

# CAERPHILLY COUNTY BOROUGH COUNCIL, DIRECTORATE OF SOCIAL SERVICES

## COMMISSIONING TEAM

### CONTRACT MONITORING REPORT

<b><u>Name/Address Of Provider:</u></b>	Rachel Kathryn, Argoed
<b><u>Date of Visit:</u></b>	Thursday 23 May, 2019, 9.30 a.m. – 2.00 p.m.
<b><u>Visiting Officer(s):</u></b>	Andrea Crahart, Contract Monitoring Officer, Caerphilly CBC
<b><u>Present:</u></b>	Claire Hobbs, Registered Manager Dawn Hobbs, Responsible Individual (present at the start of the visit)

## **1. Background**

- 1.1 Rachel Kathryn is a small, 2-storey property which is home to people with a learning disability, physical disability, mental health issue or older persons. It is set in a quiet residential area of Argoed on the outskirts of Blackwood. At the time of the visit there were 4 residents living at the property (funded via Caerphilly Borough Council).
- 1.2 The Home's latest Care Inspectorate Wales (CIW) inspection report was published in July 2018. A number of areas of non compliance were identified, such as, the administration of medication, Care Plan Reviews, review of quality of care, notifications alerting to events, and visits by the Registered Provider. An update regarding progress with these areas was received from the Manager.
- 1.3 The previous CCBC Commissioning monitoring visit was carried out in April 2018 where a number of corrective actions were identified. The review of these actions is outlined under section 2 of this report.
- 1.4 Dependant on the findings within the report, corrective and developmental actions will be given to the provider to complete. Corrective actions are those which must be completed (as governed by legislation etc), and developmental actions are those which are deemed good practice to be completed. A Contract Monitoring Tool was completed for the purposes of undertaking the monitoring visit.

## **2. Previous Recommendations**

### **2.1 Corrective Actions**

- 2.1.1 Training matrix to reflect if manual handling training takes place on an annual basis as well as 3 yearly. **Timescale: Within 1 month. Not met.**
- 2.1.2 Personal Evacuation Plans for all residents to be signed up to by all staff working at Rachel Kathryn. Timescale: within 1 month. *RISCA Reg. 57. Action met.*

- 2.1.3 Bed rail consent to be signed up to by resident (LT), information to be incorporated into the person's Personal Plan and reviewed on a regular basis. Timescale within 2 months. *RISCA Reg. 14.* **Action met.**
- 2.1.4 Personal Plan to be updated to include care delivered in relation to foot, hand and oral hygiene. Timescale: within 2 months. *RISCA Reg. 15.* **Action met.**
- 2.1.5 Manual Handling plan to be signed up to by all existing staff team, and on an ongoing basis. Timescale: within 1 month. **Action met.**
- 2.1.6 To ensure that the heating in the conservatory is at a suitable temperature which is comfortable for people to occupy. Timescale: within 3 months. *RISCA Reg. 43/44.* **Action met.**
- 2.1.7 To ensure the training matrix is kept up to date. Timescale: within 1 month. *RISCA Reg. 34.* **Action met.**

### **3.0 Responsible Individual**

- 3.1 Rachel Kathryn was re-registered with CIW in July 2018, in line with the Regulation and Inspection (Wales) Act 2016. It was confirmed that the Responsible Individual (RI) for the service visits Rachel Kathryn on a regular basis. As part of this role there is an expectation that the RI will produce quarterly reports to report regularly on the service and its quality. It was evident these reports had been compiled since the service re-registered and included direct feedback from individuals using the service, staff and some identified actions.
- 3.2 The Home's Statement of Purpose was requested and evidenced that this had been reviewed very recently. This document is required to be updated following any changes to the service and reviewed on an annual basis.
- 3.3 The contingency plan that would be put in place should the Responsible Individual and Manager be absent would be for the Senior Carer to cover in their absence.
- 3.4 The Home's mandatory Policies and Procedures were viewed following the visit (e.g. Safeguarding, Staff support and development, Complaints etc.). However, not all of the mandatory policies were made available. All Mandatory Policies and Procedures should be present and include a date when they were last reviewed with a planned future review date.

### **4.0 Registered Manager**

- 4.1 The Manager is registered with Social Care Wales, and manages another small residential home within Caerphilly borough, which is also registered and monitored by the Commissioning Team.
- 4.2 The property has CCTV, which is situated in the outside area of the property/drive way. Consent from individuals is therefore not a requirement because it is located outside.
- 4.3 At the present time the Manager confirmed that there were no concerns with the building i.e. the lift is in working order, and serviced regularly; there is hot running water etc.

