

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

CONTRACT MONITORING REPORT

Name/Address of Provider: Church View Care Home, 13 St Martins Road,
Caerphilly, CF83 1EF

Date Of Visit: Monday 21st October and Tuesday 29th October
2019

Visiting Officer(s): Amelia Tyler, Contract Monitoring Officer
(Caerphilly CBC)

Present: Jacqui Orrells: Area director (HC-One)
Caz Price: Area quality director (HC-One)
Emma Rosser, Manager, Church View (HC- One)

1. Background

- 1.1** Church View is a large, purpose built care home that is situated close to the town of Caerphilly. It is registered to provide care for 35 people who require general support with carrying out activities of daily living and 10 people with a diagnosis of dementia.
- 1.2** At the time of the visit the home had 2 vacancies in 'The Willows' which is the unit for people with a diagnosis of dementia. There were 5 people that were funding their own care and none that were felt to be in need of nursing care.
- 1.3** The last formal monitoring visit was completed on the 2nd October 2018 and at this time there were 8 corrective actions and 8 developmental actions identified. The deadline set for completing these actions was the 31st December 2018.
- 1.4** The purpose of the announced visit was to review the previous recommendations made and complete all relevant sections of the monitoring tool. The outcomes of the previous actions are highlighted in section 2 below.
- 1.5** Depending of the findings within this report, the Manager will be given corrective and developmental actions to complete. Corrective actions are tasks which must be completed (as governed by legislation etc.), and developmental actions are those which are deemed to be good practice.

2. Previous Recommendations

- 2.1** All members of staff are to complete mandatory training and ensure refresher courses are attended prior to previous certificate expiring (RISCA reg. 21, 26, 36)
Partly met. A copy of the training matrix was provided during the visit: Administration of medication training had been completed by 100% of senior staff responsible for administering medication and medication competency had been completed by the manager and deputy manager as required. There were still 2

members of care staff that needed to complete first aid training and the new 'harmony' training around dementia had only been implemented approx. 2 weeks before the visit and only completed by 21% of staff. There were 7 members of staff out of 42 (17%) including kitchen assistants and housekeeping that needed to complete their infection control training.

2.2 The responsible individual to ensure systems are in place to evidence that quarterly visits are logged and documented (RISCA reg. 73)

Not met. It was noted that the home had only been registered under the new legislation in August 2019 and the new responsible individual was Ruth Yates. The area director advised that this will be completed as required in future visits.

2.3 In order to comply with legislation, the responsible individual must ensure that a policy is in place for the use of control or restraint and for supporting people to manage their money.

Partly met. The use of control or restraint was noted to be included in the violence at work policy which had been reviewed in September 2017. There was nothing provided which covered supporting residents to manage their own finances. It was requested that this be copied to the contract monitoring officer once completed.

2.4 The statement of purpose is to be dated and reviewed at least annually (RISCA Reg. 7)

Not met. A copy of the document was provided, however, this wasn't dated and did not record who had been responsible for updating the document. The contract monitoring officer was told this was in the process of being reviewed and would be shared once this had been completed.

2.5 DNACPR forms to be clearly reviewed and documented at least annually unless the review date stipulated is sooner.

Not met. It has been recommended that DNACPR forms are reviewed whenever the circumstances of the individual change, or annually as good practice: 1 file did not have a DNACPR in place, 1 was completed in 2017 and recorded that the individual did not have capacity to understand the implications and the third file was completed in 2016 and was very difficult to read. The contact monitoring officer advises that a review is carried out with involvement from the next of kin.

2.6 Completed application forms to be available on all staff files (RISCA Reg. 35) **Partly met.** It was noted that application forms were present on the 2 staff files seen; however, they had not been completed with the necessary detail. On the files viewed there was minimal detail around past employment or education.

2.7 The Manager must ensure that a quality assurance report is completed by the end of the calendar year (CCBC contract clause 42.6)

Met. Although a copy of the previous report requested for 2018 was not shared with the commissioning team, it was acknowledged that a copy of the quality assurance policy for 2019 was provided during the monitoring meeting.

2.8 Annual appraisals to be completed for all staff members (RISCA Reg. 36)

Partly met. From the information provided it was evidence that 13/37 members of staff (35%) of staff had completed their appraisal for the current calendar year. It was

not possible to determine if there had been a gap of more than 12 months as the template only recorded the date of the current appraisal and the date the following session was due.

