

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

**CONTRACT MONITORING REPORT**

**Name/Address of Provider:** Trafalgar Park Residential Home, Heol Islwyn,  
Pontypridd Road, Nelson, CF46 6HG

**Date of Visit:** Friday 8<sup>th</sup> & Friday 15<sup>th</sup> February

**Visiting Officer(s):** Ceri Williams, Contract Monitoring Officer, CCBC  
Andrew Davies, Contract Monitoring Officer, CCBC

**Present:** Leah Mort, Manager, HC-One

**1. Background**

- 1.1. Trafalgar Park is a large property located on the outskirts of Nelson. The care providers are HC-One who took over the running of the home in November 2011.
- 1.2. The home is registered to provide Residential care and Dementia Residential care. There were no vacancies at the time of the visit.
- 1.3. The last CIW inspection was carried out in November 2018 and found six areas of non-compliance and two areas of improvement.
- 1.4. Dependant on the findings within the report, Trafalgar Park will be given corrective and developmental actions to complete. Corrective actions are those, which must be completed (as governed by legislation etc.), and developmental actions are those, which are deemed to be good practice.

**2. Previous Recommendations**

**2.1. Corrective actions**

- 2.1.1 Personal Plans are drawn up with the participation of the service user and signed by the service user wherever capable and/or representative. **(NMS 6.5)**  
**Timescale: Immediate & Ongoing – Partly Met**  
Some Personal Plans viewed were signed by the individual but others were not.
- 2.1.2 Formal supervisions to be carried out for all staff at least every two months **(NMS 24.3)**  
**Timescale: Immediate & Ongoing – Partly Met**  
See body of report.
- 2.1.3 Ensure staff are up to date with their mandatory training, and applicable non-mandatory training courses. **(NMS 23.1)**  
**Timescale: Immediate & Ongoing – Partly Met**  
See body of report.

- 2.1.4 Fluid charts to be completed in full to ensure residents are meeting daily fluid intake, if needed. **(NMS 7.1)**  
**Timescale: Immediate & Ongoing – Met**  
Improvements were evidenced in the completion of Food & Fluid Charts.

## 2.2 Developmental actions

- 2.2.1 Daily records to contain more detail, particularly in relation to the person's well-being and how they spent their day.  
**Partly Met**  
See body of report.

## 3. Findings from Visit

### 3.1 Documentation

- 3.1.1 A total of eight residents files were viewed during the visit. The files seen were clearly indexed and constructed to ensure information was easily accessible.
- 3.1.2 All files viewed contained the necessary pre-admission assessments for residents. Personal Plans and risk assessments were detailed and personalised and gave a good picture of the resident and their support needs.
- 3.1.3 Personal Plans viewed contained all needs identified on the care and support plans prepared by the local authority.
- 3.1.4 There were some anomalies in the files, mainly regarding Personal Plans being updated / reviewed but not following through on other care plans. We provided detailed feedback to the manager on each file which required amending, in order for the improvements to be actioned.
- 3.1.5 Reviews of Personal Plans are carried out monthly which is good practice. The review takes into account residents wishes, care team views and also seeks the views of resident's family / representative.
- 3.1.6 Some monthly reviews were comprehensive taking into account the previous month's daily recording. Other reviews could have been more comprehensive.
- 3.1.7 We found examples on file of both Personal Plans and risk assessments not being reviewed or updated after incidents or changes to care needs and containing conflicting information to other relevant Personal Plans on file.
- 3.1.8 However we also found evidence of Personal Plans being reviewed and amended in a timely manner to reflect changes in a residents care needs.
- 3.1.9 Some daily records were detailed and included information on how the resident had spent their day and information on well-being. Others though contained basic information such as 'safety maintained'.

