

CAERPHILLY COUNTY BOROUGH COUNCIL, DIRECTORATE OF SOCIAL SERVICES

COMMISSIONING TEAM

Contract Monitoring Report

Name/Address of provider: Bryncelyn, Nelson

**Date/Time of visit: Friday 26 January 2018 at 10:00 a.m.
Wednesday 7 March at 10:30 a.m.**

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

**Present: Present at home: Caitlyn Smythers, Collett Thomas, Carol Tilley and
Lisa Prosser**

Present at Office: Sharon Bucknell, Deputy Manager, PRESS

1 Background

- 1.1 Bryncelyn is a residential home for individuals with learning disabilities, which is owned and managed by PRESS, who are registered providers within the Caerphilly borough.
- 1.2 Bryncelyn is a large detached bungalow. It has a large conservatory and a large garden in which the residents may sit in should the weather permit. The home is situated in the village of Nelson, with many local amenities.
- 1.3 The registration of Bryncelyn covers three younger adults (18-64 years) with a learning disability. At the time of the visit, there were three residents, one funded by Blaenau Gwent, one funded by Caerphilly and one, a temporary placement, funded by Cardiff.
- 1.4 The most recent inspection undertaken by the Care and Social Services Inspectorate Wales (CSSIW) was carried out in July 2017 and the report was published in October 2017. No non-compliance notices were noted; however, five recommendations were recorded as part of the inspection.
- 1.5 Social Services have received no complaints in the last year. 3 safeguarding advice requests have been received in the last year; however, matters did not progress.
- 1.6 As part of the visit, the monitoring officer was able to meet the Deputy Manager and four members of staff were present during the home visit.
- 1.7 Dependant on the findings within the report, corrective and development actions will be given to the provider to complete. Corrective actions are those which must be completed (as governed by legislation) and developmental actions are good practice recommendations.

2 Previous Recommendations

2.1 Corrective/developmental actions

2.1.2 None recorded.

3 Findings

3.1 Service Plans

3.1.1 All files relating to individuals residing at Bryncelyn are stored securely. During the monitoring visit, one individuals file was viewed.

3.1.2 It was positive to observe that the Service Plan was written in line with the Care Plan devised by Social Services.

3.1.3 The Service Plan was person centred and contained very detailed information in respect of what the individual's likes/dislikes, what support and assistance is required, what triggers to be mindful of, how an individual communicates, self and personal care etc.

3.1.4 An individual's file contains detailed information should a person be admitted to hospital. The information is recorded under 3 coloured categories i.e. Red for GP, next of kin, allergies, medical history and communication; Amber contains sensory issues, eating/drinking, mobility etc. and Green information contains more personal information. This is aimed to be "at a glance" information and provides the reader with a quick, but detailed, overview of the resident.

3.2 Risk Assessments

3.2.1 Appropriate Risk Assessments were in place for identified areas of risk, such as Person Manual Handling, Bed Rails, Environmental Hazards, Behaviour challenges, hot drink making etc. Risk Assessments were reviewed on an annual basis and all staff are required to sign/date the review in order to evidence that they are up-to-date with any new information highlighted as part of the review process.

3.3 Other documentation

3.3.1 Whilst viewing the file, it was noted that the Personal Care and Behaviour Observation Sheet had not been completed on a daily basis, with the last entry being 18.01.18. This provides the reader with pertinent information for the next members of staff coming onto shift. The sheet should contain information in respect of any concerns identified during the day.

3.3.2 It was evident that staff are knowledgeable on how to make appropriate referrals to professionals i.e. District Nurse, GP, Podiatry.

3.3.3 Wheelchair check lists are completed daily and are signed and dated by the support worker that undertakes the appropriate checks.

3.3.4 Oral care is checked 2-3 times daily and support workers sign and date when oral care is undertaken.

3.4 Approach to Care

- 3.4.1 One individual has no family involvement; therefore, decisions are made with the individual and their opinions and views are sought. Whilst the second resident has family involvement and consultation takes place with a family representative, the individual's views and opinions are also taken into account.
- 3.4.2 Both individuals can demonstrate what they like/dislike. Whilst one individual enjoys eating meals in/out of the house, staff try to ensure that activities are undertaken prior to mealtimes.