- 2.9** Staff photographs to be of good quality.
Partly met. This was only evidenced on 1 out of the 2 staff files viewed. It is recommended that the photograph held on file is clear and up to date.
- 2.10** The annual supervision matrix to be planned and completed for 2019.
Met. The supervision matrix was provided and this evidenced that the supervision planner had been completed for 2019 with the planned and actual date of the supervision sessions.
- 2.11** Team meeting minutes should record the names of the chairperson, minute taker and those present. It is also 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.
Partly met. Handwritten copies of the minutes were provided from the resident and relatives meeting on 16th August. It highlighted that the chairperson was Alex (no surname) and detailed who was present. There was no indication who had taken the minutes or if the members of staff unable to attend the meeting had had opportunity to see what had been discussed.
- 2.12** An updated quality assurance report is to be completed by the end of 2018 and forwarded to the Commissioning Team.
Not met. It was stated that the previous quality assurance report had not been completed; however, a copy of the report for 2019 was given to the contract monitoring officer during the visit.
- 2.13** DNACPR forms to clearly evidence discussions held.
Partly met. There were 2 files seen which had DNACPR forms in place: 1 of these indicated that the lady did not have capacity to be able to consent but discussion had been held with her next of kin. The second form was very difficult to read and it was not clear if agreement had been sought from their NOK and if so, who this was.
- 2.14** Interview records to be signed, dated and completed in full.
Partly met. Interview records were only seen on one of the 2 staff files viewed.
- 2.15** It is good practice for interviews to be conducted by at least 2 interviewers.
Not met. There was no evidence of this on either of the files seen.
- 2.16** Detailed life histories to be completed as fully as possible with records kept of any attempts to obtain this information from friends and family. This information is to be used to plan activities and inform relevant personal plans.
Partly met. There was information around life histories held on the resident files but there was a lack of evidence to demonstrate that this information had been incorporated into the personal plans.

3. Findings from visit

3.1 Responsible individual

- 3.1.1** Discussion was held around the contingency plan the event that the registered manager and home manager were unexpectedly absent at the same time: it was explained that the regional management team would support the home along with other local home managers if required.
- 3.1.2** There was no policy in place in relation to control of restraint, however it was acknowledged that the violence at work procedure states 'if it becomes necessary to use force as a last resort to defend against personal injury, colleagues must limit actions to minimal force'. The new RISCA legislation requires that the service provider must have a policy on the use of control or restraint and ensure that any control or restraint used in carried out in accordance with this policy': It is requested that a copy of this policy is forwarded to the commissioning team.
- 3.1.3** No policy was available in relation to supporting residents to manage their finances: It is stipulated in regulation 28 of the new RISCA guidance that a policy must be in place to inform all members of staff of what their roles and expectations are in relation to resident's monies. Once available it is also requested that this be shared with the contract monitoring officer.

3.2 Relatives

- 3.2.1** The contract monitoring carried out telephone conversation with 2 relatives of residents currently living at Church View and these were selected at random: both relatives said they were always made to feel welcome and the atmosphere always seemed pleasant.
- 3.2.2** Both relatives were asked if their loved one thought of Church View as their home and one commented that the individual had been very anxious and unsettled to start with, they had now begun to settle and appeared more content in the home. The second relative said that their mother still felt the home was institutionalised but was gradually accepting that there was a genuine need for her to be there.
- 3.2.3** Neither relative had been invited to attend a meeting at the home. A plan was provided that demonstrated that residents/relatives meetings had been arranged for the 27th July, 16th August and 25th September (although this one was cancelled). There was no evidence that these had been attended by any relatives or whether they were aware of the meeting. It has previously been explained by the manager that relatives do not attend these meetings as they will raise any issues directly with staff if needed.
- 3.2.4** It was noted that both family members stated that arrangements were in place with the home about being informed of any appointments, changes to health, medication etc. The contract monitoring officer was also informed they were happy to raise any minor issues directly with members of staff or the manager if necessary. Feedback from one gentleman also commented that Church View would be in his top 25% of homes that he's visited and he visits a lot of homes regularly as part of his job.

3.3 Activities

- 3.3.1** It is disappointing that the home no longer has a mini bus and as the home cannot be left understaffed; it was evident that this has greatly reduced the ability for residents to go on outings and access the community. Both residents that met with the

contract monitoring officer explained they don't really get to go out. One resident commented that she likes to go out and is able to go out with her family, but the other resident said she wasn't able to go out and this appeared to have a negative impact on her wellbeing.

