

CAERPHILLY COUNTY BOROUGH COUNCIL, DIRECTORATE OF SOCIAL SERVICES

COMMISSIONING TEAM

Contract Monitoring Report

Name/Address of provider: Parklands Care Centre, Newport Road, Bedwas

Date/Time of visit: 4th & 11th July 2018

Visiting Officer(s): Caroline Roberts, Contract Monitoring Officer
Sherry Lewis, Lead Nurse for Care Home Governance and Safeguarding, ABHUB

Present: Virgil Frincu, Turn Around Manager
Lesley Mason, Deputy Manager

1 Background

- 1.1 Parklands is a purpose-built home in Bedwas, Caerphilly, which provides nursing and residential care for up to 38 people. At the time of the visits, there were 26 people living in Parklands, with the home having 12 vacancies.
- 1.1.2 Parklands has recently been through a period of close monitoring by both Aneurin Bevan University Health Board and Caerphilly County Borough Council due to ongoing concerns; however, the home is nearing the end of the process. The visits undertaken were routine and both visits were announced.
- 1.1.3 Visiting officers employ a variety of monitoring systems to gather and interpret data as part of monitoring visits, including observations of practice at the home, examination of documentation and conversations with staff, service users and relatives where possible.
- 1.1.4 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 Recommendations

2.1 Corrective actions

- 2.1.1 There are no previous corrective actions, as the home was subject to an action plan and ongoing monitoring, all of which have been completed.

Developmental actions

2.2

- 2.2.1 No previous developmental actions as the home was subject to an action plan and ongoing monitoring, all of which was deemed to have been completed.

3 Findings

3.1 Documentation

- 3.1.1 For the purpose of the monitoring visit, two residents' files were examined. It was noted that there were detailed pre-admission assessments, which determines whether or not the home is in a position to meet the needs of the individual.
- 3.1.2 Personal Plans were evident and were found to be person centred. One file was viewed not to have any signatures of the individual/representative; therefore, not evidencing that they took part in the development of the plan.
- 3.1.3 Appropriate Risk Assessments were observed to be in place i.e. Equipment, Bedrails, Mobility and were noted to be reviewed on a monthly basis, along with the Personal Plans. For the one individual who uses bed rails, it was appropriately recorded that the individual declined to sign the risk assessment. However, it was recorded that the assessment had been read to the individual and whilst declining to sign, verbally agreed to the content.
- 3.1.4 Whilst undertaking the on-going monitoring, new supplementary booklets have been implemented, which detail food / fluid intake, position changes, personal care tasks, mattress settings and diet notifications. All booklets are completed on a daily basis and are signed /dated by the care staff.
- 3.1.5 Daily records are also completed by the nurse(s) on duty and mainly outline the medication administered and sleeping patterns etc.
- 3.1.6 The files viewed, evidenced that staff are aware of how to refer an individual to appropriate outside agencies i.e. SALT, OT, GP, PEG Care specialist, Continence Service to name but a few.
- 3.1.7 During the process of ongoing monitoring, the home has introduced new documentation in order to assist care staff. The documentation, whilst capturing all appropriate information, is less time-consuming for the staff.
- 3.1.8 For those on weekly weights, information is being documented and appropriate professionals are contacted should an individual be seen to be consistently losing weight i.e. GP, Dietician.
- 3.1.9 Kitchen staff receive up-to-date diet notifications, which are signed by both the member of staff undertaking the review and the chef. This evidences that both parties are knowledgeable of the type of diet an individual requires and the risks associated should the incorrect consistency be provided. i.e. puréed, fork mashable etc.
- 3.1.10 Whilst being a very sensitive topic, it was evident that conversations had taken place either with an individual or family, in respect of a DNR (Do Not Attempt Resuscitation). This gives an individual a choice and an opportunity to share their wishes and views for their end of life plan.
- 3.1.11 At the time of the visit, the Manager advised the visiting officer that the home was up-to-date with its DoL's (Deprivation of Liberty Safeguards) applications and that

one was being currently considered for an individual.