- 3.1.10 Activity records are completed around once a month and are similar to the monthly reviews of the Activities Care and Support Plan so there is duplication. There were no regular daily records of activities. This was the case on all files viewed.
- 3.1.11 From viewing residents files it was evident that changes/deterioration relating to residents are being recorded and that the home are making referrals to the appropriate outside agencies for support with managing conditions. Referrals were seen made to Community Psychiatric Nurses, District Nurses and the Speech and Language Team.
- 3.1.12 Files contained a life history document called 'Getting to know you' which included details regarding, families, past occupation, religious beliefs etc. Personal Plans also contained good detail regarding likes and dislikes and preferred routines.
- 3.1.13 Files also contained evidence that people are consulted regarding end of life wishes with DNACPR's on file and also evidenced when not required.
- 3.1.14 There is a process in place within the home when a resident requires a Deprivation of Liberty Safeguards assessment. The manager was able to evidence the process from application to assessment and also for renewal.
- 3.1.15 Since the last monitoring visit changes have been made to the use of food and fluid charts at the home. Only residents who have been identified as needing monitoring now have these charts in place. This has led to improvements in the monitoring and use of food and fluid charts. The charts that were looked at during the visit were completed well and included targets and daily totals.
- 3.1.16 It was noted on some daily records and professional communication records that if staff are taking advice from professionals over the phone, on some occasions the professionals name had not been recorded. It is recommended that dates times and names of professionals are recorded when following, and acting upon, advice given regarding resident's care and support.
- 3.1.17 Some Personal Plans viewed were signed by the resident or their representative, evidencing involvement in the preparation of the plan however others did not.

## 3.2 Staffing

- 3.2.1 The staffing ratio of the home by day is made up of 3 x carers on residential and 2x carers on each dementia residential wing of the home with 2 seniors sometimes 3 on shift. In addition to this there are laundry, domestic, admin, management & maintenance – giving a total of 17 staff during the day. The night shift comprises of 6 x carers and 2 x seniors.
- 3.2.2 In addition to this the home employs an activities co-ordinator for 30 hours per week.
- 3.2.3 Two staff files were viewed during the monitoring visit. Both files were in good order and contained all the relevant documentation including detailed application form, interview record with scoring, photograph's of staff member and verified references.

- 3.2.4 The files also contained evidence of Disclosure and Barring Service checks undertaken.
- 3.2.5 The home has recently completed a full audit of staff files and the monitoring officers were shown a matrix, which evidenced that they are working towards completing, to ensure all staff files contain necessary information as required by legislation. Good progress was being made and it is hoped that this work would be completed shortly.
- 3.2.6 Staff were observed during the monitoring visit being very attentive to residents, singing, laughing and offering choice and encouragement to residents. Staff provided re-assurance and explanations to residents whilst carrying out care tasks.

### 3.3 Training & Supervision

- 3.3.1 Trafalgar Park use a mixture of classroom based learning and e-learning provided by in house trainers.
- 3.3.2 At the time of the visit training statistics for staff were good with 91% of staff up to date with mandatory training courses.
- 3.3.3 Staff are also required to complete training in non-mandatory courses in order to better understand and support the residents they care for. These included Dementia care, nutrition and hydration. At the time of the visit training statistics for these courses was 83% for staff.
- 3.3.4 The manager advised at the visit that all staff had been instructed to be up to date with e-learning modules within two weeks.
- 3.3.5 The supervision matrix was provided at the visit. Again this showed that a small number of staff (4%) had not received supervision every two months in line with National Minimum Standards.
- 3.3.6 The manager advised that all staff would have received supervision by the end of that week and was able to evidence clear planned dates for supervisors and supervisees for the remainder of 2019.

### 3.4 Facilities & Observations

- 3.4.1 There was a warm, relaxed atmosphere in the home, and we observed positive interactions between staff and residents throughout the day. Staff were observed offering choices and going with whatever residents wanted. There was plenty going on, with music playing, activities taking place, and singing and laughing heard throughout the day.
- 3.4.2 The home was clean and tidy throughout with no evidence of hazards or malodours.

- 3.4.3 Regular maintenance checks are carried out by the maintenance worker who will complete any necessary jobs and record them in the maintenance file. The home manager also carries out monthly maintenance spot checks.
- 3.4.4 The last fire safety assessment was completed in August 2018 with all recommendations completed.
- 3.4.5 The dining experience was observed and evidenced residents given two choices of meal. Residents advised that they enjoyed the meals provided. There were also snacks such as fruit, crisps and chocolates freely available within the home for residents to help themselves.
- 3.4.6 One resident spoken to told the monitoring officer that sometimes he would like a certain choice of meal. This was brought to the attention of the manager who agreed to explore mealtime options with the resident.
- 3.4.7 Residents rooms are clean, light and all have evidence of personalisation with personal effects, furniture and photographs.

