

CAERPHILLY COUNTY BOROUGH COUNCIL, DIRECTORATE OF SOCIAL SERVICES

COMMISSIONING TEAM

Contract Monitoring Report

Name/Address of provider: Beechlea (Abbey Ambitions), Markham, Blackwood

Date/Time of visit: 14th August 2019 (Announced)

Visiting Officer(s): Caroline Roberts, Contract Monitoring Officer

Present: Wendy Gloster, Home Manager

1 Background

- 1.1 Beechlea is a residential home for individuals with learning disabilities, which is owned by Abbey Ambitions who are a registered provider within the Caerphilly borough. There has recently been a change in the management of the home and Wendy Gloster is now the manager along with the sister home, which is also within the Caerphilly borough.
- 1.2 Beechlea is situated in a residential street in Markham and is a good sized property. The home is registered with the Care Inspectorate Wales (CIW) and the registration covers four adults over the age of 18 years. The registration also permits one older person with a learning disability and mental health needs to be accommodated. At the time of the visit there were four residents, all of which are funded by Caerphilly CBC.
- 1.3 CIW last inspected Beechlea in May 2019 and it was the first inspection under the Regulation and inspection of Social Care (Wales) Act 2016. During the inspection, no areas of non-compliance were identified. However, six recommendations were made by the visiting inspector.
- 1.4 The Directorate of Social Services have received no complaints or safe guarding referrals in relation to Beechlea in the last 12 months. There were also no concerns raised by professionals who visit the home.
- 1.5 During the visit to the property, the Monitoring Officer met with the Manager, two members of staff and three residents.
- 1.6 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), and developmental actions are good practice recommendations.

2 Previous Recommendations

2.1 Corrective actions

- 2.1.2 Service Plans to be signed by resident capable and/or representative (if any) NMS

6:6.5 Findings – Not Met.

2.2 Developmental actions

2.2.1 To aide the reader, personal files to be indexed. Findings – Partially Met

3 Findings

3.1 Documentation

3.1.2 The current make-up of Beechlea is four residents, all of whom are Caerphilly Borough residents. Whilst viewing the documentation, two files were viewed and verified as being Caerphilly placements.

3.1.3 All documentation was observed as being stored securely within the office and in a lockable cabinet.

3.1.4 The two resident files viewed contained photographs of both individuals. Individuals residing at Beechlea have done so for a long time and therefore, pre-assessments were not observed during this visit. The Independent Service Plans were found to be detailed; however, there was no evidence to indicate that the individual or representative had taken part in the development of the plans.

3.1.5 Appropriate Risk Assessments were observed i.e. Epilepsy, entering the kitchen, swimming, bathing/showering. Such assessments are put in place to aid staff and the resident who may not have insight into danger; therefore, appropriate support is required. Whilst some Personal Plans and Risk Assessments were found to be reviewed monthly as is good practice, some were observed to be out of date and therefore, this was discussed with the manager.

3.1.6 Daily records were viewed and it was discussed with the manager that staff record more detailed information in respect of an individual's mood as this was not consistent. Blank dates were also observed and again this was discussed.

3.1.7 Records indicated that staff at Beechlea make appropriate contact with outside agencies in order to support the residents i.e. District Nurses, GPs, Podiatry, Social Services.

3.1.8 Whilst the records indicated that medical information is to be shared with specified family members, there were no separate signed agreements for family members to be notified about incidents. However, the home has good relationships with family members and relationships are encouraged and maintained.

3.1.9 Fluid charts were observed and it was suggested that the home record the daily target, along with the daily input/out. Staff were recommended that they record what action is taken should the individual not be taking their recorded daily intake for a period of time.

3.1.10 The home uses a daily bowel chart and it reflects the Bristol Stool Chart. Again this provides staff with an overview and prompts them to take appropriate action if required i.e. contacting the GP.

- 3.1.11 Body maps were observed and it was recommended that when recording matters of concern, records note what improvements are being or what action is being taken should matters deteriorate and should medical intervention be required.
- 3.1.12 Only one file contained life history and a discussion was held with the manager in respect of this matter. The manager explained that individual profiles are retained on the office message board for any agency staff.
- 3.1.13 Whilst viewing the documentation the monitoring officer noted a detailed “when I die” record. The plan was very detailed and evidenced that the resident and their family member was involved in the decision making process. Pictorials aided the resident and the documentation consisted of information relating to what type of music they would like, type of service, which funeral directors are to be contacted etc. Whilst this is a very sensitive subject to discuss, it evidences that the home supports the individuals they care for and is done so sensitively.

3.2 Approach to Care

- 3.2.1 Residents are encouraged to maintain regular contact with family members and both play an active role in the decision making process around the home and about themselves.
- 3.2.2 The home encourages the residents to share their opinions, wishes and feelings in respect of any changes that the staff may be considering.

