

**CAERPHILLY COUNTY BOROUGH COUNCIL DIRECTORATE OF SOCIAL SERVICES**

**COMMISSIONING TEAM**

**CONTRACT MONITORING REPORT**

**Name Of Provider:** Castle View Residential Home, Claude Road, Caerphilly

**Date(s) of Visit:** Tuesday 27 June, 2017, 9.30 a.m. – 3.00 p.m.  
Thursday 6 July, 2017, 9.30 a.m. – 12.30 p.m.

**Visiting Officer:** Andrea Crahart (Contract Monitoring Officer)

**Present:** Mandy Chattaway (Registered Manager)  
Kirsty Jones (Senior Care Officer)

**1. Background**

- 1.1 Castle View is a residential home situated on the outskirts of Caerphilly town, and registered to provide residential care to 28 people, 11 of whom have a dementia. At the time of the visits the home had 2 vacancies suitable for an older frail person and 1 for a person who has dementia.
- 1.2 The home is occupied on 2 levels i.e. the ground floor accommodates people who are older/frail, and the first floor provides accommodation for people who have a dementia (namely Cartref).
- 1.3 Contract Monitoring Officers employ a variety of methods to gather and interpret data as part of monitoring visits, including observations of practice at the home, examination of documentation and conversations with individuals (e.g. residents, relatives). Both visits to Castle View care home were on an announced basis.
- 1.4 The Dementia Care Matters ‘feelings based’ approach to care was introduced in Castle View in the spring of 2014. This ethos promotes a ‘person centred’ model of dementia care that breaks down traditional notions of care. The Contract Monitoring Officer monitors progress with this approach during the monitoring visits.
- 1.5 Regular feedback is received within the CCBC Commissioning Team from social workers/reviewing officers etc. relating to the quality of care within care homes. During the previous year positive feedback has been received in relation to Castle View. Comments from relatives have included, “staff are brilliant, friendly and welcoming”, and “staff are compassionate, patient and the home has a homely feel”. One complaint had been received within the same period, which was investigated and the issues addressed with the staff member concerned.
- 1.6 The CSSIW (Care and Social Services Inspectorate Wales) last visited the home in June 2015. It is anticipated that a further visit will take place in due course.

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- 1.7 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.

### 2. Previous monitoring visit

- 2.1 DBS disclosures (photocopies) to no longer be filed on staff files, alternatively just basic information relating to the individual to be retained (i.e. full name, disclosure number, date of expiry). Timescale: on going. **Arrangements are in place for staff to sign/date giving their permission for DBS information to be stored on their file.**
- 2.2 Training certificates to be placed on individual staff files. Timescale: Immediately and on going. **Action remains on going.**
- 2.3 Interview records to be retained on individual staff files for any future appointments  
Timescale: Immediately and ongoing. **Action met.**
- 2.4 Non-mandatory training in relation to DoLS (Deprivation of Liberty Safeguards) to be sourced to ensure that staff have an understanding of the current legislation. Timescale: within 6 months. **This is attended by managers of the home and disseminated to staff.**
- 2.5 Non-mandatory training to be continually planned for/brought up to date e.g. end of life care/bereavement and loss, pressure care etc. and any difficulties booking courses via CCBC/Blaenau Gwent Workforce Development Team to be brought to their attention.  
Timescale: within 12 months. **Action met.**

### 3. Findings from visit

#### 3.1 File and Documentation Audit

- 3.1.1 Two resident's files were examined during the visit. It was evident that Service Plans were detailed and covered all appropriate aspects of care e.g. washing, bathing, foot/oral care, eating/drinking etc. It was evident that the home has made progress in making Service Plans more person centred; and had involved the resident or their relative in this process.
- 3.1.2 Service Plans had also been evaluated/reviewed in a meaningful way on a regular basis, and included all areas of need identified within the Service Plans.
- 3.1.3 Both files contained a document named 'This is me' which has been created by the Alzheimer's Society. This document enables information to be captured such as, the person's family background, important life events, people/places, preferences, routines and personality; the aim of which is to aid staff in supporting people to reduce any distress and meet their needs. One of the documents had not been completed which was brought to the attention of the Manager at the time of the visit.
- 3.1.4 For one person, a Risk Assessment was present in relation to the person's health needs, however it was confirmed that it was very out of date and therefore would not be reviewed but removed from the file.

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- 3.1.5 Daily Records contained much detail regarding the person's needs, and reflected the information contained within the Service Plans. Information was also available to enable staff to care for people during the night time i.e. instructions as to how often the resident would like to be checked during the night time, whether they are able to use a call bell, and what the person would like to drink upon waking etc.
- 3.1.6 The files illustrated that various health professionals had been contacted as required i.e. GP, District Nurse. The home continues to have a very good working relationship with the local surgery, and the General Practitioner visits on a regular basis.
- 3.1.7 An agreement is in place with relatives to be informed about incidents which is signed up to by all parties involved. It was also evident via conversations with relatives etc. that next of kin/relatives are informed of incidences/changes in people's health etc.

