

CAERPHILLY COUNTY BOROUGH COUNCIL DIRECTORATE OF SOCIAL SERVICES
COMMISSIONING TEAM

CONTRACT MONITORING REPORT

Name/Address Of Provider: Springfield Residential Home

Date/Time Of Visit: Thursday 11 July, 9.30 a.m. – 12.30 p.m.

Visiting Officer(s): Andrea Crahart, Contract Monitoring Officer, CCBC

Present: Nicola Mullins, Registered Manager
Mr. John Cole, Responsible Individual

1. Background

- 1.1 Springfield Care is a residential Home accommodating younger adults who have a learning disability. The service is owned by the Proprietor/Responsible Individual, Mr. John Coles, and the Registered Manager is Nicola Mullins, who is registered with Social Care Wales (social care workforce regulator).
- 1.2 Springfield Residential Home is a very large, detached house, situated in attractive and well maintained grounds in Gilfach. The Home is registered with Care Inspectorate Wales (CIW) to provide accommodation and support for 5 people. At the time of the visit there were 5 people living at the home; 4 funded by Caerphilly CBC, and 1 person funded by Cardiff City Council.
- 1.3 As in recent years, no complaints or safeguarding referrals have been received over the previous year.
- 1.4 The most recent Care and Inspectorate Wales (CIW) inspection report (dated June, 2019) identified a number of recommendations for improvement. These were discussed during the visit.
- 1.5 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), and developmental actions are good practice recommendations.

2. Previous Recommendations

Corrective actions

- 2.1 To add a space for the 'month' to be added to the application form in order that unexplained gaps in employment history can be captured and questioned.
Timescale: within 3 months. **Not met.**

- 2.2 Staff recruitment documentation to be promptly and routinely stored on staff member's files. To include a file index and sections to make information easier to locate. **Timescale: Within 3 months and on going. Progress had been made with this action by the end of the monitoring episode. (Regulation 35, RISCA).**
- 2.3 Staff references to always be verified by the manager as part of the recruitment process. **Timescale: Immediately and on going. (Regulation 35, RISCA). To be checked on future monitoring visits.**
- 2.4 Personal Plans (Service Plans) to be reviewed on a 3 monthly basis as opposed to 6 monthly, in line with the new Regulation and Inspection of Social Care (Wales) Act 2016. **Timescale: Immediately and on going. (Regulation 16, RISCA). Action met.**
- 2.5 Risk Assessments to be brought up to date, reviewed regularly and signed up to by all staff. **Timescale: Within 3 months and on going. (Regulation 16, RISCA). Partly met, and to be checked on future monitoring visits.**

Developmental

- 2.6 To compile guidance for individuals, who do not currently have this in relation to e.g. their likes/dislikes, triggers that lead to behaviours and how to manage these etc. **Timescale: Within 3 months. Action met.**
- 2.7 Policies/Procedures (non mandatory) to be updated and reviewed on an ongoing basis. **Timescale: On going. To be checked on future monitoring visits.**
- 2.8 Complaints policy to be re-visited to determine if the time to respond to a complainant is adequate/meets the needs of the service. **Timescale: Within 2 months. Action met. (Policy altered to respond within 72 hours with the aim to resolve the complaint within 7 working days).**

3. Responsible Individual

- 3.1 The service was re-registered with CIW in October, 2018. The Responsible Individual (RI) for the service is required to produce quarterly reports to provide information regarding the services performance and quality. Recent reports were viewed which indicated that information had been gathered for the last 3 quarters of the year.
- 3.2 It was evident that the Home's Statement of Purpose had recently been updated. This document is required to be updated on an annual basis, or more frequently if there are changes that need to be applied.
- 3.3 Previously the Home's Policies and Procedures had been viewed to ensure that the key/mandatory policies were present and up to date. There is an expectation that these are reviewed on an annual basis, or sooner if there are changes that need to be made.

- 3.4 The RI confirmed that the contingency plan in the event that he and the Registered Manager are unavailable would be that senior care workers would cover the service in the interim.

4.0 File and Documentation Audit

- 4.1 An individual's file was viewed in order to determine if information was person centred and comprehensive in detail. It was evident that there was much improvement from previous visits. The individual's Personal Plan (Service Plan) included more detail than previous e.g. tasks were broken down into detail – 'staff will hand me a flannel to wash myself, but I will need staff to help me wash and dress as I cannot reach my back etc.' 'I can brush my teeth myself but I need help from staff to brush the ones at the back'. The Personal Plan also included the person's likes/dislikes and triggers to challenging behaviours, in order to guide the staff member and support the individual.
- 4.2 The Personal Plan had been signed up to by the individual receiving the care/support, the keyworker and the Registered Manager.
- 4.3 The provider is aware that Personal Plans and suitable Risk Assessments need to be reviewed on a 3 monthly basis in order to ensure that they are kept up to date. In order to ensure that all staff understand and are aware that this information has been updated staff are encouraged to sign up to the changes on a regular basis.
- 4.4 It was evident that medical appointments had been undertaken e.g. dental check up appointments, reviews with the doctor etc.

