

CAERPHELLY COUNTY BOROUGH COUNCIL, DIRECTORATE OF SOCIAL SERVICES

COMMISSIONING TEAM

Contract Monitoring Report

Name/Address Of Provider: Crown Lodge, Crumlin, Newbridge
Date/Time of Visit: Tuesday 5 March 2020
Visiting Officer(s): Caroline Roberts, Contract Monitoring Officer
Present: Claire Burnett, Home Manager

1. Background

- 1.1 Crown Lodge is a residential home for individuals with learning disabilities. The Responsible Individual (RI) is Mrs Gillian Burgwyn and Mrs Claire Burnett is the registered Home Manager. There is a sister home, also within the Caerphilly borough, and both managers have regular contact and provide mutual support to each other. Mrs Burnet is registered with Social Care Wales (SCW).
- 1.2 Crown Lodge is located in Crumlin, in a large mid terraced house. The registration covers three adults with a learning disability. At the time of the visit, there were two residents residing at the property, both funded by Caerphilly CBC. At the time of writing the report, Crown Lodge has one vacancy.
- 1.3 The latest CIW inspection report was published in August 2019. The inspection involved two visits to the property during the months of August and September 2019. At the time of the inspection, two recommendations were made in order to improve the service. The recommendations were for the provider to review the information about the service, which is given to people, in order that the information is clearly communicated and easily accessible. The inspection also recommended that there be an ongoing maintenance programme.
- 1.4 At the time of the monitoring visit, the visiting officer noticed no trip hazards and no malodours.
- 1.5 Social Services have received no complaints or safeguarding issues raised within the last twelve months.
- 1.6 During the monitoring visit, the Contract Monitoring Officer met with the Manager, a member of care staff and the two individuals residing at Crown Lodge. Paperwork was viewed and observations of the home were made.
- 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), and development actions are good practice

recommendations.

2. Previous Recommendations

2.1 Corrective actions

2.1.2 None recorded

2.2 Developmental actions

2.2.1 Manager to access appropriate refresher training in respect of Equalities. **Finding: Met.**

3 Findings

3.1 RI and Home Manager

3.1.2 The RI undertakes regular visits to both Crown Lodge and its sister home. All policies and procedures were last updated on 10 January 2020 and will be reviewed again in April 2020.

3.1.3 Should the Home Manager and the RI be absent at the same time, then the contingency plan is that the Home Manager of the sister home will assist with the management of Crown Lodge.

3.1.4 The home has no CCTV and all equipment is in working order.

3.1.5 The Manager explained that both residents are able to adjust their bedroom temperature should they wish. During the visit, the Monitoring Officer overheard a resident, who had just returned home, say that they were cold. It was positive to hear the support worker respond by saying she would turn the heating up, which she did immediately.

3.1.6 Deprivation of Liberty Safeguarding assessments have been required in respect of both residents; however, at the time of the visit, neither resident had been assessed by the specialist team.

3.1.7 The Home Manager feels supported by the RI and advised that the RI is always available via telephone/email.

3.2 Staff and Training

3.2.1 The home employs 7 members of staff and a Home Manager. 1 Carer is on duty in the morning and 2 carers in the afternoon. 2 carers also cover the weekend. During the night, 1 member of staff will cover a *sleep in* should support/assistance be required during the night. No agency staff are used.

3.2.2 Activities are overseen by all members of staff and the residents are able to convey what activities they wish to do on a particular day. Both residents attend Day Centre, with one individual having reduced their attendance due to age. However, both

individuals enjoy going out into the community and going out for pub meals, local shops etc.