## 3.2 Training

- 3.2.1 Two staff files were viewed which included an in-house induction programme that had been signed off by the manager. Areas covered via the induction were e.g. a personal welcome, tour of the building, health and safety, introduction to employment at the home, policies/procedures, safeguarding etc. In addition the Social Care Induction Framework for Wales booklet had been started by a staff member with a view to completing all learning objectives in due course.
- 3.2.2 At the present time 84% of staff have achieved an NVQ/QCF (National Vocational Qualification/Qualifications and Credit Framework) level 2 or 3 in social care. CSSIW require at least 50% of staff to have achieved this qualification. The Contract Monitoring Officer was also made aware that 5 staff members are working towards one of these qualifications, and in addition, some staff have achieved an NVQ level 3 or 5 in management.
- 3.2.3 Training courses are accessed via the Caerphilly/Blaenau Gwent Workforce Development Team, who provide a wide range of mandatory and non-mandatory courses for providers. The home also undertake their own in-house training in relation to the Dementia Care Matters feelings based ethos which is regularly promoted and monitored by the Manager/senior staff.
- 3.2.4 The home's training matrix illustrated that staff have been attending mandatory training (manual handling, food hygiene, POVA, infection control, first aid, dementia etc.) and where individuals had not attended so far these were pre-booked for staff.
- 3.2.5 A large range of non-mandatory training courses are accessed e.g. falls and older people, fire awareness, end of life care/bereavement and loss, person centred planning awareness, pressure care, visual impairments, oral health, catheter care etc. The Contract Monitoring Officer was informed that the home had experienced difficulties in securing attendance on the DoLS (Deprivation of Liberty Safeguards) training. However the manager expressed that the staff team do have an understanding of the legislation and what it means for people who lack capacity to make their own choices. Staff have also attended courses relating to the revised Social Services and Well-being (Wales) Act 2014, and discussions about how this is to be implemented are discussed during team meetings, supervisions etc.

### 3.3. Staffing

- 3.3.1 As part of the Dementia Care Matters ethos, the home continue to have a 'non uniform' ethos, which promotes a more 'homely' feel, and avoids the barriers that can exist when a uniform is worn.
- 3.3.2 During the monitoring visits staffing levels consisted of 6 carers during the day and 3 carers during the night time.
- 3.3.3 Two staff member files contained most of the information required, i.e. a detailed application form, evidence of a DBS (previously known as a CRB) check (a photocopy). Training certificates appeared to be lacking, however this is often dependant upon staff bringing these into the home. Photographs were also present for both members of staff, in addition to interview records which included a scoring system and notes made as to the suitability of the candidate during the interview. The Contract Monitoring Officer is aware that individual Contracts of Employment are held centrally by the CCBC HR Department and that staff members retain their own copy also. Written references were not immediately available on 1 of the files, although it was later noted that these were available having been stored securely (electronically).
- 3.3.4 The home has a matrix of planned supervision sessions and a separate matrix to show when sessions have been held. It was evident that the majority of staff had received regular supervision sessions over previous months. Supervisions are planned for on a 2 monthly basis (as per CSSIW minimum standards). Appraisals are planned for, but the Monitoring Officer was informed that these were not currently up to date.
- 3.3.5 There is a display board in the main entrance area where staff place a photograph of themselves. This is in place so that visiting professionals, relatives etc. are aware who works at the home.
- 3.3.6 All care staff are encouraged and expected to undertake activities as part of their duties to ensure that people are stimulated and that people's days are occupied in a meaningful way..
- 3.3.7 Out of hours arrangements are in place whereby there is an 'on call management rota' till 10.30 p.m., and a rota is in place to manage situations that may arise during weekends.
- 3.3.8 Staff working at Castle View care home do not work in excess of 48 hours a week. Alternatively, staff tend not to work over 35 hours per week, but during times of staff shortages these hours increase to ensure continuity of care.
- 3.3.9 During the monitoring visits a recruitment exercise was being undertaken, where potential staff were interviewed in the first instance by residents and their relatives. People seemed to enjoy this, and it was agreed to be a worthwhile way of involving people who live at the home in deciding who they would like to care/support them.

### 3.4 Quality Assurance systems

- 3.4.1 A Stakeholder survey is normally compiled on an annual basis by the CCBC Customer Services Team, and used to ascertain the quality of the services being delivered. In due course arrangements will be made to collate information for the current year, and

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questionnaires will be issued, the results of which will be compiled and published accordingly.