- 3.3.2** It was highlighted that there were 3 local students completing their Welsh Baccalaureate qualification and have attended the home and worked with the activities coordinator in carrying out activities such as bingo and baking. The activities coordinator said she is trying to gain more information from residents who regularly decline to be involved in activities why this is the case and find out if there is anything else they would like to do instead.
- 3.3.3** Both care staff spoken to during the visit explained that they don't have much opportunity for residents to go outside the home: once told the contract monitoring officer that she had only been out with residents once in the past 8 weeks but commented that residents loved going out on day trips. It was acknowledged that both member of staff occasionally had chance to sit and chat with residents, but not as often as they would like and if they had 5 minutes spare, they would do short activities such as helping a resident with a jigsaw, hangman, dominoes, name that tune or word association.
- 3.3.4** There was a singer that came to the home during one of the visits and the residents appeared to have enjoyed this. It was acknowledged that other planned activities had been arranged such as dressing up for Halloween, chair Zumba, singers and line dancing. The activities coordinator also mentioned other activities that have been carried out such as pet therapy, a Ukulele band, flower arranging and a male voice choir. It was pleasing to note that there were a number of visitors to the home during one of the visits and the 'quiet lounge' was well utilised and felt very homely and relaxed. The activities coordinator also mentioned that she was looking to increase her hours to 37 hours a week.

3.4 Facilities

- 3.4.1** It was noted that there was an unpleasant odour in certain parts of the home whilst walking around.
- 3.4.2** One of the relatives that was spoken to said they had been encouraged to bring in personal items from their parents home to help the individual settle at Church View and the contract monitoring officer was told that family had brought in a mini fridge, kettle, TV, photos and armchair.
- 3.4.3** All checks are carried out by the maintenance operative who carried out all the necessary water temperature checks, emergency lighting, legionella, wheelchairs etc. It was also stated that there had been no changes to the property over the previous 6 months apart from staff turnover.
- 3.4.4** Residents are able to control the temperature in their own room independently by opening their windows (all of which are fitted with restrictors). The temperature of the radiators can be changed by the maintenance man if requested in line with regulations 43 and 44.

3.5 Staffing

- 3.5.1** The residents told the contract monitoring officer the carers were lovely and they could have a laugh and joke with them. Feedback received from the 3 telephone conversations was generally positive although 1 mentioned they had previously raised a concern in relation to staff attitude and 1 highlighted that communication needed to improve as family members had not been informed regarding decisions made around equipment e.g. the bed needing to be replaced.
- 3.5.2** Staff members disclosed that there had been issues in relation to poor staffing levels and when this had been shared with the manager no action had been taken. It was alleged that anonymous letters of complaint had been sent but the carer was not able to say where these had been sent. The contract monitoring officer emphasised that there is a complaints policy in place and if issues are not being investigated thoroughly, these can be raised in writing with external agencies including the local authority.
- 3.5.3** A copy of the dates that supervisions had been completed was given to the contract monitoring officer and this evidenced that 1 person had not attended any supervision sessions, 24 or 61% were overdue (i.e. not completed within the past 3 months) and 14 or 36% had been completed as required.
- 3.5.4** It was noted that there was an issue during a visit by area quality director where there was only 1 senior member of staff on duty trying to administer medication for all residents: due to the number of residents that require medication, this could potentially have had a huge impact on the time taken and could have had consequences for people needing time dependent medication such as Parkinson's medication, painkillers and antipsychotic medication. On this occasion the director was able to support staff and assist in administering safely. It was acknowledged that there should be a minimum of 2 senior carers on duty at all times. The manager did inform the contract monitoring officer that they were in the process of recruiting staff and 4 new carers had recently started.
- 3.5.5** 2 staff files were viewed during the visit and it was noted that both had very little detail around past education or employment: it is a requirement of the new legislation that a full employment history is in place for all employees. There was no interview record or photograph on one of files. The contract monitoring officer also observed that there was no evidence of induction on either file.

3.6 Quality systems

- 3.6.1** Feedback left on carehome.co.uk had rated Church View as achieving 9.6/10 from 46 reviews. One relative commented 'The staff are amazing, all went out of their way to make my fathers birthday party so special' and someone who had stayed at the home as a respite visit said 'I found both staff and management excellent. I was treated with great care and they were always very happy and careful. Went about their duties with great dignity'.
- 3.6.2** 2 members of staff were spoken to and feedback obtained: One carer felt that the manager was too busy with her office duties to spend time walking around the home engaging with staff and residents. The carer felt that the support from management could be improved. The second carer said that she has seen the manager walking

around and chatting to residents and highlighted that she would be happy to go to her with any concerns she might have.