### 3.5 Resident & Relative Feedback

- 3.5.1 A number of residents were spoken to throughout the visit with positive feedback received.
- 3.5.2 One resident provided detailed feedback to the contract monitoring officer. They advised they were happy living at the home and had no complaints about the care they receive.
- 3.5.3 They advised that staff are quick to respond to requests and that they can ask staff for anything and everything.
- 3.5.4 The resident told the monitoring officer that they enjoy the activities provided at the home and were looking forward to day trips during the summer months.
- 3.5.5 Two relatives were contacted for feedback regarding the home.
- 3.5.6 Both relatives confirmed that they always feel welcomed into the home when they visit and that the atmosphere and activities at the home are very good.
- 3.5.7 Both relatives confirmed they are aware of and have been invited to relatives meetings but neither have chosen to attend.
- 3.5.8 Both relatives confirmed that they are informed and consulted on the care and well-being of their relative that reside at the home and that they are kept informed about hospital appointments, changes in health etc.

3.5.9 Neither relative have had cause to raise any complaints or minor issues at the home and described staff as always helpful and would feel comfortable raising an issue with any of the staff if they had to.

### 3.6 Quality Assurance

3.6.1 A copy of the Q.A. report was provided to the monitoring officer. This is a working document which is updated with information and statistics throughout the year.

3.6.2 HC-One use a number of internal Quality Assurance systems and data is collected and audited through these systems on a daily, weekly and quarterly basis.

3.6.3 Daily manager walk arounds, staff meetings, relatives and residents meetings and annual surveys completed by stakeholders are also carried out as a means of collating information.

3.6.3 This data is analysed by the manager and area quality director and any identified areas of improvement are acted upon.

3.6.4 There is a daily handover process in place at the home which takes place at each shift change. During the handover information and updates are shared about residents, including any important changes.

3.6.5 The home also have a 'Resident of the Day' system in place. One resident is chosen on each unit and a senior carer will complete a monthly review of the residents care file and care needs.

## 4. Corrective/Developmental Actions

### 4.1 Corrective Actions

4.1.1 Personal Plans / Risk Assessments to be reviewed immediately and revised if necessary after any incidents, changes in care needs or deterioration in health and well-being of resident. (NMS 6.4)

Timescale: Immediate & Ongoing

4.1.2 Monthly reviews to evidence that information recorded on a daily basis relating to the individual has been taken into account. (NMS 6.4)

Timescale: Immediate & Ongoing

4.1.3 Personal Plans are drawn up with the participation of the service user and signed by the service user wherever capable and/or representative. (NMS 6.5)

Timescale: Immediate & Ongoing

4.1.4 Regulation 38's/60's and Duty to Report forms to be copied to CCBC Commissioning Department. (CCBC Contract)

#### 4.2 Developmental Actions

4.2.1 Daily records to contain more detailed information on resident's general health and well-being. This to include for example changes in mood, appetite, routines. This information to be used to form part of the monthly review.

4.2.2 Activities information to be recorded in daily records and not separately, preventing duplication.

4.2.4 Staff to record times dates and names when accepting advice regarding residents care and support over the telephone.

#### 5. Conclusion

5.1 Trefgar Park has recently appointed a new Manager and Deputy Manager and it is to be acknowledged that improvements have been made, and continue to be made, within the home. Good progress has been made on recommendations from the last CCBC Monitoring visit.

5.2 The majority of recommendations from the last monitoring report were only partly met. This is mostly due to some records and Personal Plans containing more details than others. It is accepted that this is due to the individual member of staff completing the records.

5.3 The monitoring visit was positive and there was a friendly welcoming atmosphere throughout the home.

5.4 The Contract Monitoring Officers would like to take this opportunity to thank the Manager and staff for their time and hospitality during the visit.

**Author:** Ceri Williams  
**Designation:** Contract Monitoring Officer  
**Date:** 05 April 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.