- 3.2.3 One individual enjoys regular visits to the sister home and engaging with the residents who reside there.
- 3.2.4 With regard to training, all staff were found to be up-to-date with regard to mandatory training i.e. Moving & Handling, Food Hygiene, Safeguarding, Infection Control, Equality and Diversity. Refresher courses have been booked for those whose training is due to expire in the next coming months.
- 3.2.5 Non mandatory training is also undertaken to assist the residents i.e. All Behaviours have Meaning, Falls in Older People, Dementia Awareness, Life Story work, Pressure Care.
- 3.2.6 The home uses classroom based training, along with internal training. Some e-learning is undertaken by the staff; however, predominately it is classroom based.
- 3.2.7 At present, no resident speaks the language of Welsh and one member of staff can speak limited Welsh. Therefore, the home, at present, would not be in a position to meet the requirements of the Active Offer.
- 3.3 Documentation
- 3.3.1 During the monitoring process, two resident files were viewed. Both files were observed to be stored securely.
- 3.3.2 The front cover of the Service Plan contained a photograph of the individual, along with detailed information of likes/dislikes, appropriate contact details, distinctive features, list of current medication etc.
- 3.3.3 Both files contained a Local Authority's Care Plan and appropriate information had been transferred over to a Service Plan. The documentation provides the reader with lots of information on the individual, providing the reader with insight into what the individual is like as a person. Whilst there was a CTP assessment and a Care Plan for the newest resident, there was no pre-assessment observed.
- 3.3.4 It was evident that reviews are undertaken every three months; however, it was unclear as to whether the individual and the Local Authority or any other professional(s) were involved in the review process and also whether the previous month's daily records were taken into consideration.
- 3.3.5 It was positive to note that the daily records were detailed, outlining what activities the individuals had undertaken during the day, their personal hygiene routine, mood, diet etc.
- 3.3.6 There was evidence that the individuals are referred to appropriate agencies as and when required i.e. Dentist, Speech and Language Therapy, Bowel screening, Nutritionist/Dietetics.

- 3.3.7 Documentation outlined outcomes/goals for the individuals such as maintaining their independent with personal hygiene/appearance, developing good communication skills and inter-personal skills.
- 3.3.8 Both files contained a Personal Emergency Evacuation Plan and a Hospital Passport (documentation that uses a traffic light system that provides medical practitioners of information in order of importance to the individual).
- 3.3.9 Whilst viewing the files there was no evidence to indicate that a discussion had taken place with a relative (one resident has no family) to state whether or not they wished to be contacted in the event of any incident. This was discussed with the Home Manager and whilst no formal agreement was observed, the Home Manager advised that staff keep the relative informed. This was later confirmed during a telephone conversation between the monitoring officer and the relative. The Manager has also advised that since the monitoring visit, she has spoken with the relative, who is happy for the current arrangement to remain in place.
- 3.3.10 There was no life history evident on either file.
- 3.3.11 Whilst it is acknowledged that this is a sensitive subject matter, there was no evidence to indicate that DNACPR conversations had taken place and this was discussed with the Manager for her consideration. However, both files did contain funeral plans. It is important to note that some individuals, whilst in good health, may decline to take part in such a sensitive conversation and with regard to one of the individuals that reside at Crown Lodge, the relative declined to take part in a conversation regarding DNACPR.
- 3.4 Risk Assessments
- 3.4.1 Detailed risk assessments were in place for situations that may affect the person and were linked to service plans and needs.
- 3.4.2 Risk assessments and management plans were in place for specific issues such as touching, aggression, travelling in a car, going outside, falls, choking etc.
- 3.5 Approach to care
- 3.5.1 The Manager explained that one resident hardly communicated when they first arrived at the home; however, with the appropriate encouragement and support, the individual is now happy to converse and was happy to engage in conversation with the monitoring officer.
- 3.5.2 Individuals are encouraged to participate in daily activities and attend day centre etc. One individual particularly enjoys listening to music such as Frank Sinatra, Elvis, whilst the second individual enjoys dancing.
- 3.6 Complaints and compliments
- 3.6.1 The Home Manager advised the visiting officer that there had been no complaints received in recent months. There is a complaints procedure in place, along with a

record book.

