

CAERPHILLY COUNTY BOROUGH COUNCIL DIRECTORATE OF SOCIAL SERVICES

COMMISSIONING TEAM

CONTRACT MONITORING REPORT

Name Of Provider: Hill View Care Home, Aberbargoed

Date(s) of Visit: Thursday 19 May, 2022, 11.30 a.m. – 3.30 p.m.

Visiting Officer: Andrea Crahart, Contract Monitoring Officer, Caerphilly Commissioning Team

Present: Sarah Roach, Registered Manager

1. Background

- 1.1 Hill View Care Home is situated in Aberbargoed and accommodates people living with a dementia. The Home is situated close to local amenities (shops, schools etc.), and is registered to provide dementia residential care to 34 people. At the time of the visit the home had 12 vacancies.
- 1.2 The Home is large and split on 3 levels. People are carefully matched to live on floors at a similar point in their experience of living with a dementia, in order to reduce any stress experienced and encourage a sense of well being. At the current time the upper floor is empty, so people are accommodated on the remaining floors.
- 1.3 The Manager is registered with Social Care Wales (workforce regulatory body).
- 1.4 The Caerphilly Commissioning Team receive regular feedback from social workers and other professionals who have contact with the Home, and during the previous year the feedback relayed has been positive, with compliments being shared, and some of these are referred to in point 9 of the report.
- 1.5 The Home regularly communicate any issues to the Caerphilly Commissioning Team in terms of any Safeguarding issues, Covid-19 cases, concerns with residents, the building etc.
- 1.6 The CIW (Care Inspectorate Wales) undertook an inspection which was published in November, 2019 and the last full Contract Monitoring Officer visit (via Commissioning) was undertaken in 2019.
- 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

Corrective Actions

- 2.1.1 Service User's Guide to be brought up to date (if required)/dated/review date inserted. Timescale: Within 2 months. (RISCA Reg. 19). Action met
- 2.1.2 Interview record for staff member HT to be added to the file. Timescale: Within 2 months. (RISCA Reg. 35). Action met.
- 2.1.3 Quality Assurance (Quality of Care Review) to include further analysis of the Home (e.g. lessons learnt, outcomes of inspection reports etc.) Timescale: Immediately and ongoing. (RISCA Reg. 80). To be monitored further.

Developmental

- 2.1.4 Personal Care checklist to be developed to include space for carers to record when oral care is being undertaken more than once a day. Alternatively, ABuHB Oral Care Monitoring forms to be used to capture this information. Timescale: Within 2 months. To be checked.
- 2.1.5 Records to be maintained of each shower head that has been cleaned within the Home so that it is easily identifiable which have been cleaned. Timescale: Within 2 months and ongoing. To be checked

3. Responsible Individual

- 3.1 The Responsible Individual (RI) continues to provide good support to the Registered Manager/ staff team, and has an oversight of the service and its quality on an ongoing basis. There is an expectation within the Regulation and Inspection Wales (2016) Act (RISCA) that the service will be visited, at least on a quarterly basis in order to have an oversight and provide written reports on the Home's performance and quality. It was evident that reports had been compiled over previous months. The most recent reports were viewed for this year and it was evidenced that feedback had been sought from residents and staff, and that other areas had been examined (the environmental, incidents, complaints and included actions to address).
- 3.2 The Home's Statement of Purpose had been revised in April 2022 and provides a comprehensive overview of the Care Home.
- 3.3 The Service User's Guide was viewed and appeared to be up to date, although did not include a date of review.
- 3.4 If/when the RI and Registered Manager are unavailable, the contingency plan would be for a Deputy Manager to cover in their absence.
- 3.5 The Home's Policies and Procedures were not viewed on this occasion, but would be a focus at the next monitoring visit.

4. Registered Manager

- 4.1 The Care Home operates a CCTV system (surveillance system) which covers all communal areas (lounges, hallways) only. The Manager has sought to gain consent from relatives through signed consent forms.

