at the home, and signed accordingly, however at the present time there are no scenarios asked to test/challenge the individuals' knowledge in what to do in the event of an incident/emergency. This was discussed with the Manager at the time of the visit and it was agreed that some scenarios would be thought of to include.

6.4 It was evident from the training certificates that staff are supported to attend many different training courses to enhance their knowledge of caring for people.

6.5 The Home's current supervision matrix was viewed. It was apparent that supervision sessions had been held on a regular basis (i.e. bi-monthly) with all staff employed at the home. This is being carried out more frequently than required under the new CIW regulations.

6.6 It was apparent that appraisals were being undertaken as indicated on the appropriate matrix.

7. File and documentation Audit

7.1 A care home file was examined in detail. It was evident that Personal Plans (Service Plans) were in place for all aspects of care e.g. personal care, mobility, communication, medication, oral care etc. Risk Assessments were also present in relation to e.g. bed rail safety, falls, choking etc. which had been evaluated recently.

7.2 There was a Dietary Treatment Plan in place due to the person being at risk of malnutrition. It was also evident that a suitable food/fluid chart had been completed indicating that the person was receiving a fortified diet to assist with maintaining extra calories.

7.3 It is evident that appropriate professionals are being contacted e.g. GP, CPN (Community Psychiatric Nurse), Dentist etc. where they are required.

8. Quality Assurance systems

- 8.1 Ashville operates a variety of quality assurance systems, one of which is the regular visit from the Responsible Individual (RI) who assesses the quality of the service delivery formally on a quarterly basis.
- 8.2 The RI reports (from July 2018 from when the service was re-registered) were read. These indicated that the RI is very much involved in the life of the Home by communicating with staff, residents and relatives. The visiting officers would suggest that the reports are developed further to include areas such as learning from incidents/accidents, safeguarding issues, audits, and that the report is split into headings to make it easier for the reader, and to list any actions that are required. Progress with this was evident during a later visit.
- 8.3 Ashville's Statement of Purpose and Service User Guide are readily available for people to view at the Home. Some revisions are required to bring these documents up to date.
- 8.4 The Home's Quality Assurance Report was made available, dated November, 2018. This included the findings from monitoring visits (CIW, CCBC and ABuHB), complaints and compliments received, learning from accidents/incidents/falls, internal audits and safeguarding issues that had arisen. However, it did not include feedback from the RI visits that had taken place up to this date.
- 8.5 The Manager continues to have an 'open door' policy in terms of enabling one to one communication between relatives, visiting professionals etc. to enable any concerns to be discussed.
- 8.6 Staff handovers are undertaken and are led by the Registered Nurse or Senior Carer (sometimes the Registered Manager will be part of these handovers also). Information such as incidences, how people are, how a person has slept etc. are discussed. In addition to this, the Communication book is used to feed into this process and all staff sign this book when the handover is undertaken.
- 8.7 Staff team meetings are regularly held with a good attendance. The provider is aware that under the new Act there is an expectation that 6 meetings are required per year to ensure that good communication is taking place. Subjects, such as documentation, training, residents' skin integrity, oral health care, diet etc. were discussed in one of the meetings. There was also documented evidence that many recommendations had been communicated to staff.
- 8.8 Relatives are invited to attend meetings so that they can be made aware of what the Home are planning and be part of the life of the home. It was evident from some meetings held over the previous 6 months that relatives do attend, however where they are unable to, the Manager makes a point of telephoning people for their feedback.
- 8.9 In February 2019 the Home achieved a Food Hygiene rating of 5 which indicates a very good level of achievement, and this has consistently over a number of years.

- 8.10 Medication reviews are undertaken at least annually by the General Practitioner, however the General Practitioner does call more frequently if required. A recently medication audit undertaken by a pharmacist from ABuHB confirmed that there were no recommendations resulting from this.

Home Maintenance

- 8.11 Maintenance checks of the building are undertaken by the 2 part time caretakers/maintenance staff. This role is very varied and includes many duties e.g. painting and decorating, checking that wheelchairs are in good repair, fire safety checks etc. At the current time some areas of woodwork require re-painting, and this was brought to the attention of the Manager.

Fire Safety/Health & Safety

- 8.12 The most recent Fire Assessment was completed in August 2018. Recommendations for correction/improvement were made at the time, and an Action Plan devised in order to record progress in meeting the requirements. All actions identified have either been completed, and/or will be monitored on an ongoing basis. A fire drill matrix was also examined which illustrated that most staff had attended fire drills on a regular basis, and that arrangements were in place for all staff to attend.
- 8.13 Personal Emergency Evacuation Plans (PEEP's) were viewed for people living at the Home. It was apparent that these had been reviewed on a weekly basis up to the present date. Some contact details within the file were out of date for some individuals which will require updating.

Managing resident's funds

- 8.14 The Administrator in the Home manages people's monies. It was apparent from one person's records that funds coming in/out had been signed up to by either the Administrator or the Deputy Manager, however there is a requirement for 2 signatures to always be obtained, in line with CCBC financial guidelines.
- 8.15 The Contract Monitoring Officer was informed that receipts are obtained, where this is required, although most of the time there is no requirement for this. Where chiropody and hairdressing services are accessed, invoices could be seen for these. A system for issuing receipts for money received was seen to be used.

9. Staff Feedback

- 9.1 A number of conversations were held with staff during the course of the visits, where it was evident that staff were engaged in the life of the Home.

10. Resident Feedback

10.1 Questions taken directly from the Contract Monitoring Tool were not asked during the visit, however a number of conversations were held with various residents during the visits.

11. Relatives Feedback

11.1 A family member provided excellent feedback about the care their relative was receiving at Ashville, describing staff as 'doing a wonderful job'. He said that he visits weekly and always feels very welcome, and that the Managers of the home are good at what they do and listen to any concerns that he may have.