- 3.6.2 The Home Manager advised that during a recent visit by an Out of Hours GP, he complimented the home and commented how tidy it was. The Manager is responsible for the auditing of complaints and to ensure that lessons are learned.
- 3.6.3 When compliments are made, the Manager is responsible for the recording of such comments, which are then fed into the annual Quality Assurance Report.
- 3.7 Quality Assurance
- 3.7.1 The Home Manager explained that there is very limited input from family as only one resident has family and due to personal reasons, visits are limited. Therefore, sending out questionnaires to obtain feedback is difficult.
- 3.7.2 A Quality Assurance Report was observed for May-October 2019. Due to the home only having two residents, the report indicated that the residents are spoken to, informally, about menu planning, activities, social events, staff recruitment, ideas/suggestions etc.
- 3.7.3 The report covers staffing, staff training, fire drills etc. and satisfaction surveys shared with staff.
- 3.7.4 Regulation 73 (RIs visits), Environmental Health Inspections, Food Standards Agency, Fire Inspection, Team Meetings, Record keeping, Maintenance, Care Inspectorate Wales / Local Authority visits are also documented within the report.
- 3.7.5 The RI's report for November 2019 was also viewed and indicated that the RI had spoken with the two individuals residing at the home and also interviewed a member of staff.
- 3.7.6 The RI also reported on the premises and how the property was found during the visit i.e. "*clean, tidy and free from odours*".
- 3.7.7 The frequency of such visits by the RI is to be determined by the RI having regard to the statement of purpose but must be at least every three months.
- 3.7.8 The questionnaires which were issued to the staff members questioned if they felt supported to fulfil their role, what they consider the home does well, any areas that the home can improve on and if they had any recommendations or comments in respect of the service.
- 3.7.9 The questionnaires provided to the two residents asked if they were happy residing at the home, if they felt staff were helpful, if there was anything they like to change or if there was any comment at they would wish to make. Both residents responded positively and whilst assisted with the completion of the survey, both individuals had signed the questionnaire.

3.8 Staffing

- 3.8.1 The Manager advised that she is supported by a good team of staff who are very supportive of the residents and of each other. The home does not use agency staff and hasn't done so since the opening of the home.
- 3.8.2 Staffing levels are dictated by the number of individuals residing at Crown Lodge. Staff have been requested to work an additional hour in order to support the resident returning to Crown Lodge. The Manager was proud in saying that she has a good team that "pull together".
- 3.8.3 There is currently no member of staff on long term sick and there has been no reason to implement the disciplinary procedure.
- 3.8.4 During the monitoring visit, two staff files were viewed. Both staff files held two relevant references. However, there was no job description, no interview records and no signed copy of contract of employment retained on file. Since the monitoring visit, the monitoring officer has been informed that the documentation has now been placed on file. This will be viewed during a future visit.
- 3.8.5 Only one file held an application form and no gaps in employment were observed. Both files held an up-to-date photograph of the employees. For one file there was a copy of the individual's birth certificate but not for the second. Since the monitoring visit, the monitoring officer has been informed that the documentation has now been placed on file. This will be viewed during a future visit.
- 3.8.6 Both files contained appropriate training certificates i.e. Fire Safety, Falls, Food Hygiene, Infection Control, Safeguarding, Moving and Handling.
- 3.8.7 There has been no new member of staff employed in the last 2½ years.
- 3.8.8 No member of staff works over 40 hours per week.
- 3.8.9 As recorded in the last Contract Monitoring report, the residents are invited to be part of the recruitment process. The residents have not formally expressed a wish to take part in the process; however, potential new staff are usually introduced to the residents and the Manager will always seek their opinions and views.
- ### 3.10 Interests/activities
- 3.10.1 When speaking with both residents it was evident that they are happy residing at Crown Lodge and both appeared to have a warm, friendly relationship with the staff.
- 3.10.2 All members of staff encourage participation in activities and this is clearly documented in the daily records.
- ### 3.11 Health and fire safety
- 3.11.1 The home continues to hold its level 4 (good) food hygiene rating which was achieved in 2017.