4.1 Service user and stakeholder feedback

- 4.1.1 There is now an expectation that Quality Assurance feedback will be obtained on a 6 monthly basis. It was evident that the RI had recently conducted a survey, inviting feedback from service users using the service, staff, family and stakeholders, and an analysis of the feedback received.

4.2 Training

- 4.2.1 It was evident from the Home's training matrix that there is a range of training available to staff, and that apart from dementia awareness training this was up to date. Staff have also taken up opportunities to attend non-mandatory courses such as fire safety, health and safety, autism and epilepsy.
- 4.2.2 Over the course of the year arrangements have been made for all staff to undertake the Manual Handling Passport training, some have attended and others are due to attend in the very near future. This was necessary in order to meet the needs of one of the individuals cared for.
- 4.2.3 The Manager is aware of the revised staff induction programme (All Wales Induction Framework) and the requirements of this, in addition to the need for carers to register with Social Care Wales in April 2022. All the current staff team

have a QCF Level 2 or 3 in Social Care and therefore will be able to 'passport' through the registration process. The Registered Manager holds the QCF Level 5 qualification.

4.2.4 Training courses are accessed via a variety of training resources i.e. Caerphilly/Blaenau Gwent Workforce Development Team, E-learning and Boots the Chemist.

4.3 Staffing

4.3.1 The Registered Manager has not had cause to recruit any additional staff since the previous meeting held in July 2018, therefore the improvements that were highlighted from previous staff file checks were unable to be checked on this occasion. It was evident during the previous monitoring visit that recruitment documentation/file index and sections that had been absent were added to staff files by the end of the visit.

4.4 Managing residents' funds

4.4.1 The financial records of one of the individual's supported were viewed. It was evident that transaction records were in place and that 2 signatures had been recorded for each transaction. In addition to receipts having been obtained, and had been referenced to the transaction records also.

4.5 Fire Safety

4.5.1 The Monitoring Officer was made aware that no accidents have occurred in the previous 12 months.

4.5.2 The most recent Fire Risk Assessment was completed by the RI in January, 2019. No recommendations appeared to have been identified at the time.

4.5.3 Staff and individuals supported had attended fire drills on a regular basis so far this year. The Registered Manager was encouraged to capture individual's names also in order that it would be known who had taken part in a drill and who required this on an ongoing basis.

4.5.4 Personal Emergency Evacuation Plans (PEEP's) were in place for all individuals within the Home, and were current. These were file on the Fire Safety file, and it was recommended that these are filed on the person's own care file also.

4.6 The Home Environment

4.6.1 People benefit from large accommodation with spacious rooms. The lounge and dining room areas that were viewed during the visit were clean, tidy and well maintained. In addition, the property is set in large grounds, with large gardens surrounding it which are well maintained.

4.6.2 The Home does not have a separate smoking room for individuals/staff to smoke.

4.6.3 There is an internal lift that is used for people who may require the use of this to move within floors.

4.6.4 There is no CCTV in operation, however there is a security alarm that is located outside the building in order to alert to any unexpected visitors.

4.6.5 In due course a new wet room will be fitted to one of the existing rooms on the ground floor. This is required to meet the needs of one of the individuals cared for.

5. Corrective / Developmental Actions

Corrective

5.1 Dementia awareness to be accessed for staff who have not received a refresher for some years. **Timescale: Within 3 months and ongoing.**

5.2 PEEP's for all individuals to be filed on their care file (filed on the Fire Safety file also). **Timescale: Within 1 month.**

Developmental

5.3 Staff to sign when changes/reviews have been made to Personal Plans/Risk Assessments. **Timescale: Within 1 month and ongoing.**

6. Conclusion

6.1 Springfield Residential Home continues to provide a welcoming environment for individuals, staff and visitors.

6.2 During the visit people were being taken out into the community to do various activities which they looked forward to.

6.3 There continues to be a stable and committed staff team, providing stability and continuity to the individuals living at the Home.

6.4 Much improvement has been made in ensuring that Personal Plans provide greater detail about the person and the support that is required, and these also provide information such as the person's likes/dislikes, triggers to behaviours etc.

6.5 The Contract Monitoring Officer would like to thank the Manager and her team for their time and hospitality during the monitoring visit.

Author: Andrea Crahart,

Designation: Contract Monitoring Officer

Date: July 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