

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

**COMMISSIONING TEAM**

**CONTRACT MONITORING REPORT**

**Name/Address of Provider:** Medhurst Residential Home, Cromwell Road, Crosskeys, NP11 7AF.

**Date/Time of Visit:** 22<sup>nd</sup> February 2017

**Visiting Officer(s):** Andrew Davies, Contract Monitoring Officer  
Emma Jenkins, Contract Monitoring Officer

**Present:** Pauline Docherty, Registered Manager / Owner  
Phil Docherty, Owner  
Keren Thomas, Deputy Manager

**1. Background**

- 1.1 Medhurst is a two storey residential home in Crosskeys that is registered to provide care for up to 29 residents (including up to 9 residents with dementia). There are three double rooms that at the time of the visit were being used as single occupancy, reducing the total number of beds to 26. The home has been owned and managed by Pauline and Phil Docherty for over 20 years and is a well established home.
- 1.2 An announced visit took place on 27.02.17. At the time of the visit there were two vacancies at the home.
- 1.3 Dependant on the findings within the report, corrective and developmental actions may be given to the provider to complete. Corrective actions are those which must be completed as governed by regulations such as the National Minimum Standards (NMS), and developmental actions are good practice recommendations.

**2. Previous Actions**

- 2.1 Manager to ensure that supervision sessions take place every two months, and appraisals take place every 12 months. (*National Minimum Standard, 24*)  
Timescale: Immediately and ongoing. **Findings:** several staff files were viewed, and it was apparent that supervision and appraisals were up to date on all files.  
**Met**
- 2.2 Manager to consider amending or changing the life history document used at the home, to assist people in completing as much relevant information as possible

**Findings:** The home uses the 'Me and My Life' document and these were seen fully completed on the files viewed. **Met**

2.3 The Manager to consider introducing relatives' meetings in order to seek feedback and suggestions

**Findings** – The Manager advised that attempts have been made to arrange a meeting, however only one relative was interested. She said that relatives are welcome to speak to her when they visit, and many of them take this opportunity to raise anything on an individual basis. **Not Met**

### 3. Findings from Visit

#### 3.1 Documentation

3.1.1 Three residents' files were seen during the visit. All files contained the initial assessment document which covered all necessary areas of support, and other relevant information such as medical history.

3.1.2 The service delivery plans were person centred and contained sufficient information about what support was required in each area, and what the resident was able to do independently

3.1.3 The service plans are reviewed on a single document on which any updates in each area of support are noted. Although most sections of the monthly reviews showed no changes, it was positive to see that where updates or changes had occurred, the new information was transferred to the service plan, and signed and dated.

3.1.4 Files contained risk assessments where required, and these had been reviewed on a monthly basis along with the service delivery plans.

3.1.5 The home uses 'typical day' and 'typical night' documents which show personalised information, likes and dislikes, and routines for each person. Whenever there are changes, the documents are rewritten.

3.1.6 The daily records were viewed, and these were generally detailed and covered important information and updates for each day. It was also apparent that staff acted appropriately when there was a change in need, for example one entry stated that a resident appeared to be confused that day, so the GP was contacted.

3.1.7 The files contained other documentation such as records of accidents, and weight records (which had been completed monthly). The accident forms showed what action had been taken following an accident to try to minimise the risk of it happening again.

3.1.8 There was evidence of referrals to appropriate professionals such as GP, dietician, dentist, and district nurses.

### 3.2 Facilities / Observations

- 3.2.1 The home is set in very pleasant and well maintained grounds, and has a very welcoming appearance.
- 3.2.2 The home is set over two floors, with four lounges and a dining room on the ground floor. All areas of the home were seen to be clean and tidy, with no malodours.
- 3.2.3 The visiting officers walked around the home during the day and observed several positive interactions between staff and residents. An activity was observed and it appeared to be well organised and enjoyed by all. Positive feedback was received during all conversations with staff, residents and visitors.
- 3.2.4 The home has some rummage boxes with things that people can pick up and use. There were also plenty of other items in the lounges and on the walls giving each room a homely feel.
- 3.2.5 The home makes an effort to ensure that meal times are a nice experience; tables were laid out nicely with a centrepiece, and residents were sitting together and with staff chatting during lunch. Residents confirmed that they were offered a choice of meals and were complimentary about the food at the home.

### 3.3 Staffing

- 3.3.1 There are 3 care assistants and one senior care assistant on shift during the day, (7am-6pm) and 2 care assistants through the night, plus an additional member of staff from 3am – 7am.
- 3.3.2 The activities co-ordinator works at least 20 hours a week spread over 5 days, and also works as a carer at certain times of the day. The Manager and Deputy work 5 days a week (mostly office hours) and are not included on the rota. There are also domestic, laundry and kitchen staff at the home each day.
- 3.3.3 The Manager advised that no agency staff are used at the home; the last time an agency was used was several years ago.
- 3.3.4 The home has excellent staff retention. The manager advised that two members staff left in the previous 12 months; one went to work as a nurse and the other retired.
- 3.3.5 Three staff files were viewed, and it was evident that all files contained most required information such as two references, evidence of a DBS check, a detailed application form, and proof of identification,. Not all files contained a contract of employment, or an interview record. The Manager stated that she was sure the contracts of employment had been signed, and following the visit the Manager contacted the Monitoring Officer to confirm that the contracts had been located, and were now on the staff files.

