

CAERPHILLY COUNTY BOROUGH COUNCIL, DIRECTORATE OF SOCIAL SERVICES

COMMISSIONING TEAM

Contract Monitoring Report

Name/Address of provider: **Bargoed Care Home**

Date/Time of visit: **16 & 17th and 22nd August 2018**

Visiting Officer(s): **Caroline Roberts, Contract Monitoring Officer
Sherry Lewis, ABuHB**

Present: **Angela Mason, Registered Manager**

1 Background

- 1.1 Bargoed Care Home is registered to provide residential and nursing care to 41 people over the age of 18 years. The home is owned by Four Seasons Healthcare (FSHC), along with another home within the Caerphilly borough.
- 1.2 At the time of the visit, there were 29 people living within the home, with 2 new individual's preparing to take up residence.
- 1.3 The last full monitoring visit was conducted in September and November 2017 and the report outlined 8 corrective actions and 1 developmental action for the Managers appropriate attention.
- 1.4 In August 2017, a new Manager was appointed due to the previous Manager's retirement. However, since the last inspection in 2017, there have been two manager's and the home is currently being supported by an interim Manager.
- 1.5 The visiting officer employs 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, service users and relatives where possible.
- 1.6 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 regulations such as the Regulation and Inspection of Social Care Act (RISCA) and developmental actions are good practice recommendations.

2 Previous Recommendations

2.1 Corrective

- 2.1.1 Whist viewing two staff files, it was noted that they did not contain a full employment history as gaps were identified. (NMS 22.2) **Timescale: Immediately and ongoing**
Not met – The Monitoring Officer observed a discrepancy with employment dates on one individuals file.

- 2.1.2 Documentation to be completed appropriately, detailing information and ensuring accountability/responsibility is taken by signing and dating documentation. (NMS 7.1) **Timescale: Immediately and ongoing**
Not met – documentation was discussed at length with the Manager – see main body of report.
- 2.1.3 Service Plans and Risk Assessments to be reviewed monthly (NMS 6.4) **Timescale: Immediately and ongoing.**
Met – both files had been reviewed monthly
- 2.1.4 Individual's to have the opportunity to contribute to the completion of their Service Plans (NMS 6.5) **Timescale: Immediately and ongoing**
Not met – no evidence of individuals being involved.
- 2.1.5 DNACPR plans to be retained on file (NMS 19.3 & 19.4) **Timescale: Immediately and ongoing**
Not met – only one file was observed to have a DNACPR, no evidence to suggest a conversation had taken place with the individual.
- 2.1.6 Effective quality assurance and monitoring to be undertaken to obtain feedback from residents/relatives, staff and stakeholders (NMS 28) **Timescale: Immediately and ongoing**
Partially met. RI's TRaCa report viewed; however annual report was not available at the time of the visit.
- 2.1.7 Supervision to take place on a regular basis (NMS 24.2 & 24.3) **Timescale: Within 2 months of this report.**
Not met – no supervision had taken place; however, this was and is being addressed by the Interim Manager.
- 2.1.8 For an up-to-date Statement of Purpose to be made readily available to all residents (NMS 1.1) **Timescale: Within 3 months of this report.**
Not Met: For a copy to be shared with the Local Authority's Commissioning Team once month from the report.
- 2.2 Developmental actions
- 2.2.1 Bedroom signage for people should be made permanent and not makeshift, in order to ensure that the residents feel valued.
Partially Met. Some bedroom signage has been introduced.
- 3 Findings**
- 3.1.1 Documentation
- 3.1.2 As part of the monitoring process, 2 resident's files were viewed. Whilst one file had a pre-admission assessment, it had not been signed or dated and this was discussed with the Manager in post at the time of the visit.
- 3.1.3 The personal plans viewed for both individuals did not reflect that the individual had been involved in compiling the information nor was there evidence that a family member or a representative had been involved.

