

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

**CONTRACT MONITORING REPORT**

**Name/Address of Provider:** Millbrook Residential Home, Gelligroes Road,  
Pontllanfraith, NP12 2JU

**Date Of Visit:** Tuesday 19<sup>th</sup> and Tuesday 26<sup>th</sup> November 2019

**Visiting Officer(s):** Amelia Tyler, Contract Monitoring Officer

**Present:** Claire Porter, Registered Manager  
Amjad Ali, Responsible Individual

**1. Background**

- 1.1** Millbrook is a two storey home located in Pontllanfraith that is registered to provide care for a maximum of 38 residents (25 with general care needs and up to 13 with a cognitive impairment). The contract monitoring officer was informed that as at 3<sup>rd</sup> December there was 1 vacancy at the home
- 1.2** The announced monitoring visit was completed on the 19<sup>th</sup> and 26<sup>th</sup> November 2019 to work through the monitoring template and review previous recommendations made during the last visit. The previous visit was carried out on the 19<sup>th</sup> November 2018 and at this time there were 2 corrective and 6 developmental actions identified which were to be completed by the end of March 2019: the findings are outlined in section 2 below.
- 1.3** Dependant on the findings within the report, corrective and developmental actions may be given to the provider for completion. Corrective actions are those which must be completed as governed by legislation and regulations. Developmental actions are those which are deemed to be good practice.

**2. Previous Recommendations**

- 2.1** The manager is to ensure that the remaining mandatory training sessions are completed for all staff and the matrix updated accordingly. This had been raised previously and the original deadline set as 7<sup>th</sup> January 2016. The Regulation and Inspection of Social Care (Wales) Act 2016 'RISCA' Regulations 21 and 26
- Met.** A copy of the training matrix was given to the contract monitoring officer and this evidenced that most members of staff had completed all the mandatory training including safeguarding, first aid, manual handling and infection control etc. The manager explained this had been updated and was accurate at the time of the visit. It was noted that there were still some gaps: one carer had only started at the end of October and was still in the process of completing some mandatory courses. It was stated that some members of staff had also not completed medication awareness training as they held no responsibility for administering medication within the home. This action was marked as 'met' because the matrix was up to date and the manager and RI knew which care staff needed to be booked onto which courses when they become available and this is regularly reviewed.

- 2.2** Annual appraisals to be completed and appropriately recorded for all members of staff. RISC A Regulation 36.  
**Partly met.** The supervision and appraisal matrix was clear and provided an up to date view of what had been completed for the current calendar year. It was acknowledged that 2 catering staff, 3 cleaners and the handyman had yet to carry out their annual appraisal. It was requested that the updated matrix be shared with the contract monitoring officer once completed.
- 2.3** Quarterly reports completed by the responsible individual to record the title of the report, date of report and name and designation of the author.  
**Met.** Copies of reports were viewed and these had been signed and dated by the manager and RI on 14.02.19, 27.05.19 and 22.08.19. These provided information on feedback received from all parties, any accidents and incidents, the environment and planned improvements.
- 2.4** The statement of purpose and all relevant policies and procedures to be dated to evidence the annual review.  
**Met.** The contract monitoring officer observed that the relevant policies had been reviewed in April 2019 and were due to be reviewed again in April/May 2020. The statement of purpose clearly recorded a review date of 27<sup>th</sup> October 2019.
- 2.5** Consideration to be given to adding start date to the training matrix.  
**Met.** It was explained that although this had been considered it was felt that this was not necessary at this time. The contract monitoring officer was told that start dates for staff members is available on individual files.
- 2.6** Agreement forms for notifying the relatives of any incidents are to record the name, relationship and date the form was completed.  
**Not met.** Although the manager said that there was an informal agreement in place this is not documented and was not present on the 2 resident files seen. It was requested that the manager informs the commissioning team once this has been completed for all residents.
- 2.7** Pre-admission forms to be completed fully with any gaps explained.  
**Not met.** There were no pre-admission assessments in place to evidence discussions held where the provider confirms they are able to meet the needs of the individual, however there were 'this is me' tools on the files provided which highlighted important information about the person's life and preferences.
- 2.8** Full dates to be recorded on the minutes of any meetings held.  
**Met.** Minutes were provided for staff meetings held on the 1<sup>st</sup> August, 19<sup>th</sup> September and the 8<sup>th</sup> November 2019. It was noted that a resident committee meeting had also been planned for the 8<sup>th</sup> August 2019 which was also open to relatives but this had been cancelled as there were no attendees.

