

2. Previous Recommendations

2.1 Corrective actions

2.1.1 **(NMS 6.6)** Ensure that Service Plans are signed and dated by staff, manager, resident or resident's relative, to evidence inclusivity in Service Plan development.

Partially Met: Some service plans viewed had been signed but not all.

2.1.2 **(NMS 6.10)** Ensure that 6 monthly reviews of service plan are carried out and evidenced appropriately.

MET: Evidence was seen on service plans that reviews are carried out every three months, which were also signed by staff member and resident.

2.1.3 **(NMS 27.4)** Ensure bi monthly supervision carried out for all staff.

MET: Supervision records show regular bi-monthly sessions for all staff.

2.2 Developmental actions

2.2.1 To evidence that all care staff have seen and read the Service Plan for each residence using a signing in sheet.

Partially Met: Service plans seen had a signing sheet attached and had been read and signed by some staff but not all.

2.2.2 Copy of QA report to be forwarded to Commissioning team and shared with all stakeholders.

MET: QA report for 2015 received.

2.2.3 Ensure daily record sheets are kept up to date and all relevant information is recorded.

MET: New documentation in place which list activities and tick boxes to ease staff completion.

3. Findings from Visit

3.1 Service Planning

3.1.1 It was noted that resident's files continue to be held securely in the sleep-in room, which is kept locked when not in use.

3.1.2 The resident's service plan was cross-referenced with the CCBC care and treatment plan. It was found to be consistent and include all needs identified by the care plan.

3.1.3 Reviews of care plans are undertaken every 3 months which is more frequent than required by national minimum standards timescale of six months.

3.2 Risk Assessments

Risk assessments were in place for the resident's files viewed in relation to areas such as behaviours that challenge and risk of wandering. There were also detailed risk assessments around epilepsy for one resident.

Risk assessments included detailed actions on how to deal with and manage identified risks.

3.3 Files and Documentation

3.3.1 The files viewed were well presented and easy to follow. They were comprehensive and easy to navigate around.

3.3.2 Daily record information was recorded using a tick sheet method, that although covered the tasks carried out and any concerns, did not give a picture of the daily life and well-being of the resident. It is acknowledged, however, that this is PRESS standard documentation.

3.4 Approach To Care

3.4.1 Members of staff actively encourage residents and relatives to be involved in any decisions made in relation to their care and to the home. There are open discussions every day and the manager reports good relationships with resident's families.

3.4.2 Service Plans incorporate a Person Centred Plan that evidences areas of activity that the residents are encouraged to participate in E.g. meal preparation, housework and gardening. Residents are involved in the preparation and cooking of food and also the shopping for the ingredients.

3.4.3 Members of staff continue to promote a person centred approach by empowering and supporting residents to undertake as many activities of daily living as possible, i.e. domestic tasks. The support staff work closely together and share information and as a result have an understanding of the resident and their abilities, what they like, don't like, and what could cause any anxieties etc.

3.5 Complaints and Compliments

3.5.1 There had been no complaints received by Social Services since the previous monitoring visit.

3.5.2 During the visit the complaint book was viewed and there have been no complaints received since April 2014.

3.6 Stakeholder Feedback

3.6.1 The Contract Monitoring Officer contacted a relative to obtain feedback on the service provision and was told that she was extremely happy with the care being provided for her brother. She visits him weekly and is always involved in his care by the staff on duty. She stated that his key worker 'is brilliant with him, as are all the staff' and has no complaints about the home whatsoever.

3.6.2 Feedback was also sought from one of the resident's Social Worker's who advised that a recent review was extremely positive. Staff, appear to be motivated, and have good knowledge regarding risks and management plans. There also appears to be good evidence of resident's progression, developing skills and becoming more independent.

3.7 Induction and Training

The training matrix for staff was provided. All mandatory training for staff was up to date. It was noted that all staff had attended Epilepsy training but this was some time ago, and although not mandatory, it is recommended that staff attend refresher training.

3.8 Supervision and Appraisal

3.8.1 The supervision matrix was provided and demonstrated that all staff had received bi-monthly supervision, in line with the frequency required by national minimum standards.

3.8.2 Annual appraisals had also recently been carried out with staff.

3.9 Staffing Issues

3.9.1 It was stated that 1 member of staff had left 3 Woodside over the previous year due to ill health.

3.9.2 A new manager has been appointed who will cover two properties and the general manager of PRESS has applied to become the registered manager with CSSIW.

3.9.3 The Contract Monitoring Officer was informed there were no staff members on long term sick at the time of the visit and that no agency staff were used. PRESS have a group of experienced relief staff that they utilise if necessary.