- 3.1.4 One file had evidenced and obtained signature confirming that a discussion had taken place in respect of the risks associated with bed rails not being used. However, on the second file observed, it was noted that the consent form in respect of the use of a lap belt required updating as it was not consistent with the Personal Plan. There was also no hoist/sling moving and handling plans observed on file.
- 3.1.5 Both files viewed reflected areas set out in the individual personal plans and were observed to being reviewed monthly.
- 3.1.6 Whilst viewing both files, it was evident that staff are knowledgeable in respect of what appropriate professionals should be contacted should the need arise i.e. GP, Diabetic Nurse, Out of Hours, Tissue Viability Nurse. However, there was no indication that an agreement had been put in place with relatives, should an incident occur and this matter had been discussed during the last monitoring visit.
- 3.1.7 One file viewed contained a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR). Whilst there was no end of life plan on the second file.
- 3.1.8 Both files viewed had no life history; therefore, new members of staff would not have the sense of knowing the individual.
- 3.1.9 Whilst visiting one individual, it was noted that a Topical Medication Administration (TMAR) Sheet was in place; however, the instructions for staff were recorded "administer as directed". Such documentation needs to be more specific and this matter was discussed with the Manager in post at the time of the visits. The TMAR also showed inconsistencies with the administration of creams. This matter has been discussed with the Interim Manager which is being addressed.
- 3.1.10 There were also inconsistencies with oral care; therefore, care staff were not evidencing that such care is being provided twice daily or as required.
- 3.1.11 Another resident was visited and the Monitoring Officer observed good interaction between the resident and the carers. However, whilst viewing the fluid record, it was noted that the intake should be 2300 mls (as a guide) but care staff informed the visiting officers that the resident is on a restricted fluid intake of 1900 mls but this was not recorded in the documentation. Therefore, any new member of staff would not know that the individual was on a restricted fluid intake.

3.2 Activities

- 3.2.1 The home employs two Activity Co-ordinators. One member of staff covers Monday to Friday, whilst the second member covers the weekend.
- 3.2.2 During all three visits, one Activity Co-ordinator was present and residents were waiting for the activities to commence. The Activity Co-ordinator was full of enthusiasm, as were the carers, showing the residents new types of dance moves. The room was full of fun and laughter and residents and staff were observed to be enjoying each other's company, interacting with each other whilst undertaking arm chair exercises.
- 3.2.3 Once this activity concluded, staff were observed in offering and providing the residents with refreshments in readiness for the next activity. By this time, family members had arrived and all joined in a game of skittles.

- 3.2.4 Whilst the Monitoring Officer was speaking with a resident on the ground floor, the Activity Co-ordinator was observed to be going around the rooms, encouraging residents to take part in the activities.
- 3.2.5 During the visit, the Monitoring Officer was shown papier-mâché bowls that the residents had made and painted.
- 3.2.6 Weekly activities are displayed on the notice board for all to see, along with photographs of residents enjoying the activities.
- 3.3 Staffing
- 3.3.1 At the time of the visit, the Manager advised staff supervisions and appraisals were not taking place. This was discussed with the Manager as an area that required work immediately. However, during an unannounced visit, the Interim Manager advised that she had undertaken 5 supervisions that day.
- 3.3.2 The Monitoring Officer was informed that the home employs 53 staff, which include administrative staff, care staff, kitchen, laundry and domestic staff.
- 3.3.3 During the day the home has 3 nurses on duty from 7:30 am. – 7:30 p.m. and 8 carers from 7:30 a.m. – 1:30 p.m. During the afternoon, 2 nurses are on duty along with 7 carers. Night shifts consist of 1 nurse and 4 carers. The home has also recently introduced a twilight shift
- 3.3.4 Agency staff are used and the Manager of the home holds responsibility for obtaining a profile of the agency nurse and also ensuring they receive an induction pack. It is the Manager's responsibility to ensure the agency nurses have valid PINs to practice.
- 3.3.5 The visiting officer viewed two staff files and found that one file contained a DBS, whilst the second file did not. Also training certificates were not readily available on file. One member of staff had been employed since 2005; however, it is acknowledged that the interview process has since changed. The second member of staff was employed in January 2018 and the file contained an interview record with a scoring system.
- 3.4 Training
- 3.4.1 Staff at Bargoed Care Home access e-learning and class room based training. Facilitators of the training may be internal to Four Seasons or alternatively training is accessed via Blaenau Gwent and Caerphilly Social Care Workforce Development Team.
- 3.4.2 The home has 2 'in-house' manual handling trainers. Staff and residents are assessed and feedback is provided to the Manager as to whether or not further training is required or if specialised equipment is required to meet the needs of an individual.
- 3.4.3 Training is assessed and overseen by the Manager. A report is produced which identifies any overdue training or those staff that require a refresher course. Observations are undertaken of staff who have attended training in order to see how

the new skills and knowledge are implemented.