3.2 Fire Safety/Health & Safety/ Home Maintenance

- 3.2.1 The last fire assessment was completed in 2017 and was to be reviewed in July 2018. During the last assessment, four recommendations were made, which at the time of the monitoring visit, had all been completed. Fire drills are recorded and the visiting officer viewed the documentation which indicated that the last drill was held in February 2018.
- 3.2.2 Individuals residing at the home are assessed for moving and handling, which includes the assessment of equipment required such as hoists, slings, wheelchairs etc.
- 3.2.3 Personal Emergency Evacuation Plans are in place for each individual residing at the home.
- 3.2.4 During the course of the monitoring visit, the visiting officer witnessed one fire exit being blocked by a piece of cleaning equipment and this was brought to the Manager's attention. There were no malodours at the home.
- 3.2.5 The administrative officer has responsibility for managing the resident's money. Money that is received is electronically recorded and formal paper receipts are used. One copy is retained by the resident/family member; one is retained in the recording book whilst the third is retained by the office. Residents have individual accounts and any money paid in/taken out is signed for by two officers (the administrative officer and the home Manager).
- 3.2.6 The home employs a maintenance officer who has been an employee at Parklands Care Centre for a number of years and is well known and respected by the residents. The maintenance officer regularly oversees the water facility, fire safety, water temperature, pipes and various other duties. Emergency lights are checked monthly, with the last being undertaken on 24 June 2018. Fires doors are checked weekly and the documentation was viewed by the visiting officer.
- 3.2.7 During the visit, it was observed that residents freely approach the maintenance officer to request that he fixes their T.V., replace batteries of hearing aids, place a clock in their room etc.
- 3.2.8 The officer has also been observed warmly interacting with the residents and clearly demonstrates a knowledge of each individual residing at the home.

3.3 Facilities

- 3.3.1 The home is light and airy, with a welcoming coffee area off the main entrance. There is a large, open planned conservatory, dining room and lounge area. The lounge has doors that open into the garden area, which is home to a pergola, allowing the residents to sit outdoors undercover should the weather permit.
- 3.3.2 The residents are encouraged to par-take in some gardening activities and one resident proudly showed the visiting officer the flowers he had planted and the peppers that were growing.

3.3.3 The garden is maintained to a high standard and during past visits, the residents have been observed to enjoy outdoor activities and refreshments whilst enjoying the outside environment.

3.4 Activities

3.4.1 Three members of staff offer activities to the residents of Parklands Care Centre. Two are HC One employees, whilst the third person is a volunteer and has been volunteering at the home for a number of years.

3.4.2 The residents of the home enjoy various activities from taking part in cookery sessions (making pancakes with numerous various toppings), a Church Service, Choirs, singers/musicians, a mobile petting zoo as well as seasonal celebrations etc. All three members of staff are dedicated to the residents and ensure that they enjoy an activity on a daily basis. The home has its own minibus and regular trips are taken to Barry, Roath Park, Garden Centres, Ikea, restaurants and local pubs etc.

3.5 Staffing and training

3.5.1 The home is currently being managed by a Turn Around Manager and recently a new permanent Deputy Manager has been appointed.

3.5.2 The home is staffed according to dependency and occupancy. At the time of the monitoring visit, there were 5 carers (including 1 Senior) and 1 nurse on duty. During the night shift, there is 1 nurse and 3 carers on duty. Agency staff are used as and when required.

3.5.3 The visiting officer viewed the home's training matrix and noted that 91.6% of staff have undertaken mandatory training i.e. Manual Handling, Food Hygiene, Infection Control, Safeguarding, Emergency procedures and therefore, have current up-to-date training. For those that are not current, training courses have been assigned. Any training gaps are identified by the computerised system, which flags any identified gaps.

3.5.4 Non mandatory courses are also attended in order that staff are trained to meet the current needs of residents i.e. PEG feed, Oral Health, I Stumble (Falls Assessment Tool).

3.5.5 The staff at the home undertake training via e-learning, internal facilitators and external training facilitators. On completion of their training, staff are then monitored to see how they are implementing the new knowledge and skills obtained from the course.

3.5.6 Prior to the monitoring visit, the visiting officer was informed that a recent discussion was held with the company's training team in respect of the Active Offer (offering services in the medium of Welsh). A survey has been undertaken and it was agreed that training should be offered in Welsh.

3.5.7 Leaflets published by HCOne are bilingual.

3.5.8 During the last monitoring visit (20th, 21st June & 9th August 2016) it was identified

that one resident, whose first language is Welsh, requested a Welsh speaker to converse with occasionally. However, during the most recent monitoring visit, the Manager advised that there is only one carer at Parklands Care Centre who has basic knowledge of the Welsh language; therefore, consistent care in the medium of Welsh, would not be possible at present.