- 4.2 The temperature in individual bedrooms is able to be adjusted via the radiator thermostats to ensure that people do not become too warm or too cold. In addition, during times of hot weather electric fans and air conditioning units are used.
- 4.3 The Manager continues to submit Regulation 60 notifications which are a mechanism to report incidences that have occurred e.g. outbreaks of infectious diseases, falls experienced etc., and these are submitted in a timely way to the relevant professionals e.g. Care Inspectorate Wales (CIW), Caerphilly Commissioning Team, Environmental Health etc.
- 4.4 The Manager forwards Duty to Reports (DTR)'s to the Safeguarding Team when situations have arisen that require support/guidance and possibly further investigation concerning individual residents.
- 4.5 The Home have benefitted from good working relationships with health professionals i.e. GP, Community Psychiatric Nurse and District Nursing Team, who ensure people's health needs are met. However, some aspects of Mental Health Services are not running to their full capacity due to the demands of the Covid-19 pandemic. Deprivation of Liberty Safeguards (DoLS) applications are submitted to the appropriate team when people, who lack capacity to make their own decisions commence their placement at the Home.

5. Training

- 5.1 Hill View Care Home provide a large range of training courses for staff to access. Prior to the Covid-19 pandemic many of these courses would have been accessed face to face with providers such as Langford's, New Directions, in addition to ABuHB, Caerphilly Mental Health Team and Blaenau Gwent/Caerphilly Workforce Development Team. However, during the pandemic face to face training was unavailable and the provider would have reverted to E-Learning.
- 5.2 The Manager has a training matrix to record all the training being delivered which was produced in a way that was clear to understand. It was evident that carers were up to date with mandatory/key training, such as manual handling, first aid/CPR/stroke awareness, dementia, infection control (covid control), and safeguarding.
- 5.3 Some of the training courses offered include e.g. safeguarding, food safety, skin integrity, manual handling, first aid, dementia, infection control, medication etc. However, Hill View provide many other courses to ensure staff's knowledge and competency levels.
- 5.4 'The Active Offer – More than Just Words' (revised Welsh Language Act) requires providers of social care to provide communication in Welsh without the person asking for this. Hill View are implementing this by displaying Welsh signage throughout the Home and have several staff who are fluent Welsh speakers so will be able to communicate with residents using this language if that is their wish.
- 5.5 The Manager confirmed that many of her staff team have achieved an NVQ/QCF Level 2 or 3 in Health and Social Care and so will be able to register with Social Care Wales (SCW) when it becomes mandatory for staff in Adult Care Homes to do so in October 2022.

6. Staffing

- 6.1 There were plenty of staff on duty during the monitoring visit who were attentive and friendly with the residents. However, retention staff continues to be a challenge for the provider given the shortages of carers within the care sector. Any absences are covered by the existing staff team as far as possible, although agency staff are utilised when required.
- 6.2 Two staff member files were examined to determine if robust recruitment processes are in place. The staff files were very organised and included information such as a detailed application form, references, Contracts of Employment, DBS information, interview records, a photograph of the staff member and identification. Training certificates were present for some courses attended
- 6.3 It was evident from the 2 files viewed that supervisions had been undertaken on a quarterly basis. These sessions covered e.g. personal achievements since the previous session, challenges/difficulties experienced, learning and development, targets to be set etc.

7. File and Documentation Audit

- 7.1 A resident's file was examined and included a DNACPR document (do not attempt resuscitation) at the front of the file, for ease of access to health professionals. Also at the front was an index, basic details and a photograph of the person. A 'This is me' document was present which was very informative about the person and would have given the reader a very good understanding of the person, and would have assisted with populating their Personal Plans. (This document was produced by the Alzheimer's Society and includes information 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).
- 7.2 Consent forms were present in terms of taking photographs and CCTV, and who to contact in relation to any incidences etc.
- 7.3 Personal Plans were very comprehensive, were written in a person-centred manner, reflecting the person's needs and wishes and had been reviewed monthly. Other charts were present also. Typical Personal Plans included how to support the person in terms of personal care, oral and foot care, skin integrity, mobility/transfers, meals/drinks etc.
- 7.4 A Risk Assessment was available in relation to the person's behaviours and had been reviewed. It was evident that this reflected an incident that had occurred recently and where advice had been sought from health professionals. There were also suitable Risk Assessments for other areas of need.
- 7.5 The Professional visit log showed evidence of engagement with the Mental Health In-Reach team, Safeguarding Team, GP etc.