3.5 Complaints and compliments

- 3.5.1 The monitoring officer viewed the complaints book retained at the home and it was observed that no formal complaint had been documented since 1 September 2016.
- 3.5.2 Mr Smothers, Manager oversees any complaints that the home receives. The books are audited bi-monthly and the home manager is made aware of any complaint received.
- 3.5.3 When complaints are received, they are investigated and responded to in writing or by telephone, depending on the complainant's preference. Staff are informed of the complaint and may form part of any investigation that may be required.
- 3.5.4 Should individuals require the support of an advocacy service, this can be accessed and leaflets are available at the property.

3.6 Quality Assurance

- 3.6.1 Individual feedback is received informally due to the low number of individuals residing at the property. Therefore, at the time of the visit, the visiting officer was advised that a formal Quality Assurance is currently work in progress.

3.7 Training

- 3.7.1 PRESS employs an induction systems based upon the Care Council for Wales Social Care Induction Framework.
- 3.7.2 Staff training is evaluated by the Deputy Manager monitoring members of staff and observing their practice. Feedback is gained from individuals in respect of the training courses they have attended.
- 3.7.3 The training matrix was viewed by the visiting officer. The matrix clearly outlines what courses have been attended and on what date and what date the certificate requires renewal.
- 3.7.4 Staff will also undertake appropriate non-mandatory training, depending on the individuals needs.

3.8 Supervision and appraisal

3.8.1 The supervision matrix was viewed and 6th monthly formal and 2mthly interim supervisions are held. All supervisions are 1:1.

3.8.2 The matrix also records the annual appraisals.

3.9 Staffing

3.9.1 Only one member of staff has left the employment in the last 12 months and this was due to the individual choosing to terminate her employment after taking maternity leave.

3.9.2 One new member of staff has been recruited in the last year and there are currently no members of staff on long term sick leave. No agency workers are employed at the home.

3.9.3 Staff do not routinely work over 40 hours per week. There has been no disciplinary issue in the last 12 months.

3.9.4 Whilst viewing 3 staff files, the visiting officer noted a photograph of ID, current DBS for all 3, full employment history and copies of relevant training records.

3.9.5 One staff file was noted to only have 1 reference, when 2 references are required.

3.10 Interests/activities

3.10.1 There is no set activities timetable as individuals are able to communicate what activity they would like to undertake on a daily basis. The staff have access to a vehicle and are therefore, flexible in their approach to providing stimulation and engagement.

3.10.2 One individual enjoys looking at magazines and shopping in general and therefore, staff are happy to support the individual into the community in order to purchase items of choice.

3.10.3 Another individual enjoys accessing the village and in particular enjoys visiting the local newsagents and also the post office.

3.11 Health and fire safety

3.11.1 There had been one accident in the last year, whereby 1 of the individuals had fallen, appropriate medical treatment was sought and the appropriate documentation was completed and forwarded to Care Inspectorate Wales.

3.11.2 The home has a fire drill every 3 months.

3.12 Mobility and Aids

3.12.1 All equipment used by individuals residing at the property is outlined within the hospital information and also within the Service Plan. Equipment is serviced every 6 months or as and when it is required. For the wheelchairs that are used, both are

fitted with footplates.

3.12.2 The home has its own vehicle and staff undertake regular checks i.e. oil, tyres.

3.13 The home environment

3.13.1 On 28 October 2016, Bryncelyn was awarded a level 4 food hygiene award, which is a 'good' rating.

3.13.2 The home was found to be clean and tidy, with no hazards and no malodour.

3.13.3 The monitoring officer was advised that one individual's room had recently been decorated in the colour chosen by the individual. Another room is in the process of being decorated and again the individual has chosen the colour.

3.13.4 The rooms are decorated to the individual's preference and are individualised by personal items such as photographs, pictures and ornaments.

3.13.5 Whilst observing the other rooms, the monitoring officer felt that the bathroom would benefit from being decorated and made to feel more homely. It was also felt that the lounge area would benefit from being redecorated as the door frames were observed to be badly marke.

3.14 Nutrition

3.14.1 In order to determine what meals the individuals eat, the residents are involved in a discussion and they have an active role in deciding their menu.

3.14.2 Consideration is given to specialist dietary requirements as one individual is a diabetic, whilst another is watching their weight and therefore, the intake of sugary food is monitored along with portion size.