3.5.9 Quality Assurance

- 3.6 The home has an internal complaints procedure; however, the Manager advised that he operates an open door policy and would rather individuals speak to him direct in order that he may resolve matters immediately. Formal complaints are recorded on an electronic system and are closed when resolved. All formal complaints are to be formally resolved within 4 weeks. Should a complaint involve members of staff, feedback is provided, by the Manager on a 1:1 basis.
- 3.6.1 Compliments via cards are displayed on the notice board for all to see.
- 3.6.2 Regular staff meetings are held and the minutes are signed by the staff in attendance. The main focus of the meetings vary depending on what matters become a priority. The minutes of the meeting are then placed in the staff room for all to see.
- 3.6.3 Resident/Relative meetings are held every 6 weeks, as requested by family members. The last meeting held was in May 2018. There is no structured agenda as the residents/relatives can discuss topics that matter to them.
- 3.6.4 When discussing accidents, the visiting officer was informed that in the last month there have been 6 accidents, 3 of which are open and 3 have been closed. Any accident is recorded and details are shared with CIW, the Local Authority and also Aneurin Bevan University Health Board.
- 3.6.5 Parklands Care Centre does not currently have a Dementia Champion and the Manager agreed to discuss this matter further with the carers.
- 3.6.6 The home continues to use the 'Resident of the Day' system, which means that a resident is given a nominated day and all their personal plans and risk assessments are audited on that day and the domestic staff undertake a deep clean of their room.
- 3.6.7 As part of the monitoring process, two staff files were viewed, along with the volunteers. Both files contained 2 references, a signed contract of employment, a photograph of the staff member and up-to-date DBS. Both members had signed the Working time Regulation Opt out.
- 3.6.8 Both files held an interview record and a scoring system is used to identify the correct candidate for the role. Whilst viewing the application forms, no gaps in employment were identified.
- 3.6.9 The Manager advised that staff supervision is taking place and that at the time of the visit, 2 were due, with 4 being overdue by 1 month. Staff appraisal has just commenced but were not up-to-date at the time of the monitoring visits.
- 3.6.10 Staff sickness is monitored by using the Bradford Scoring system. For any individual

approaching or exceeding the set threshold, 1:1 meetings are held. There were no issues regarding sickness at the time of the monitoring visits.

3.7 Observations

- 3.7.1 During the course of the monitoring process, staff were observed to have good relationships with the residents. Sharing personal information about their families and knowing details of the residents they are assisting.
- 3.7.2 Residents were asked about life at the home and the visiting officers received good, positive feedback. The visiting officers spoke with some new residents and again they advised that they were happy and that staff were “marvellous”. One resident who has been at Parklands for some time, advised that she was happy with her room and the care provided; however, should they have a complaint, they would not hesitate in referring matters directly to the Manager.
- 3.7.3 Residents enjoy freshly cooked meals by the kitchen and the meal choices are conveyed to the resident’s mid-morning, in order that kitchen staff are aware of what meals have been chosen.
- 3.7.4 During the recent period of the Turn Around Manager being in post, it is evident that the home has improved its service delivery to the residents at Parklands. The atmosphere is more relaxed and staff appear to be more knowledgeable and accepting of responsibility.
- 3.7.5 Due to hard work of all staff at Parklands, on 30th April 2018, the staff were awarded the ‘Kindness in Care’ award, which was presented by the Area Director and Area Quality Director on behalf of Dr Chai Patel CBE FRCP.
- 3.7.6 The home continues to be friendly and inviting, with families visiting their loved ones on a regular basis. There is no restriction on the number of visitors and they are welcome to par-take in any of the activities.

3.8 Environmental

- 3.8.1 The home is decorated to a high standard and is clean and tidy throughout, with no malodours.
- 3.8.2 There is a coffee area at the front of the home, which is used by residents/families, staff training and for visiting professionals.
- 3.8.3 The Manager’s officer has moved from the front of the home, more toward the lounge area in order to be more accessible for staff, residents and families. With a quiet room for staff studying/training just opposite. All files are stored securely.
- 3.8.4 The doors to individual bedrooms have a photograph of the resident with their name. The bedrooms consist of a bed, wardrobe and small cabinet with T.V. and the residents decorate their rooms to meet their own taste/requirements. One individual requested a dividing curtain in order that she may have privacy when using the commode; the home accommodated this request immediately.
- 3.8.5 There is a small coffee area upstairs, with facilities readily available, which again is

accessible for all to use.

4 Corrective and Developmental Actions

4.1 Corrective

- 4.1.2 Personal Plans to be signed by the resident or family member/representative to evidence participation in the completion of the documentation.
- 4.2.3 For Diet Notifications to be reviewed as detailed and for appropriate signatures and dates to be entered.
- 4.2.4 For staff to receive timely supervisions and appraisals.

4.2 Developmental actions

- 4.2.1 For staff to continue to take ownership and responsibility for duties undertaken when providing personal centred care.
- 4.2.3 For the Manager/Deputy Manager to share with the Local Authority any compliments received.

5 Conclusion

- 5.1 The home has undergone some managerial changes in the last year and in recent months the home has been under the management of a Turn Around Manager. The home is now at a level where staff are undertaking their duties with a level of responsibility and have more of an understanding of why certain duties are required. However, during the monitoring process, staff have always been observed to have been warm and caring toward the residents.
- 5.2 Routine monitoring will continue at Parklands Care Centre and the Monitoring Officer would like to thank all involved for the hospitality shown during the visits.

Author: Caroline Roberts

Designation: Contract Monitoring Officer

Date: 9th August 2018

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.