3.3 Activities

- 3.3.1 Individuals are encouraged to undertake activities which they enjoy. One individual enjoys socialising and being out; therefore, staff will assist and accompanying on social outings or sitting in the garden, weather permitting. Another individual previously enjoyed knitting; however, this has since changed but staff endeavour to encourage her to keep up her hobby. The individual also enjoys spending time in her room, playing cards and board games. Staff were observed to go into her room in order to play games with her.
- 3.3.2 Some individuals will verbalise to staff the activities they wish to undertake; however, for those who have communication difficulties, Makaton is used and choices are provided. The visiting officer was informed that some residents enjoy visits to the theatre, cinema, going out for meals etc.
- 3.3.3 There is an activities timetable present at the home in respect of an individual’s normal daily activities i.e. attendance at Day Centre, GP appointments etc. However, other activities are undertaken on an ad hoc basis as all staff have the responsibility of ensuring that activities of choice are undertaken.

3.4 Health and Safety

- 3.4.1 The accident book was observed; however, the visiting officer was unable to identify any trends etc. due to the information being recorded on individual files. It was recommended that such information be collated in one central area; therefore, allowing the manager and visiting professionals to identify time specific trends.

- 3.4.2 A fire drill was last undertaken in August 2019 and was attended by eight members of staff. All appropriate details were recorded.
- 3.5 Mobility Aids and Equipment
- 3.5.1 A Bath Master is in place and this is serviced once a year. There is also a hoist at the property and is generally used when individuals are not feeling well. The hoist was observed to have recently been serviced whilst; the Bath Master is due for service at the end of August 2019.
- 3.5.2 Wheelchairs used at the property are fitted with foot plates and safety belts and manual handling plans were observed.
- 3.6 Medication
- 3.6.1 Medication is stored correctly in a lockable cabinet and any controlled drugs are double locked. The home undertakes a monthly audit of the medication and at the time of the monitoring visit, no individual was receiving covert medication.
- 3.6.2 Controlled drugs are double signed; all other medication requires one signature only.
- 3.7 Managing residents' money
- 3.7.1 The Manager advised that the money that goes in and out of the home, requires 2 staff members' signatures, this was verified by the Monitoring officer.
- 3.8 The Home Environment
- 3.8.1 The home is spacious and welcoming. It comprises of a good sized kitchen with a large sized utility room.
- 3.8.2 The lounge area is an open, inviting space that consists of a sofa, a dining table and T.V. with photographs of the residents on display throughout. The home has a fish pond and there are doors that open out onto the garden.
- 3.8.3 Each resident has their own bedroom and they are decorated to the individual's personal taste. The rooms consist of personal belongings such as family photographs and ornaments; therefore, providing a personal area for the individuals to relax in.
- 3.8.4 The visiting officer was informed that there are no residents that smoke; however, staff are permitted to smoke in the garden area only.
- 3.8.5 Within the last twelve months, no home improvements have been made.
- 3.9 Nutrition
- 3.9.1 This is an area the manager wishes to review as it was felt that the residents would benefit from a more healthy and well balanced diet. More fruit has been introduced and the residents were heard being asked what they wanted for their dinner that evening.

- 3.9.2 It was being considered that a Saturday evening could be a take away night and therefore, residents were asked what their preferred choice would be, with one choosing fish and chips, whilst another indicated they would want a Chinese meal.
- 3.9.3 During the time of the visit it was positive to observe the manager visiting the local shop to purchase a food item that a resident wanted but was not available at the home. The manager advised that again this is an area that requires looking into, to ensure that the home stocks the preferred foods of the individuals residing at the property.
- 3.9.4 When asked if the residents enjoy assisting staff with meal preparation, the visiting officer was advised that the residents have no interest. Some residents may assist with the food shopping, whilst others may not. Again, the manager advised that this is an area that she intends to improve.
- 3.10 Quality Assurance
- 3.10.1 Surveys are shared with the residents, staff, managers and stakeholders i.e. Markham Medical Centre, Ystrad Mynach Community Resource Centre, the Local Authority's Community Learning Disability Team. The questionnaires provide the recipient with the opportunity to report back on the quality of service being delivered to those who reside at Beechlea.
- 3.10.2 The monitoring officer viewed the outcome of the Quality of Service report January 2018-January 2019, which recorded the outcomes from the surveys distributed.
- 3.10.3 This area was also discussed with the Manager in respect of the Responsible Individual undertaking regular inspections of the home and engaging with the residents, representatives, staff, commissioners etc.
- 3.11 Staffing
- 3.11.1 Previously the home has not used agency care staff; however, with recent changes it has been necessary for agency staff to be utilised. However, the home endeavours to use the same member of staff for consistency.
- 3.11.2 A variety of training methods are used i.e. e-learning, classroom, BOOTS pharmacy. Once staff have attended or undertaken training, they are observed and are asked about the training course. Should an individual's needs change i.e. become diabetic, appropriate training is arranged.
- 3.11.3 The monitoring officer observed the training matrix and it was identified that some members of staff require refresher course in respect of mandatory training. This was discussed with the Manager.
- 3.11.4 The supervision matrix was viewed and it was evident that supervision is held every two months, with a planned date being recorded, alongside an actual date of when supervision took place. Appraisals were also observed to planned for later in the year.
- 3.11.5 The supervision template allows both parties (Manager and Support Worker) to

discuss such matters as objectives, current strengths, areas for development, training etc.