- 3.11.2 One accident was recorded in 2019; however, no incidents have been recorded since.
- 3.11.3 Whilst neither of the residents currently utilise an advocacy service, the Home Manager is knowledgeable on how to access such a service should it be required.
- 3.11.4 Should it be felt that either of the residents be taking medication they may not possibly need, a medication review is required. During the visit, the Home Manager provided with the visiting officer with a recent example.
- 3.12 Fire Safety/ Health & Safety
- 3.12.1 The last fire assessment was undertaken on 3rd February 2020 by Inferno Fire and it was positive to note that no recommendations were made.
- 3.12.2 Staff attended a fire drill in January 2020.
- 3.12.3 The fire alarm was checked whilst the monitoring officer was undertaking the visit and documentation viewed, evidenced that weekly checks are undertaken, door guards are also checked weekly.
- 3.13. Mobility aids and equipment
- 3.13.1 No specialist equipment is used within the home.
- 3.1.4 Managing a residents money
- 3.14.1 Residents money is accounted for should it enter or leaves the house, two signatures are required to ensure accuracy.
- 3.1.4.2 The monitoring officer viewed receipt books for both individuals and noticed gaps for a secondary signature. This was brought to the Home Managers attention and a secondary signature will be included going forward. This again, will be viewed during the next monitoring visit.
- 3.15 The Home Environment
- 3.1.5.1 The home was found to be clean, hazard free and homely.
- 3.15.2 It was noted that the radiator in the downstairs bathroom was in need of replacement and whilst discussing this with the Home Manager, it was pointed out that a replacement had been purchased; however, the home was finding difficult to locate a plumber that would undertake the work.
- 3.15.3. There were photographs of the residents on display, which evidence them enjoying activities and which also contributes to the homely feel.
- 3.15.4 With the permission of one of the residents, the visiting officer was shown their bedroom. The room was found to be clean and tidy. The individual was proud to show their room to the monitoring officer and to discuss their interest in the

photographs they had on display.

3.16 Nutrition

- 3.16.1 Both residents are given choices as to what they would like to eat and no meal planner was evident; therefore, giving the residents the freedom to chose their own daily meals.
- 3.16.2 One resident requires a specialist diet and the home has worked in partnership with a Dietician and also used their own initiative to provide alternative gluten free food. The individual enjoys fish and chips from the local fish shop as they have introduced a gluten free menu.
- 3.16.3 The Home Manager also advised that one of the support workers will actively look for gluten free meals and will introduce them to the resident.
- 3.16.4 The home is slowly building up a portfolio of meals that would best suit the dietary requirements of the resident.
- 3.16.5 The monitoring officer was present during the lunch meal and it was positive to note that the individuals were offered a choice of food. One residents requires supervision when eating due to the possibility of choking. The monitoring officer observed a support worker sitting with the resident and engaging in conversation at the dinning table.

3.17 Staff Questions

- 3.17.1 Only one member of care staff was present during the monitoring visit, along with the Home Manager.
- 3.17.2 The member of staff was asked a series of questions in respect of how they support the individuals who reside at the home.
- 3.17.3 The staff member was knowledgeable of safeguarding the individuals and advised should poor practice be observed, she would report it to the Home Manager or the RI.
- 3.17.4 The member of staff was asked to provide information on a named resident and it was positive to note that the staff member knew a lot about the resident and was knowledgeable about the individuals needs.
- 3.17.5 The monitoring officer was advised by the member of staff that the Home Manager is engaging with staff and residents and offers appropriate advice and support/guidance.
- 3.17.6 The conversation concluded with the staff member informing the visiting officer that they "*love working*" at Crown Lodge.
- 3.17.7 Crown Lodge does not operate a key worker system, all staff assist all residents and work together in order to offer activities.