3.4.4 At the time of the Monitoring Officer's first visit, the Manager advised that staff training was not fully up-to-date as some staff were required to attend refresher and renewal courses. The Manager informed the visiting officer that a training drive was to be undertaken in respect of increasing the training percentage. Whilst viewing the training record, it was noted that 83% had undertaken mandatory training, which was lower than the 95% during the previous monitoring visit.

3.4.5 At the time of the visit, the monitoring officer was informed that staff are not working over 48 hours per week.

3.4.6 The Manager advised that FSHC are looking to implement the Active Offer in respect of offering a service in the medium of Welsh. However, consistent care in the medium of Welsh would not be possible at present at Bargoed Care Centre.

3.5 Quality Assurance

3.5.1 FSCH had registered the service with CIW in line with the Regulation and Inspection Act (Wales) 2016. Part of this process included submitting an updated Statement of Purpose and the appointment of a 'Responsible Individual' (RI) who is accountable for both service quality and compliance.

3.5.2 Part of the RI's duties is to visit the service on a quarterly basis in order to have an oversight of the service and report on its quality.

3.5.3 The Responsible Individual's TRaCa report was made available and the visit was undertaken in June 2018. However, the Manager advised that no future visits had been planned. The RI had identified that whilst the home presented as clean, there is a sense of tiredness about the décor and environment. This was a matter discussed with the Manager as both visiting officers had observed the home as requiring re-decoration.

3.5.4 There is an iPad at the entrance of the home, which visitors are encouraged to use in order to record their experience of visiting the home. Any negative feedback is then shared with the Manager in order to respond. Compliments are also recorded via use of the iPad.

3.5.5 Flash meetings are held 3 times a week and at the time of the visit, the monitoring officers were advised that in the last two months, 3 staff meetings had been held. During the meetings, documentation, communication, staff issues were discussed. Minutes are taken of all meetings; however, staff do not read and sign. It was suggested to the Manager that all staff sign the minutes after reading them; therefore, evidencing that staff who were absent for the meeting have been kept up to date.

3.5.6 Minutes of the residents meeting were viewed for the last two months and relatives also attend. Again, the minutes of the meeting are taken and it generally has an open agenda discussing such topics as events, food, improvements etc.

3.5.7 The visiting officers attended an unannounced handover and this was led by the Nurses on duty. A brief discussion is held on each resident and a handover sheet is completed and shared with the Manager.

- 3.5.8 Any accidents that occur within the home are Datixed and if applicable, a Duty To Report form is completed and shared with the Local Authority's Safeguarding Team for advice.
- 3.5.9 Residents at Bargoed Care Home are generally supported by family; however, the Manager was aware of how to access advocacy for an individual should it be required.
- 3.5.10 At the time of the visit, there were no residents with the diagnosis of dementia. The home does not have a dementia champion and the Manager advised that the home will hopefully be put forward for the dementia framework. This was also documented within the RI's TRaCA report.
- 3.5.11 The Manager, during the visits advised that should an individual be taking medication they may not need, she would know which procedure to follow and explained that she would request a medication review.

3.6 Discussion with staff and residents

- 3.6.1 Conversations were held with staff during the course of the visits and staff advised that the Manager would assist, as required. Staff were observed to interact well with individuals and had knowledge of those they were assisting.
- 3.6.2 Whilst speaking with one male resident, the Monitoring Officer was informed that the resident enjoys watching T.V. and occasionally taking part in a quiz that is arranged by the Activity Co-ordinators.
- 3.6.3 The resident described the meals as being "*fabulous, can't fault it*" and there was nothing more the kitchen could do as "*they are marvellous*".
- 3.6.4 The individual advised that the staff at the home were "great"; however, the individual would rather live independently in the community. The person maintains contact with friends by using his own personal mobile phone. The room was personalised to a high standard, with the individual happily sharing photographs of a recent trip the individual had attended.
- 3.6.5 The visiting officer was advised that staff are great "but they record everything and I find it intrusive". The visiting officer provided an explanation for this and it was accepted by the resident.
- 3.6.6 The resident advised that he would recommend the home to anyone "it's fantastic". When asked if advocacy was available should it be required, the individual responded that he has in the past been supported by an advocate.