### **3. Findings from visit**

#### **3.1 Responsible individual (RI)**

- 3.1.1** It was acknowledged that the RI has a strong presence within the home and works closely with the home manager. The manager explained that there are planned dates for the responsible individual to carry out visits and feels supported in her role.
- 3.1.2** There was no evidence on the supervision and appraisal matrix of the manager meeting formally with the responsible individual: although it was acknowledged that this is difficult as they discuss any issues daily, in order to meet legislative requirements, this needs to be completed on a 1:1 basis and recorded on file.
- 3.1.3** As previously mentioned, the statement of purpose, the resident guide and the relevant policies and procedures had been reviewed and updated (where necessary).
- 3.1.4** If the home manager and responsible individual were both absent at the same time it was explained that the deputy manager would carry out the responsibilities during the interim period with support from the manager of the sister home, Hill View.

### **3.2** Registered manager

- 3.2.1** It was highlighted that the home had CCTV in the communal corridors, outside the property and the garden area. The manager explained that there is a separate file which contains signatures and dates of residents and/or their relatives consenting to this. It was also stated that there is a sticker on the door as people enter the property notifying them of the cameras.
- 3.2.2** No concerns were highlighted in relation to the property apart from the washing machine that was going to be addressed as part of the planned maintenance. The contract monitoring officer was also informed that residents are able to individually change the temperature of their rooms.
- 3.2.3** A list was provided of all residents detailing their NHS number, funding and whether or not a deprivation of liberty agreement was in place: this evidenced that at the time of the visit there were 10 residents that had applied for a DoLS and this had only been granted for 1 resident and this was due to expire in January 2020.
- 3.2.4** The home manager explained that there had been an attempted burglary at the home in May and CIW had been informed. It was requested that a copy of the notification be copied to the commissioning team (this had been completed by the time this report was completed). It was agreed that any future notifications will be copied to the commissioning team email.

### **3.3** Staffing and training

- 3.3.1** Staffing levels at the home were sufficient to meet the needs of the residents: there were 6 carers during the mornings and afternoons (2 of which were seniors) 4 during the twilight shift, which runs from 6pm - 10pm and 4 on nights. This is in addition to the domestic staff, administrator, manager and deputy, catering staff and the handyman
- 3.3.2** It was explained that the activities coordinator is contracted to work from 8am - 4pm Monday - Friday but it is occasionally necessary for her to have to cover a care shift.

Agency staff are not used within the home and any sickness is covered within the team.

- 3.3.3** Most of the training used is classroom based by external agencies and some of this includes practical training such as manual handling and fire safety. In order to assess the quality of training used, this is discussed during supervisions, appraisals and team meetings as well as the management team also attending the same courses. Training is also raised with the responsible individual when assessing the needs of residents.
- 3.3.4** Non-mandatory training utilised by the home included advanced care planning, skin integrity, dysphasia, sepsis, end of life care and vital signs.
- 3.3.5** At the time of the visit there were 6 carers working 48 hours a week or more and it was explained that they had signed an agreement to opt out of the working time directive. The manager also told the contract monitoring officer that there were 2 new members of staff starting in the next 2 weeks once they have received their DBS checks will start their induction.

### **3.4** Supervision and appraisal

- 3.4.1** There was no evidence of formal supervisions being carried out between the manager and responsible individual: it was explained that in order to be compliant with the new legislation, these should be clearly recorded on the matrix with records being available on file.
- 3.4.2** Supervisions are held as a formal 1:1 meeting with the staff member and their line manager which is recorded and provides both parties with the opportunity to discuss any issues and review any feedback received. The supervision matrix demonstrated that supervisions had been carried out for all staff at least every 3 months as required with the exception of the manager.
- 3.4.3** It was noted that induction checklists were in place on both staff files viewed and both had been signed off by the manager.
- 3.4.4** The member of staff that was spoken to as part of the monitoring process told the contract monitoring officer that she felt able to be flexible within her role and wasn't too restricted by tasks or routines as long as the team all worked together. She mentioned that she felt comfortable in offering suggestions in ways that could improve the quality of life for the residents. The carer also said the manager spends time walking around the home and offers advice and guidance to staff.