3.18 Quality Assurance

- 3.18.1 Staff meetings are held, with the most recent being held on 3 March 2020. All staff in attendance sign and date an attendance sheet. The meetings covers items such as Corona virus, inspections, daily reports, medication, training, health needs of the residents etc.
- 3.18.2 It is difficult for the home to undertake Relatives meetings as the one resident has no family and the second resident only has one relative who offers support. However, contact is maintained with the relative and they visit when able.
- 3.18.3 Staff are also asked, during supervision, if they have suggestions on how to improve the service. Staff are able to identify their own training needs and are supported to attend relevant training courses

3.19 Resident Questions

- 3.19.1 During the monitoring visit, the visiting officer had opportunity to spend time with the residents and to engage in conversation.
- 3.19.2 Both residents were dressed appropriately, with one individual returning from a visit to the dentist. One resident was eagerly awaiting to visit the sister home, which they enjoy doing on a regular basis.
- 3.19.3 There was a good rapport between the member of staff on duty and also the Home Manager. There was plenty of laughter and warmth observed.
- 3.19.4 One resident is taken to visit a former resident and this they enjoy.
- 3.19.5 Both individuals advised that they were happy at the home and one resident advised the visiting officer that the staff are “*funny*”. One resident also advised that they enjoy themselves and that they “get on” with the second resident.
- 3.19.6 There was a clear difference in appearance with regard to one resident. From photo’s shown to the visiting officer, it was clear that the home had devoted time in improving the individuals appearance and health. Prior to entering the home, the individual hardly spoke and was of a low weight. During the visit, it was positive to note that the individual enjoyed communicating with visiting individuals and clearly had a good relationship with the second resident. The individual has gained weight and whilst they enjoy spending time alone in their room, they also enjoy engaging with activities and outings.

4 Corrective / Developmental Actions

4.1 Corrective Actions

- 4.1.2. If there is no existing pre-assessment in place, the provider must ensure this is carried out prior to agreeing to provide a service. This assessment should include, health, personal care and support needs, any specialist support required, communication, emotional, educational, social cultural religious needs and establish

their personal outcomes and aspirations. RISCA Regulation 14

- 4.1.3 Reviews –,when undertaking a 3 month review, the provider must involve the individual, the placing authority (if applicable) and any representative. Reviews take into account the information recorded on a daily basis relating to the individual achieving their personal outcomes. RISCA Regulation 16
- 4.1.4 Recruitment documentation A record of all persons working at the service, which must include the following matters—
- (a) the person’s full name, address, date of birth, qualifications and experience;
 - (b) a copy of the person’s birth certificate and passport (if any);
 - (c) a copy of each reference obtained in respect of the person;
 - (d) the dates on which the person commences and ceases to be so employed;
 - (e) the position the person holds at the service, the work he or she performs and the number of hours for which he or she is employed each week;
 - (f) records of disciplinary action and any other records in relation to the person’s employment;
 - (g) a record of the date of a DBS certificate and whether there was any action taken as a result of the content of the certificate. RISCA Regulation 59

4.2 Developmental Actions

- 4.2.1 It is good practice for DNACPR to be discussed with individuals or representatives. Should a DNACPR be completed, it should be reviewed every year and evidence of the discussions to be clearly documented.
- 4.2.2 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.
- 4.2.3 Consideration be given by the Home Manger for a formal agreement to be put in place, so that family may agree/not agree to be contacted should an emergency occur.
- 4.2.4 For the Home Manager to discuss with staff members, the importance in completing feedback forms so that the provider may take on board any new ideas that the care staff may have or to acknowledge any negative feedback that may be provided.

5 Conclusion

- 5.1 The visit to Crown Lodge was a positive one. The home continues to be warm and Inviting. Whilst only viewing the one bedroom, it was observed to be maintained to a high standard and the individual had decorated to his own taste.
- 5.2. Routine monitoring will continue and the Monitoring Officer would like to thank both the resident and staff for their time and their warm welcome during the visit.

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