- 4.4 The Manager ensures that notifications (Regulation 60's) are forwarded to CIW and the Commissioning Team when significant events occur.

### **3. Findings From Visit**

#### **3.1 Personal Plans (Service Delivery Plans)**

- 3.1.1 Resident's files are stored in a suitable lockable cabinet in the Home.
- 3.1.2 The Personal Plan (Service Delivery Plan) within a file was very descriptive about the person's needs, was person centred and split into routines which are required for various times of the day (i.e. morning, lunch, tea, evening and night time).
- 3.1.3 Reviews directly with the resident had taken place regularly to obtain the resident's views/comments of the service e.g. how they are feeling, whether there are any concerns/issues, if anything requires changing.
- 3.1.4 It was evident that health care appointments are taking place e.g. GP, District Nurses visit twice a day, eye appointments are held at the Royal Gwent Hospital etc.

#### **3.2 Risk Assessments**

- 3.2.1 Risk Assessments were present for areas of presenting risk e.g. pressure ulcer management, lighting a cigarette unsupervised etc. These Risk Assessments had not been reviewed on a regular basis to ensure that they are still relevant and accurately reflect the person's current needs. They should be reviewed on a 3 monthly basis, or sooner if required.
- 3.2.2 An appropriate Risk Assessment had been completed in relation to bed rails which were required in this instance.

#### **3.3 Complaints and Compliments**

- 3.3.1 Rachel Kathryn have a robust Complaints policy in place to be followed if a complaint were to be made.
- 3.3.2 In the event that any complaints are received, the Registered Manager would be responsible for processing and auditing these.

#### **3.4 Staffing**

- 3.4.1 The staff team have experienced some changes over the previous year, and the Manager has recently recruited a new experienced senior carer.
- 3.4.2 Staffing levels are re-considered when a staff member leaves, during periods of sickness and in line with the needs of the residents.
- 3.4.3 The Home continues to benefit from a quite a consistent and stable staff team, with a relief member of staff being employed to cover for staff absences etc. During

periods of sickness the Manager is able to utilise staff from a sister home within the borough.

- 3.4.4 Two staff files were checked and were clearly indexed, and included a recruitment checklist. Files included the majority of information required i.e. 2 written references, a job description, detailed application form, photograph, training certificates, DBS (Disclosure and Barring Service) information. However, interview records were absent for one of the files and although Contracts of Employment were present on both files, one remained undated. These areas were brought to the attention of the Manager during the visit who agreed to rectify.

### 3.5 Training

- 3.5.1 The Home's training matrix was examined, and it was evident that it had been updated since the previous monitoring visit. Staff had attending mandatory training, such as, Manual Handling, Food Hygiene, Safeguarding, Infection Control, First Aide, Medication Awareness and Challenging Behaviour.

- 3.5.2 Other training accessed, which is non-mandatory included the Mental Capacity Act, Deprivation of Liberty Safeguards, Fire Awareness, Health and Safety, Pressure Care, Sensory Loss, Stroke Awareness and Epilepsy Awareness.

- 3.5.3 Training continues to be accessed via the CCBC/Blaenau Gwent Learning & Development Workforce (which is face to face training), one to one tuition/group sessions via a local Domiciliary Care agency (for new employees), and Train the Trainer group sessions (Manual handling, Safeguarding, First Aid), which is undertaken by the care home's Registered Manager. E-learning is accessed for training such as DoLS (Deprivation of Liberty), pressure relieving techniques, epilepsy, challenging behaviour, infection control and stroke awareness. The Manager relayed that some difficulties had been experienced in accessing training in a timely way due to demand, however staff are now able to access training via another provider.

- 3.5.4 The Manager had an understanding of the requirement for carers to register in the future and the transition from the Social Care Wales Induction Framework (previously Care Council) to the 'All Wales Induction Framework' that was introduced in April 2018. The Manager was encouraged to access the Social Care Wales website in order to gain further knowledge of these. All current staff have either achieved an NVQ/QCF qualification in social care, or are working towards one.

### 3.6 Supervision And Appraisal

- 3.6.1 The Supervision/Appraisal matrix had not been provided, therefore the Monitoring Officer was unable to determine if supervisions and appraisals for all staff were being held, in line with CIW regulations. However, it was evident from a file viewed that a session for a new member of staff had been held following their probation period. Supervision sessions on a 1:1 basis should be held on a quarterly basis and appraisals on an annual basis.