3.6.3 The quality assurance report demonstrated that questionnaires had been sent out to staff members and relatives of individuals living at the home, it only commented that the 'overall impression of feedback of the care home was excellent' from residents. The RISCA legislation requires service providers to encourage feedback, regularly seek the views of relevant persons about the quality of care and support and be able to demonstrate that they have done this. There was no specific information provided from the staff surveys either but highlighted that employees are encouraged to provide feedback via the 'touch' system in the main foyer area of the home. It is advised that QA reports are dated and to include the name and designation of the author.

3.6.4 Minutes of the most recent residents meeting held in August were seen and residents commented that they would like more options for their supper e.g. crumpets, welsh cakes, pancakes etc. and everyone agreed that they wanted to go out more. The response from the manager documented that residents had been given options previously and always reverted back to toast or bread and butter. In relation to the request for more outings, the manager responded that the outings are organised when feasible due to vehicle and staff not being allowed to leave the home understaffed. The monitoring officer felt that the Manager could have done more to take on board the suggestions from the residents.

3.7 Training

3.7.1 Following the monitoring visit, an email was received from the home manager on the 18th November stating that 4 staff members were going to be booked onto 'food first nutrition training' to attend on the 17th 24th and 31st of January and were just awaiting the booking form.

3.7.2 Training was discussed and it was noted that the majority of training is done electronically on the e-learning courses used by HC-One. There are tests at the end of each course to assess the level of understanding and care staff have to answer a specified percentage correctly to complete the course.

3.7.3 Medication training had been completed by all senior staff responsible for handling resident's medication and there were 2 people that had to complete first aid training. It was stated that dementia training had changed to a new course called 'Harmony' and this had not been completed by many members of staff to it only being introduced 2 weeks prior to the visit. 40% of staff needed to complete their food hygiene training, 17% were over due to complete their infection control and 14% for safeguarding. The manager must ensure that staff are appropriately trained to enable them to meet the needs of the residents safely.

3.7.4 There was no evidence of any non-mandatory courses being attended on the matrix provided.

4. Corrective / Developmental Actions

4.1 Corrective (The deadline for all corrective actions is 31.03.20)

- 4.1.1** All members of staff are to complete mandatory training and ensure refresher training courses are attended prior to the previous certificate expiring (RISCA Regs. 21,26 and 36)
- 4.1.2** The responsible individual to ensure systems are in place to evidence that quarterly visits are logged and documented (RISCA Reg. 73)
- 4.1.3** In order to comply with legislation the responsible individual must ensure that a policy is in place for the use of control or restraint and for supporting people to manage their money (RISCA Reg. 12)
- 4.1.4** The statement of purpose is to be dated and reviewed at least annually (RISCA Reg. 7)
- 4.1.5** Annual appraisals to be completed for all members of staff (RISCA Reg. 36)
- 4.1.6** Staff files to contain full employment history (RISCA Schedule 1 Reg. 35 (8))
- 4.1.7** Photographs to be present on all staff files (RISCA Schedule 1 Reg. 35 (1))

4.2 Developmental

- 4.2.1** Staff photographs must be recent and of good quality
- 4.1.2** 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
- 4.1.3** It is good practice for DNACPR forms to be reviewed every year and evidence of the discussions to be clearly documented.
- 4.2.4** Interview records to be signed, dated and completed in full.
- 4.2.5** It is deemed to be good practice for interviews to be conducted by at least 2 interviewers.
- 4.2.6** Detailed life histories to be completed as fully as possible with records kept of any attempts to obtain this information from friends and family. This information is to be used to plan activities and inform relevant personal plans.

5. Conclusion

- 5.1 Although the deadline set in the last report was 31st December 2018 for the actions to be completed; only 2 out of the 15 had been met. 8 had been partly met and there was no evidence of the remaining 5 being done.
- 5.2 It was noted that concerns had been raised in relation to staffing, communication and documentation and recording and the area director and area quality director were already aware of these issues and were working with the manager to improve these areas.
- 5.3 The families that were spoken to gave good feedback and this was also reflected on the review website. The atmosphere in the home was pleasant during both the visits and there was evidence of some good activities being carried out in the home but more focus need to be put on supporting residents to access the community and go on outings.
- 5.4 The Contract Monitoring Officer would like to take this opportunity to thank everyone involved for their time and hospitality throughout the monitoring process.

Author: Amelia Tyler
Designation: Contract Monitoring Officer
Date: 27th November 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.