- 3.11.6 Whilst viewing two Support Workers files, it was noted that some documentation had not been retained i.e. an interview record, job description, only one file had a birth certificate. This was discussed with the Manager during the visit.
- 3.11.7 Each file had a photograph and two written references were present on file. Each file contained copies of the relevant training records and a DBS (Disclosure Barring Service) check.
- 3.11.8 The Manager informed the visiting officer that no member of staff works over 40 hours per week.
- 3.12 Staff Questions
- 3.12.1 During the visit, the Monitoring Officer had opportunity to speak with a Support Worker and to ask some questions about how the home is run and if they had any concerns.
- 3.12.2 The Support Worker had worked at the home for a number of years and was knowledgeable about the individuals. Makaton is used to communicate with one individual.
- 3.12.3 The monitoring officer was informed that the home is relaxed and that staff feel they are able to sit and engage in conversation with the residents or to go and sit in the garden if the residents wish to do so.
- 3.12.4 Management are willing to hear staff suggestions and they will implement suggestions if they assist or improve the resident's daily living.
- 3.12.5 The Support Worker advised that she would not hesitate to report bad practice and is aware of the Safeguarding of Vulnerable Adults process.
- 3.12.6 All staff members are able to identify their own training needs and a general discussion took place in respect of the member of staff wishing to undertake Dementia training. The Manager was more than willing to assist with this and advised it would benefit all staff and individuals residing at both homes.

4 Residents Questions

- 4.1 During the visit, the visiting officer spent some time speaking with one of the female residents.
- 4.2 The resident explained that she previously enjoyed knitting and spending time in her room. She also enjoys going out shopping but needs to be assisted to do so. The resident proudly showed the monitoring officer what she had previously knitted and talked about her family member who assists her.
- 4.3 The individual was also happy to discuss the word search puzzle she was doing and the monitoring officer observed plenty of fluids being made available.

4.4 A member of staff was later seen going into the resident's room to play board games.

4.5 The individual was observed to be appropriately dressed and looked well.

5 **General**

5.1 The home had a lovely warm atmosphere and it was evident that the residents had a good relationship with the staff team. Laughter and communication could be heard between staff and the residents, evidencing a relaxed atmosphere.

5.2 The main areas of the home were found to be clean and welcoming and whilst being invited into one of the bedrooms, it was evident that the residents decorate and fill their rooms to their own personal taste.

6 **Corrective and Developmental Actions**

6.1 **Corrective**

6.1.2 Staff to be provided with a written job description, stating clearly their responsibilities, the duties currently expected of them and their line of accountability. (Regulation 38)

6.1.3 For staff to have a signed contract of employment and (Regulation 35)

6.1.4 The provider to record a date of a DBS certificate and to retain a copy of the staff member's birth certificate and passport (if any) (Regulation 35)

6.1.5 Records to include up-dates regarding improvement/deterioration regarding skin integrity and where necessary, seek appropriate specialist advice to support care (Regulation 21)

6.1.6 For service provider to ensure that care and support is provided in a way which protects, promotes and maintains the safety and well-being of individuals. (Regulation 21)

6.1.7 To ensure individuals/representatives are involved with the development of personal plans (Regulation 18)

6.1.8 Ensure Risk Assessments are reviewed regularly and documented (Regulation 16)

6.1.9 Accidents and Incidents to be recorded centrally in order to identify themes/trends

6.1.10 Staff to attend mandatory training refresher courses (Regulation 80)

6.1.11 The Responsible Individual to ensure systems are in place to evidence that quarterly visits are logged and documented (Regulation 73)

6.2 **Developmental actions**

6.2.1 Fluid charts to identify an individual's daily target and daily input/output and to record what action is to be taken (if required)

- 6.2.2 Staff files to be divided and to be indexed.
- 6.2.3 Interview records to be signed, dated and completed in full.
- 6.2.4 Daily reports to be more consistent with recording of mood

7 **Conclusion**

- 7.1 The atmosphere at Beechlea was positive and it was pleasing to witness staff interacting with the residents. There was a lovely, warm atmosphere at the home.
- 7.2 It was extremely positive to focus this monitoring visit on how people live within the home and this gave an insight into how the residents spend their days and how they are supported by staff to do so.
- 7.3 Routine monitoring will continue at Beechlea, and the monitoring officer would like to thank all involved for their time, the information shared and the hospitality shown during the visit.

Author: Caroline Roberts

Designation: Contract Monitoring Officer

Date: 20 August 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.