3.14.3 One individual enjoys the purchasing of food and also the preparation of the meals.

3.14.4 Whilst viewing the daily dietary record, it was evident that the meals provided are nutritious and well balanced.

3.15 General Observations

3.15.1 On arrival, the monitoring officer was greeted politely by a support worker and was introduced to the two residents that were up. One resident was sat in the lounge area engaging in conversation with staff and one was in the kitchen area, preparing for an appointment.

3.15.2 It was positive to observe and to hear the staff engaging with the residents. One individual was preparing for an appointment and was not sure as to whether or not to attend. Whilst one support worker was assisting the individual with their hair, another made contact with the allocated Social Worker and then offered reassurance to the individual by advising that it was not necessary for her to attend the meeting, if she felt she did not wish to go. It was positive to hear an individual being given a choice. The individual chose to attend the meeting and was happy to attend with the assistance of the support worker.

3.15.3 The resident in the lounge became agitated that the other resident had gone out in the car and therefore, it was encouraging to observe a staff member offering to take the individual down into the village in order that they may visit the newsagents and the post office. Whilst later speaking with the resident, the monitoring officer was advised this is something the individual enjoys doing.

3.16 Staff questions

3.16.1 One member of staff was spoken to and advised the monitoring officer that staff are verbally informed of any changes to the care plans, service plans, risk assessments etc. Information is also shared via handover, team meetings and the memo board. All staff have the responsibility to ensure that any new information regarding an individual is shared appropriately.

3.16.2 The home operates a key worker system and each key worker has the responsibility to ensure that health appointments are kept and that activities are undertaken. A key worker should offer support and assistance should an individual have a concern or problem.

3.16.3 The member of staff advised that they are consulted and informed about the running of the home and that they are listened to should they have any suggestions or recommendations of improving the service.

3.16.4 Staff are able to identify their own training requirements and usually access training programmes via internal facilitators or the Local Authority Workforce Development Team.

3.17 Manager questions

3.17.1 The Manager of Bryncelyn was confident in explaining what action would be taken should she suspect abuse. She was aware of how to safeguard individuals and also safeguard the staff offering support at the property.

3.17.2 The Deputy Manager was able to say what the individuals like and want through discussion with them. Community participation is encouraged by taking the individuals out and about as much as possible, as both enjoy visiting the centre of the village.

3.17.3 The Deputy Manager explained that some of the residents take part in the recruitment of staff members. For her own appointment, she was introduced to the residents at Bryncelyn and to this day, one individual jokingly states it was he that gave her the job!

3.18 Resident questions

3.18.1 The monitoring officer spoke with all three residents during the course of the visit.

3.18.2 Both permanent residents were happy to have a general conversation with the monitoring officer, with the male resident being more than happy to chat about life at Bryncelyn.

3.18.3 The male resident was happy to advise that he is happy residing at Bryncelyn, where

he was not happy at a previous placement. He expressed his sadness at the passing of a friend but was eager to advise that he had received a new wheelchair and that he enjoys accessing the community.

- 3.18.4 He was eager to chat about the forthcoming rugby matches and the Christmas gift he had purchased for a fellow resident.
- 3.18.5 It was observed that both residents were at ease in each others company and are clearly well cared for and supported by staff at the property.

4 Corrective and Developmental Actions

4.1 Corrective

4.1.2 For all newly appointed staff to have 2 references retained on file (NMS 22.2)
Timescale: Ongoing

4.1.3 For Personal Care and Behaviour Observation Sheets to be completed on a daily basis (NMS 12.3) **Timescale:** Immediately and ongoing

4.2 Developmental actions

4.2.1 Whilst individual bedrooms are currently being redecorated, consideration to be given to the lounge and bathroom area. *Discussed with the Home Manager, who advised that it is planned for the lounge to be decorated.*

5 Conclusion

- 5.1 Bryncelyn offers a homely environment to the residents and the staff are knowledgeable about the individuals who reside at the property; knowing their likes/dislikes, how to approach individuals when displaying different moods etc.
- 5.2 The residents choose day to day, what activities they wish to par-take in and whether or not they wish to go out. The service is very much person led and both individuals presented as being very happy residing at Bryncelyn, having a good rapport with the staff that support them.
- 5.3 Routine monitoring will continue 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: 19th March 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.