## 4. Quality Assurance

### 4.1 Service user/Stakeholder feedback

- 4.1.1 Service user and stakeholder feedback continues to be gathered in order to shape the service. Following a CIW inspection, the Home have developed this further to include the reports written by the Responsible Individual, staff meetings, service user/family meetings, the Annual Development Plan, complaints/compliments, Regulation 60 notifications and accidents etc.
- 4.1.2 Changes that have been made, based upon the feedback include providing more social support, therefore allowing people to access the community. Plus, a more robust medication folder has been implemented.

#### 4.2 Managing Resident's money

- 4.2.1 Where individuals are unable to manage their own finances the Home need to ensure they have robust processes in place to manage these effectively. Records of transactions (income and expenditure) were viewed and although information was clearly documented, at present only 1 person was signing against each transaction, however in line with CCBC policy there should be 2 signatures. This was discussed with the Manager who confirmed that this was an area she intended to change as soon as possible.
- 4.2.2 The record sheet viewed indicated that receipts for purchases made were being obtained and these were being referenced.

#### 4.3 Fire Safety

- 4.3.1 The most recent Fire Risk Assessment was undertaken in September, 2017, having been reviewed in December 2018. A number of actions that resulted from this assessment have been completed.
- 4.3.2 A Fire Safety log book was viewed which indicated that the most recent fire drill had taken place in April 2019. There is an expectation that these are undertaken twice yearly unless the Fire Risk Assessment specifies differently.

### **5.0 Home Environment**

- 5.1 Areas of the Home seen during the visit were clean and tidy and had been well maintained. There were no malodours noted in any areas.
- 5.2 There is an outside shed that people can use to smoke if they choose to, and people also have access to the large garden.
- 5.3 Rachel Kathryn has a large conservatory that can be used as a quiet lounge if any residents wish to talk with a visitor(s) without having to go to their own bedrooms etc. and can be used by staff for meetings/supervision etc. Previously this room had been noted to be quite cold, and too warm during hot weather. However, the provider had made progress in rectifying this issue by adding tiles to the roof. The Manager confirmed that the room is much improved as a result. During the previous year a new stair carpet had been fitted also.
- 5.4 Suitable locks are fitted to bathrooms and bedrooms (i.e. bolts have been removed and locks fitted which will allow these doors to be opened from the outside, in the event of an emergency).

## **6.0 Contract Monitoring Officer Observations and Comments**

- 6.1 There were no issues with the general appearance of the individuals who were home at the time of the visit.
- 6.2 There were no issues with regard to safety, cleanliness and comfort in the Home.
- 6.3 Staff enjoyed a good rapport with the individuals cared for.

## **7. Corrective / Developmental Actions**

### **Corrective Actions**

- 7.1 Risk Assessments to be undertaken on a 3 monthly basis (or sooner, if required) to ensure that they are kept up to date and reflective of the person's needs (CJ), and to be applied to other individuals also. **Timescale: Immediately and on going.**
- 7.2 Interview records to be located and placed on the staff member's file, in addition to dating the Contract of Employment, by both parties. **Timescale: Within 1 month.**
- 7.3 Manual Handling (practical training) yearly refreshers to be undertaken for staff who require this and for the training matrix to be updated accordingly. **Timescale: Within 6 months.**
- 7.4 Mandatory Policies and Procedures (Reg. 12) to be reviewed to ensure they are up to date and reflect the service being delivered, and to include a planned review date (usually annual or sooner). **Timescale: Within 3 months.**

### **Development Actions**

- 7.5 To view the Social Care Wales website to understand the future arrangements for registering carers and the new All Wales Induction Framework for new carers. **Timescale: Within 24 months.**

## **8. Conclusion**

- 8.1 Rachel Kathryn continues to have a very relaxed, happy and homely atmosphere, where individuals benefit from effective interactions with staff.
- 8.2 Good progress had been made with meeting the actions identified from the previous monitoring visit, and further actions identified during this visit will be checked in future visits.
- 8.3 The Contract Monitoring Officer would like to take this opportunity to thank the staff and residents at Rachel Kathryn for their time and hospitality.

**Author:** Andrea Crahart  
**Designation:** Contract Monitoring Officer  
**Date:** June 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 residents and/or their families should they ask to see them.