- 3.4.2 Some recently held staff and residents' meetings were viewed. These were written very comprehensively and were informative. Staff meetings covered numerous subjects i.e. new staff, manual handling techniques, warm weather, fire audits, infection control, the new Social Services and Wellbeing Act etc. Residents' meetings referred to ideas such as introducing Tai Chi classes, and a structured activities timetable etc. The Manager stated that although Relatives' meeting had not been held for sometime, there were plans to hold a meeting very soon. The Manager confirmed that she has an 'open door' policy where people can discuss any issues on a daily basis.
- 3.4.3 Handover processes involve a number of documents to feed into this process i.e. a daily diary, written handover and communication book, in addition to there being a verbal handover. These are undertaken by more senior staff, and the Daily Diary is signed by staff to indicate when they have progressed an action.
- 3.4.4 Over recent months the home has been part of a 'Falls Protocol pilot' which has been set up by the Falls Response Service, operating in collaboration with the Welsh Ambulance Service and the ABuHB. The aim of this is to provide a timely response to the person who has sustained a fall, signposting onto the most appropriate care pathway and reducing unnecessary admissions to Accident and Emergency Departments.
- 3.4.5 Advocacy services are able to be accessed when required (this would be requested via Social Services). These services are beneficial to people who are vulnerable and do not have a voice about issues that are important to them, if they do not have family members to act on their behalf.
- 3.4.6 The staff team at Castle View always aim to promote the needs and aspirations of people with a dementia, and support/motivate others in the delivery of person centred care.
- 3.4.7 The Manager ensures that alternative ways of managing resident's behaviour are explored ahead of arranging prescription medication.

### 3.5 Residents' Feedback

- 3.5.1 Some questions from the Contract Monitoring Tool were asked during the monitoring visits. Responses to these included "it's beautiful here", and when asked if staff were kind, the reply was positive and that staff talk about every day things with her which she looks forward to. During the monitoring visits conversations were held with residents' who appeared contented.

### 3.6 Relatives Feedback

- 3.6.1 A relative was spoken to in order to ascertain his views as to how his relative was being cared for at Castle View. The relative was very complimentary about the care, stating that the staff are "as good as gold", and that he always feels welcome when he visits. It was confirmed that he is informed of changes to his father's health, and that there is an 'open door' whereby he can discuss any issues with the manager, if the need arose. When it was asked if there was anything that he would change about the home he

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commented that there was nothing, and in his opinion the home had been successful in providing a good quality of life for his father.

### 3.7 Observations

- 3.7.1 Interaction and engagement between staff and residents at the home was seen to be effective, and staff seemed relaxed and at ease in their roles.
- 3.7.2 There is currently provision for conversations to be held using the welsh language if the need arose, as a carer is able to speak welsh.
- 3.7.3 The large hallway on the first floor (Cartref) has been vibrantly decorated with a gardening theme, including areas where people can sit to enjoy this very stimulating environment.
- 3.7.4 People with dementia often benefit from the emotional attachment of 'doll therapy', and during the visit it was encouraging to see that a person was enjoying this activity and talking to staff and others about their doll.
- 3.7.5 An Activities timetable has been drawn up specifically for people who are older/frail, at their request. The Contract Monitoring Officer visited a lady who prefers to stay in her room during the day, and this lady explained that she has carers calling in on her regularly and that her needs had been met in terms of recently being moved to a larger room. This had the added benefit of being nearer to the lounge where this lady can take part in activities with others if she chooses.
- 3.7.6 A large number of photographs were displayed in the foyer of the home illustrating numerous activities that had been enjoyed. Hallway areas had also been decorated with themes of interest to the people living there, e.g. pictures of holidays, a welsh theme (interests which provide a stimulating environment and topics of interest to discuss).
- 3.7.7 The home has benefitted from a refurbishment which was largely completed in 2016. People now benefit from an inviting environment, which includes a retro café located on the ground floor (also used as a cinema area); renovated bathrooms, new flooring to the downstairs dining area and re-decoration in many areas.
- 3.7.8 There were no malodours noted during the visits.
- 3.7.9 The call bell was heard to sound on a couple of occasions, and at each time this was answered promptly.
- 3.7.10 People's bedrooms have been personalised according to people's preferences e.g. own photographs, personal belongings etc.
- 3.7.11 There is a small outside patio area/garden for people to use, although access for people with a dementia on the first floor is a little more difficult.

## 4. Corrective / Developmental Actions

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4.1 'This is me' document to be completed for all people residing at Castle View, and to involve relatives (other relevant individuals) involved in the person's care. **Timescale: on going.**

## 5. Conclusion

5.1 Castle View care home continue to promote the Dementia Care Matters ethos which provides a feelings based approach for people with a dementia, to improve their quality of life. This approach is also beneficial to people living without a dementia. It was evident that the home have continued to build on this approach by adding to the environment to make it as stimulating and inviting as possible, bearing in mind people's individual preferences.

5.2 The home continues to have a warm, relaxed atmosphere and approach, where there are positive interactions between staff and people living at the home. During the visits people appeared well cared for and people spoke very highly of the care they receive, including positive feedback from relatives.

5.3 The home benefits from a suitably trained staff team, who receive regular supervisions on a one to one basis, and are assisted to keep up to date with current legislation that affects them and the service they deliver. However, more of a focus on annual appraisals will further enhance staff's personal development.

5.4 The Monitoring Officer would like to thank the Manager and staff for their time and hospitality during the monitoring visits.

**Author:** Andrea Crahart

**Designation:** Contract Monitoring Officer, Commissioning Team

**Date:** 10 July 2017

**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.