3.10 Interests and Activities

3.10.1 Residents are able to let staff members know what they want to do either verbally or through gestures. The Contract Monitoring Officers were told that review meetings, key worker conversations, house meetings, consultation with the day centres and relatives are also used to obtain information about what residents want to do.

3.10.2 Evidence of activities were recorded and included on service plans. The resident's file viewed evidenced that they attended various activities on a weekly basis.

3.11 Health and Fire Safety

The Monitoring Officers were told that fire drills are carried out 3 monthly and all staff are involved. Fire risk assessment is updated annually.

3.12 Mobility Aids and Equipment

The only mobility aids and equipment used by the residents are walking frames and wheelchairs for long distances. These are checked every day and serviced appropriately.

3.13 Home Environment

3.13.1 It was observed by the Contract Monitoring Officers that the home was well maintained. All areas viewed were kept clean and tidy and there were no unpleasant odours.

3.13.2 There is no designated smoking room at the property, as none of the current resident's smoke it is not deemed to be necessary at present to provide one.

3.13.3 During the visit, the Contract Monitoring Officers was able to see into one of the residents bedrooms and there was evidence of lots of personalisation in the room.

3.13.4 No resident has responsibilities for any keys. This has been discussed with residents who have chosen not to hold keys and recorded on individual service plans.

3.13.5 Further improvements are planned for the property including refurbishing the bathroom to incorporate a wet room and decorating.

3.14 Nutrition

3.14.1 The residents are involved in choosing the menu and as well as deciding what they would like to eat are always offered a choice. In addition there are no set meal times, residents being able to eat at the time that is appropriate to them.

3.14.2 All residents are involved in visiting shops to purchase the shopping for the home.

3.14.3 A healthy diet is ensured by supporting the residents to choose healthy options where possible and by monitoring weight gain and loss. Discussions were held with staff who demonstrated good knowledge of the resident's nutritional needs and monitoring of weight.

3.14.4 Evidence was also seen of one resident receiving input from the Speech and Language Team (SALT).

3.15 Staff Questions

3.15.1 The contract monitoring officer was able to speak to one member of staff whilst visiting the home.

3.15.2 Staff are advised and kept informed via team meetings. Any changes in a residents service plan/risk assessment is communicated to staff who are then required to read the relevant paperwork and sign and date to confirm they have read it.

3.15.3 The home operates a key worker system for residents who are responsible for arranging activities, shopping, health needs/appointments and any changes in support.

3.15.4 The member of staff advised that they were consulted and informed regarding the general running of the home and felt listened to when suggesting improvements. This was evident from the recent improvement to the bathroom which was suggested by staff.

3.15.5 The staff felt that they were able to identify their own training needs and could request relevant training when needed.

3.16 Service User Questions

3.16.1 The contract monitoring officer was able to speak with one resident whilst visiting the home.

3.16.2 The resident expressed that they were happy to be living at the home and with the staff that support them.

3.16.3 They informed the contract monitoring officer that they attend lots of activities outside of the home attending sporting events as well as accessing the local community.

3.17 Quality Assurance

The latest quality assurance report has been requested from PRESS but unfortunately is not available at the moment. PRESS to submit report to CCBC Commissioning Team when available.

4. **Corrective / Developmental Actions**

4.1 **Corrective actions**

- 4.1.1 Ensure that Service Plans are signed and dated by staff, manager, resident or resident's relative, to evidence inclusivity in Service Plan development. (NMS 6.6)

Timescale: Immediately and ongoing.

4.2 **Developmental actions**

- 4.2.1 Staff to ensure that Comments box is utilised on the daily records paperwork to give a picture of the resident's well-being for that day.

Timescale: Immediately and ongoing.

- 4.2.2 Copy of QA report to be forwarded to Commissioning Team and shared with all stakeholders.

Timescale: Within two months from date of report.

- 4.2.3 To evidence that all care staff have seen and read the Service Plan for each residence using a signing sheet.

Timescale: Immediately and ongoing.

- 4.2.4 Staff to attend Epilepsy refresher training.

Timescale: Within six months from date of report

5. **Conclusion**

This home feels relaxed and welcoming providing a supportive environment for its residents.

The staff were knowledgeable regarding the residents support and have good relationships with them.

The contract monitoring officer sought feedback from a family member and social worker of one of the residents and positive feedback was received by both.

In line with Caerphilly's contract monitoring strategy, the next monitoring visit will be carried out in approximately 12 months time, unless it is deemed necessary to complete beforehand.

The Contract Monitoring Officer would like to take this opportunity to thank the staff members that support the residents at the home for their time and hospitality.

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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