### 3.4 Activities

- 3.4.1 The home employs an activities co-ordinator who works 20 hours per week over 5 days. As well as activities in the home, the Manager advised that the residents regularly have trips out of the home; there had been recent shopping trips to Ebbw Vale and Cwmbran with others planned soon.
- 3.4.2 The activities are themed towards the time of year, and the Manager advised of several different activities that had taken place before Christmas, such as making Christmas cards, making gifts, and other craft ideas. There was also a Christmas Party, a carol service, and two visits from outside entertainers. There are upcoming plans for another entertainer to visit in March for a St David's Day party, and the residents had been making bunting in preparation for this. There would also be a Welsh menu on the day.
- 3.4.3 As well as the planned activities there are also activities on a daily basis. On the day of the visit the visiting observed some residents enjoying a game of bingo, and this activity was clearly enjoyed by all. The activities co-ordinator was very attentive to the residents' needs, making sure that everyone had heard the numbers, and were all ready before moving on. One member of staff was sitting with a resident and helping her to mark her card, and a visitor was helping his relative. Throughout the activity there was a really nice atmosphere in the room, with residents laughing and joking with each other and the staff.

### 3.5 Training

- 3.5.1 The home has a regular programme of training, and the training matrix for 2016 and showed that all staff had attended mandatory training in the last 2 years such as moving and handling fire safety, infection control, Health and Safety, Infection control. Other non mandatory courses are also available. The visiting officers also saw evidence of bookings for upcoming training courses. It was noted that some staff had not attended POVA training in the last 3 years.
- 3.5.2 The matrix showed that almost all care staff have at least a QCF level 2 qualification, with many also having level 3.
- 3.5.3 The home uses traditional face to face training courses rather than e-learning. Most training is provided by one company and other courses are arranged through CCBC. Feedback is received from the staff following training courses through questionnaires and competency tests which forms part of supervision.

### 3.6 Quality Systems

- 3.6.1 The home undertakes an annual quality assurance survey to gain feedback on the service, and the results of the survey are presented in a report. The 2016 quality assurance report was viewed, and it was positive to note that the responses were very complimentary about the home.

- 3.6.2 The questionnaire is distributed to residents, family members, other regular visitors, and staff. The questions cover many different areas such as comfort and facilities, cleanliness, food choice, helpfulness of staff, activities, and overall quality of care. There was a good response to the survey, with twenty eight questionnaires received (some were unable to answer certain questions).The results were very positive, with most respondents rating each area covered in the questionnaire as excellent or very good.
- 3.6.3 The Manager arranges regular staff meetings with different groups of staff at the home such as kitchen staff, carers etc. The Manager tries to pick a topic to discuss at meetings to try to improve and share best practice between staff.
- 3.6.4 There are two main staff handover meetings per day, plus another one in the afternoon due to some staff stating work at different times. During the meetings the staff share relevant updates about each resident.
- 3.6.5 The Manager keeps a record of all accidents that happen in the home. Records were viewed, and although there appeared to be a high number of accidents, most of these related to one resident, and every effort had been made to minimise the risk of falls, including a referral to the Falls Team and other health professionals.
- 3.7 Residents' feedback
- 3.7.1 The visiting officers had the opportunity to speak to several residents during the day, and feedback from everyone was very positive.
- 3.7.2 One group of residents gave detailed feedback about several different aspects of living at the home, and again the feedback was positive. They said that they were very happy with the activities, and gave examples of activities that had they had recently taken part in. They all felt that they had made really good friends at the home, and that the staff were 'lovely'. All were happy with the furnishings in the home and in their own rooms, and felt that if they needed any assistance they never have to wait too long. All residents who were spoken to were very happy with the standard of food, and the choice of food, and gave examples of what they had particularly enjoyed in the last few days. One resident said that she had only recently moved in, but was made to feel at home on her first day and settled in easily.
- 3.8 Relatives' feedback
- 3.8.1 Positive feedback was received from relatives who were visiting the home on the day of the visit. One regular visitor said that he had a good relationship with the staff, and that he and his family all felt that their relative was well cared for at the home. He said that he was happy with the food, the activities, and the approach of the staff. He said that he is kept informed of any relevant updates regarding his relative. He had never had any reason to complain, but said that he felt confident that if he did raise something the Manager would address it. He said that the Manager and staff were doing everything they could to provide a good quality of life for his relative.

#### **4. Corrective / Developmental Actions**

##### **4.1 Corrective**

4.1.1 Manager to ensure that staff attend POVA training every 3 years (*Wales Interim Policy and Procedure for the Protection of Vulnerable Adults*) Timescale: Immediately and ongoing.

##### **4.2 Developmental**

4.2.1 Manager to consider introducing an interview record to further evidence the recruitment process for new starters.

#### **5. Conclusion**

5.1 The visit was positive, and it was clear that the high standards seen during previous visits had been maintained. The atmosphere in the home was relaxed and friendly, and it was apparent from speaking to residents and visitors that they were very happy with the standard of care at the home.

5.2 There was a good staff presence, and it was clear from observations that the residents are valued, and are at the centre of everything that happens at the home.

5.3 The visiting officers would like to thank the owners and staff for their hospitality during the visit.

**Author:** Andrew Davies  
**Designation:** Contract Monitoring Officer  
**Date:** 15.05.17

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.