11.2 It is positive that the staff team keep in touch with relatives when there are any changes in the person's health, and advise of any incidences e.g. falls that may have been sustained/admissions to hospital etc.

12. General Observations

Facilities/Environment

12.1 The Home has 3 lounges (2 of which include a dining area) which are very homely and inviting. One of the lounges has tea/coffee making facilities which can be used by residents and visiting professionals, relatives etc.

12.2 The downstairs lounge comprises of a small 'snug' area which includes two comfortable sofas, a CD player for music to be played and a piano. However, at the time of the initial visits the piano was inaccessible for people to use and the area appeared cluttered. On following up visits it was evident that arrangements had been made to improve this area. This lounge is regularly used and is a comfortable area for people and includes a dining area.

12.3 Bathrooms were free of clutter, and some evidence seen of making these rooms less clinical in appearance and more homely, however further work is required to improve all bathrooms within the building.

12.4 People have a secure outside patio area that everyone who is part of the life of the Home can enjoy. This area has a potting area, seating and sensory items etc. During good weather this is used often.

12.5 Bedroom doors mostly display the person's name/picture so that people know whose bedroom they are entering and will aid orientation.

12.6 An odour is often noted on the top floor of the Home. Staff often make arrangements to clean this promptly in the course of his duties. It is advisable that this is monitored on an ongoing basis.

Mealtime experience

- 12.7 The mealtime experience was observed in the downstairs lounge during one of the visits. At the time it was noted that some improvements were required e.g. that the tables are set for a meal time with condiments, vase of flowers, coloured plates, and that the table clothes are clean and tidy. It was pleasing to see that much improvement had been made by the following monitoring visit, which was undertaken in a short space of time.
- 12.8 Menus are available for people to choose what they would like to eat on a daily basis, however it was suggested that people would benefit from being shown a visual choice of meals so that they have the opportunity to see and smell the meal to decide what they want.
- 12.9 There were plenty of staff on duty to provide care and support during the mealtime and people were offered a choice of two meals to aid a choice and encourage an appetite. The cook was encouraged to seek some advice/guidance from another care home within the borough who had introduced this and this was followed up.

Activities

- 12.10 Activities are organised by carers on a rota basis and tend to be concentrated between 11.00 a.m. – 3.00 p.m. each day. These activities are organised as a group, and/or on an individual basis according to what people choose to do.
- 12.11 Where residents prefer to stay in their rooms, or are nursed in bed there was evidence from photographs that carers spend time undertaking activities with people in a meaningful way e.g. reading, conversations. The Home are encouraged to document when these activities are taking place and capture how the activity made the person feel.
- 12.12 A number of photographs can be seen displayed around the Home of people and staff having enjoyed a variety of activities (themed days etc.). It has also been encouraging to see that children (family members of staff) are often invited to be part of the themed days/parties held at the Home.

13. Actions

Corrective Actions

- 13.1 Current Statement of Purpose and Service Users' Guide to be revised. **Timescale: Within 1 month.** (RISCA Reg. 7)
- 13.2 All Policies and Procedures to include a planned review date so that information is kept up to date. **Timescale: Within 1 month.** (RISCA Reg. 12)
- 13.3 Contact details within the PEEP file to be updated. **Timescale: Within one month.** (RISCA Reg. 19)

- 13.4 Areas of the Home to be re-painted (woodwork) and to be included in the Maintenance programme. **Timescale: Within 6 months.** (RISCA Reg. 44)
- 13.5 Two signatures to be recorded for all transactions relating to resident's funds. **Timescale: Immediately and on going.** (RISCA Reg. 44)

Developmental Actions

- 13.6 'Snug' area in downstairs lounge to be de-cluttered, to enable people to play the piano if they wish. **Timescale: Within 1 month – Action Met.**
- 13.7 Suitable scenarios to be added to the staff interview record. **Timescale: Within 2 months.**
- 13.8 RI to develop further the quarterly reports, to include other aspects of the service and split the information into headings, including any actions required. **Timescale: Within 6 months – Action met.**
- 13.9 Meal time experience to be developed so that the table is nicely set for meals, and for people to be visually shown meals to make a choice. **Timescale: Within 2 months – Action met.**
- 13.10 To continue to improve the bathing experience for people by making all bathrooms within the Home homely. **Timescale: Within 12 months.**
- 13.11 Managers/staff to have an awareness of the new All Wales Induction Framework (AWIF) which is being rolled out by Social Care Wales. To also be aware of the registration process for carers which comes into effect in April 2022 for care home staff. To disseminate to staff and encourage staff to access further advice/training sessions. **Timescale: Within 24 months.**

14. Conclusion

- 14.1 The staff team continue to be receptive to actions and recommendations that are communicated by visiting officers, and are actioned promptly. In addition, much progress has been made in meeting the requirements of an Action Plan recently drawn up by ABuHB and the CCBC visiting officer.
- 14.2 Improvements continue to be made in terms of providing stimulating activities for people to enjoy and to engage children and pets in the life of the Home which has mutual benefits.
- 14.3 Care staff did not appear rushed in their duties, and were attentive and caring.
- 14.4 The staff team continue to attend a range of training courses, mostly in a class room type setting which is beneficial for active learning.
- 14.5 Residents' documentation continues to be filed in an orderly manner so information is easy to locate with pertinent information present to enable staff to provide appropriate

care. In addition, from the staff files viewed, these were also orderly, with all information being present.

14.6 The Contract Monitoring Officer would like to thank the Managers and staff for their time and hospitality during the monitoring process.

Author: Andrea Crahart
Designation: Contract Monitoring Officer
Date: May 2019

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.