8. Quality Assurance

- 8.1 The RI for the service had produced a quarterly quality assurance report in recent weeks (April 2022) which evidenced engagement with residents during his visits, Personal Plans

for residents had been viewed and there had been no complaints relating to the service. As part of the visit, the RI had noted some improvements and actions required in terms of the building, some of which have been completed, some are underway and others are to be started. The report also outlined the arrangements that are in place in terms of Covid-19 and the arrangements for visitors to the building, and staffing updates. A quality assurance report for the previous quarter was also viewed which also illustrated good engagement and robust monitoring.

9. Home Maintenance

- 9.1 In terms of Home maintenance, the Home employs a caretaker who undertakes regular checks throughout the Home.
- 9.2 The Contract Monitoring Officer was made aware of recent works that had been necessary to be contractually safe in terms of fire safety, and lighting has been installed in the Home's car park.

10. Fire Safety/Health and Safety

- 10.1 The Home's most recent Fire Risk Assessment is dated March 2022 and a South Wales Fire Service inspection took place in May 2022. The Manager relayed that the Fire Officer had been satisfied with the inspection and the full assessment report is awaited. There are some further considerations that need to be made to the building as per their recommendations.
- 10.2 Fire drills had been undertaken on a regular monthly basis with good records being captured as to the number of staff attended and a de-brief about how the drill was.

11. Managing people's money

- 11.1 This area was not covered on this occasion.

12. Residents'/Relatives' Feedback

- 12.1 Feedback from visiting social workers has been positive, and some comments received include how a social worker had supported a gentleman to move into the Home, who has a long military career and a lot of associated memorabilia that is of great importance to him. The Home had subsequently put a lot of thought and effort into displaying these items around his room, just as they had been in his home prior to his admission. The gent pointed to items on his bedroom walls and proudly reminisced about them with the social worker.
- 12.2 Another social worker reported how a resident she had recently visited had settled incredibly well, and has a fantastic bedroom. The Home was clean and well decorated, with staff being very helpful.
- 12.3 A relative was contacted for their direct feedback, who relayed that she is always contacted regarding any incidences that have occurred, and that she had recently been informed of a fall that her relative had sustained. The relative stated that she does not have any concerns about the care her loved one is receiving.

13. Observations

- 13.1 Areas of the Home were clean, fresh and tidy at the time of the monitoring visit.
- 13.2 The interaction between staff and people cared for was warm and friendly and people looked well cared for. The hairdresser was at the Home during the visit and many of the ladies were having their hair done.
- 13.3 There continues to be a 'go with the flow' approach that is noticeable when you first walk into the Home. The environment is very comfortable, with sofas and chairs for people to use in the lounge area, and items of memorabilia to stimulate the senses and tactile items to touch.
- 13.4 Links have been forged with the local church, which holds a weekly craft class and the local primary/nursery schools. These resources will be beneficial to the Home and welcomed following the restrictions that the Covid-19 pandemic had imposed.
- 13.5 There is a small outside veranda area for people to use which has a seating area, canopy and is decorated with gardening items.

Mealtime observations

- 13.6 The mealtime experience was seen during the visit and was undertaken in a very unhurried manner, with assistance being offered where it was needed. The meals looked very appetising, and the tables were laid with everything people would need e.g. condiments, place mats, cutlery, serviettes, drinks, and each table had a beautiful vase of fresh flowers. The main lounge/dining area is used for mealtimes and soft background music was being played.

14. Actions

Corrective/Developmental

- 14.1 There were no corrective or developmental actions to address following this monitoring visit.

15. Conclusion

- 15.1 People continue to live and thrive in an environment which is stimulating, bright, inviting, well furnished and well maintained.
- 15.2 Resident's documentation is very comprehensive and person centred. It was also evident that robust recruitment processes had been followed in terms of recruiting suitable staff, and it is to be acknowledged that the Home have experienced many challenges during the Covid-19 pandemic in recruiting and retaining staff, in addition to Covid related sickness etc. However, the staff team have shown unwavering commitment and resilience in these circumstances, always ensuring that the needs of the residents are at the fore front.

- 15.3 Feedback from visiting professionals and family members has been very complimentary.
- 15.4 Hill View continues to sustain a high quality service in caring for people living with a dementia.
- 15.5 The Monitoring Officer would like to thank the Manager and staff team for their time and hospitality during the monitoring visit.

Author: Andrea Crahart

Designation: Contract Monitoring Officer, Commissioning Team

Date: May 2022

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.