### **3.5** Documentation

- 3.5.1** 2 resident files were reviewed during the visit and it was noted that the personal plans were person centred and provided a detailed picture of the person, their likes and dislikes and the way in which they want to be cared for. It was noticed in one file that the plan needed to be updated in order to remain consistent: the plan itself commented that the person enjoyed a soak in the bath but the last monthly review said they did not like having a bath and needed encouragement to do so. Where changes occur, this must be updated to ensure all staff members are fully informed.

- 3.5.2** Reviews had been completed every 3 months or sooner on the files viewed. It was noticed that some of the reviews on the 1 file tended to repeat the information in the plan rather than giving an overview of the previous month or 3 months since the last review.
- 3.5.3** There was evidence to show that the home was making referrals to appropriate agencies where needed i.e. GP, CPN, social work teams, opticians etc.
- 3.5.4** It was discussed during the meeting that there needs to be a written agreement with the next of kin about being informed of any incidents i.e. changes to medication, falls, deterioration in health etc. Some relatives may wish to be contacted at any time of day or night or whilst on holiday in any circumstance whereas some may only want to be contacted during the normal working day unless it is urgent.

### **3.6 Quality Assurance**

- 3.6.1** The contract monitoring officer was given a copy of the Christmas news letter which outlined all the planned activities throughout the month: this included events such as chair exercises, mince pie and chocolate log making, a ukulele band, secret Santa and Christmas lunch at the local bowls club.
- 3.6.2** 2 relatives were met with to provide feedback on the care provided at the home: both commented that they are always made to feel welcome at the home and that the atmosphere is homely. 1 relative stated that her mother had been living at the home for approx. 3 months and although she doesn't think of Millbrook as her home, she has settled in well and is much happier there than she was previously and the carers go above and beyond their duties. The second relative said that their mother doesn't think of it as her home but said this is due to her condition rather than anything the home has or hasn't done. One relative told the contract monitoring officer that 'even the handyman is good with the residents'.
- 3.6.3** When asked if there was anything they would change about the home, and if so, what it would be both said there was nothing they would change: 1 relative did add that they would change it so they could look after people with more advanced dementia.
- 3.6.4** The quality assurance feedback was completed in April 2019 and was divided into separate report for relatives, staff, residents and professionals. It was pleasing to note that 78% of questionnaires sent out were completed and was predominantly positive: one questionnaire commented there was no access to the community for some residents whereas nearly 75% of the respondents were very satisfied with the daily life and social interaction. The residents feedback obtained a 70% response and again the majority were positive (although there were some where the questions had not been completed). Some residents commented 'I would like larger portions' and another stated 'I would prefer a small piece of fish rather than fish bites'. This was taken on board by the RI and it was outlined that efforts will be made to ensure portions are the right size for each individual. Over 65% of the current residents were satisfied with or very satisfied with the daily life and social interaction at Millbrook. The overall outcome was to maintain the strong areas but to also increase the number of questions completed next year.

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

**4.1**      Corrective (The deadline for all corrective actions is the 31<sup>st</sup> March 2020)

- 4.1.1**    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
- 4.1.2**    Annual appraisals to be completed and appropriately recorded for all members of staff. RISCA Regulations 24 and 26
- 4.1.3**    All staff to receive supervision in their role, including the manager, to help them reflect on their practice and to make sure their professional competence is maintained. RISCA Regulation 36
- 4.1.4**    Reviews to take into account the information recorded on a daily basis relating to the individual achieving their personal outcomes and update plans accordingly. RISCA Regulation 16

**4.2**      Developmental

- 4.2.1**    Agreement forms for notifying relatives of any incidents should be on all resident files and to record the name, relationship, signature and date the form was completed.

**5.**        **Conclusion**

- 5.1**        It is really positive that 5 of the previous actions had been completed. A lot of work has been carried out and this was evident in the files seen and documentation provided.
- 5.2**        The information gained from the resident during the visit highlighted that they were very happy living at Millbrook and that she always has fun and is able to talk to staff about anything. Although both her sons live a long distance away she said that she would be able to speak to the manager if she had any concerns.
- 5.3**        The contract monitoring officer would like to thank everyone at Millbrook for their time and hospitality during the visits and for all the information provided. The next announced visit will be carried out in approx. 12 months time unless it is deemed necessary for this to be carried out beforehand. An unannounced out of hours visit will also be carried out during this time.

**Author:**                      Amelia Tyler  
**Designation:**            Contract Monitoring Officer  
**Date:**                         23<sup>rd</sup> December 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.