3.7 Fire Safety/Health & Safety

- 3.7.1 At the time of the visit, the visiting officer was advised that most recent fire assessment report had not been received by the home.
- 3.7.2 The fire alarms are tested on a weekly basis. However, staff had not received a fire drill in the last two months.

3.8 Managing Residents Money

3.8.1 When managing money that comes in/out of the home, two signatures are obtained. This is usually the Manager's and the administrator. Signatures are also obtained from the resident and/or family members. The Monitoring Officer viewed the appropriate documentation.

3.9 General

3.9.1 There are menu choices available for the residents and discussions are held with the residents in order to ascertain their choice. Some residents choose to eat in the dining area, engaging in conversation with carers and fellow residents. Whilst other individuals, choose to dine in their room.

3.9.2 Some of the resident's rooms were found to be personal, whilst others had minimal personalisation.

3.9.3 Some areas of the home were found to look tired and therefore, could do with refurbishing as this will make the residents feel valued and provide them with a more homely environment.

3.9.4 Since undertaking the monitoring visits, the Registered Manager has sought alternative employment and the home is currently managed by an Interim Manager. The Interim Manager advised both visiting officers that documentation from a sister home will be introduced to Bargoed Care Home, therefore, working in a more consistent approach.

4 **Corrective and Developmental Actions**

4.1 Corrective

4.1.2 Personal Plans to be signed by the individual, to evidence they have been involved in the preparation of the Personal Plan and that their individual views, wishes and feelings have been considered. For Moving & Handling Plans to be in place and updated and maintained on a consistent basis to reflect current needs. (Regulation 15, Regulation & Inspection of Social Care (Wales) Act 2016 (RISCA).
Timescale: Immediately and Ongoing

4.1.3 Should an individual decline the use of equipment, their consent is obtained and documented to safe guard the individual and staff. (Regulation 15, Regulation & Inspection of Social Care (Wales) Act 2016 (RISCA).
Timescale: Immediately and Ongoing

4.1.4 Carers to be reminded of responsibility when managing and administering Topical medication and the medication policy. (Reg 58, Regulation & Inspection of Social Care (Wales) Act 2016 (RISCA).
Timescale: Immediately and Ongoing

4.1.5 For oral care to be undertaken and recorded by care staff. (Reg 21, Regulation & Inspection of Social Care (Wales) Act 2016 (RISCA).
Timescale: Immediately and Ongoing

- 4.1.6 For supervision/appraisals to be undertaken in a timely manner (Regulation 36, Regulation & Inspection of Social Care (Wales) Act 2016 (RISCA). Timescale: Immediately and Ongoing
- 4.1.7 Where a person appointed to a post is registered with the DBS update service, the service provider must check the person's DBS certificate status at least annually. (Regulation 35, Regulation & Inspection of Social Care (Wales) Act 2016 (RISCA).
- 4.1.8 For checks to be undertaken should employment discrepancies be identified. (Regulation 35, Regulation & Inspection of Social Care (Wales) Act 2016 (RISCA).
- 4.1.9 For an annual quality assurance report to be completed by the end of the calendar year (CCBC contract clause 42.6)
- 4.2 Developmental actions
 - 4.2.1 Team meeting minutes should record the names of the chairperson, minute taker and those present. It is good practice to also have a signing sheet on the back of the minutes to evidence that all employees have had sight of the matters discussed.
 - 4.2.2 DNACPR forms to be reviewed every year and evidence of the discussions to be clearly documented.

5 Conclusion

- 5.1 Since the arrival of the Interim Manager, all members of staff are encouraged to work as a team and are in receipt of appropriate supervision and support.
- 5.2 Documentation will be introduced into the home that is currently being used at the sister home, which will be consistent.
- 5.3 Individuals spoken to whilst undertaking observations spoke with warmth about the home and with positivity. The residents spoken to stated that they were happy residing at the home and spoke positively about the carers.
- 5.4 Routine monitoring will continue, and the Contract Monitoring Officer would like to thank all involved for the time and information that was given to complete the visits.

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Date: 11 October 2018

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.