

CAERPHILLY COUNTY BOROUGH COUNCIL
DIRECTORATE OF SOCIAL SERVICES

COMMISSIONING TEAM

CONTRACT MONITORING REPORT

Name/Address Of Provider: Try-Celyn Care Home, New Bryngwyn Road, Newbridge,
NP11 4NF

Date Of Visit: Wednesday 27th March and Monday 8th April 2019

Visiting Officer(s): Amelia Tyler: Contract Monitoring Officer
Andrew Davies: Senior Contract Monitoring Officer

Present: Michelle Flanagan: Registered Manager

1. Background

- 1.1 Try-Celyn Court opened 19th December 2016 and is owned by Wellcome Care Homes Ltd. It consists of two separate two storey buildings: One building is registered to accommodate 20 people and the other 27 people with a cognitive impairment.
- 1.2 At the time of the visit the contract monitoring officer was told there were 24 residents in total and 4 of these were funding their own care.
- 1.3 The purpose of the visit was to follow up on the recommendations made during the previous visit, to speak to the Manager, residents, visitors and staff working at the home.
- 1.4 Dependant on the findings within the report, corrective and developmental actions may 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. Relevant sections of the monitoring tool were completed for this provider during the visits.

2. Previous Actions (corrective/developmental)

- 2.1 Personal plans would benefit from being more detailed and person centred. Much improvement is required to ensure all plans reflect people's likes/dislikes and provide information that is pertinent to the individual to enable carers to support them well. The monitoring officer recommends that these are re-visited and improvements made as a priority (RISCA regulation 15). The original timescale given was by the 24th May 2017.
Partly met. 10 files were viewed as part of the monitoring visit and although it was felt that the plans were personal centred, these were not detailed enough for a new staff member or agency staff to provide care in the way the resident wishes i.e. it was stated that one resident no longer smokes, although the plan says they smoke approx. 20 cigarettes a day. Another plan commented that the

residents 'environment needs to be maintained' and it was not clear what this meant. The plans lack detail around what the person is able to do independently and with encouragement.

2.2 Personal plans should make allowance for the residents/representatives comments and view points to ensure they are part of the service planning process (RISCA regulation 16). The original timescale given was by the 24th May 2017.

Not met. There was no evidence of involvement from any other parties on the personal plans seen. In order to evidence compliance with the new regulations, the plans need to clearly reflect the involvement from the individual and any other representatives.

2.3 Personal plan reviews/evaluations are lacking detail. Improvement is required to ensure all aspects of the individual's care are part of the process (RISCA regulation 16). The original timescale given was by 24th May 2017.

Not met. A lot of the reviews seen were repetitive and did not provide an overview of the previous month. Most comments were generic and it was also noted on one file that the review did not comment on a CPN visit carried out on the 29.07.18 and the plan hadn't been updated.

2.4 All aspects of care to be written up in the form of a personal plan. Improvement is required to ensure all aspects of the individual's care are part of the process. (RISCA regulation 15). The original timescale was by the 24th June 2017.

Met. There was no evidence on the files viewed to suggest that any areas of care had been missed.

2.5 Body map on the second file to be completed and signed, dated with the outcome of any actions completed. The original timescale given was by the 24th May 2017.

Met. This had been implemented for the individual highlighted.

2.6 Photographs to be printed and held on file. The original timescale given was by the 24th June 2017.

Not met. There were 2 photos missing from 10 of the resident files viewed and 1 photo missing from 10 staff files. The Manager must ensure that each file has an appropriate photograph in place.

2.7 Activities suitable for people with dementia to be explored to ensure people are occupied and stimulated, inside and outside of the home (RISCA Regulation 21)

Partly met. There is an activities co-ordinator in place at the home who does as much as she can but it was acknowledged that all staff have been made aware of the expectation that they get involved with activities and spending time with residents. It was highlighted that some members of staff got involved with ball and balloon games with residents the previous week and it was advised that these could be captured in photographs as well as documented on file. The activities coordinator commented she had contacted some local schools and churches about making links and doing some joint work but has not yet had a response. It was evidenced in the minutes that activities had been discussed in the relatives meeting and the staff meeting.

2.8 Staff interview records to include a scoring system and suitable scenarios to challenge a candidate's suitability to the role (RISCA regulation 35). The original timescale given was by the 24th July 2017.

Not met. Not all files viewed contained interview records and those that did contained only basic information. The majority had only been signed by 1 interviewer and it was stated that it is good practice for there to be a minimum of 2 interviewers for all interviews. There was no clear scoring system and there were no suitable scenarios given despite this being recommended to the previous manager.

2.9 The interviewer to explore any unexplained gaps in employment with the candidate prior to recruiting (RISCA regulation schedule 1 part 1). The original timescale given was immediately and ongoing.

Not met. It was noted that there was a gap of 4 years from 2010 - 2014 on one file and no application forms were present on two of the other files seen so it was not possible to determine whether there were any gaps.

2.10 Contracts of employment to be printed and signed up to by all members of staff and copies placed on individual files. The original timescale given was by 24th June 2017.

Not met. There were a number of files that did not have employment contracts and others that had not been signed and dated.

2.11 Mandatory and non-mandatory training to be updated to ensure members of staff are competent to carry out their role (RISCA regulation 34). The original timescale given was by the 24th May 2017.

Not met. It was noted that there were a lot of staff members that needed to attend refresher training and this had been picked up by the new manager and was on the managers' action plan. The contract monitoring officer provided the manager with the contact details for the workforce development team that will be able to assist with the more pertinent courses.

2.12 The home is encouraged to make Try-Celyn a stimulating environment for people and offer people ways of being meaningfully occupied (RISCA regulations 43 and 44)

Partly met. It was acknowledged by the contract monitoring officer that items had been purchased to help make the environment more dementia friendly. It was recorded in the minutes that this had been discussed at the relatives meeting and they were asked if there was anything they could donate to assist in making the environment more stimulating. It was highlighted that residents who usually stay in their room will be encouraged to participate in communal activities, but if they don't want to, carers will try to engage them in an individual activity such as a puzzle, reading a newspaper or a game of dominoes.

3. Findings from visit

3.1 Responsible individual

3.1.1 A copy of the quarterly report dated 18.12.18 was seen and it is requested that a copy of the most recent report is forwarded to the commissioning team.

- 3.1.2** The statement of purpose was last reviewed in March 2018 and had not needed to be updated. The manager is to review this document and update it with accurate information following the appointment of new staff members i.e. administrator and manager.
- 3.1.3** It was discussed that all the policies and procedures need to be reviewed and updated where appropriate. It is good practice to write the date of the review, date of next review and the name and designation of the author on each of these policies. These are to be reviewed and emailed to the commissioning team.
- 3.1.4** In the event that the responsible individual and the manager are absent at the same time for a prolonged period, it was stated the deputy manager would take on the manager's role with support from the HR manager of wellcome homes.
- 3.2** Registered manager
- 3.2.1** The manager said there is CCTV in building 1 (Daffodil) but building 2 (Poppy) is yet to be set up. This monitors all communal areas and the outside of the property. There is a sticker in place as you enter the building informing visitors that there is CCTV in place. The senior contract monitoring officer recommended that all staff need to sign up to this as confirmation that they have been made aware.
- 3.2.2** It was stated that residents are able to change the temperature in their room and windows can be opened although there are restrictors in place to prevent them from opening too far.
- 3.2.3** Discussion was held around the manager's registration and it was confirmed that she only manages the one service. Although the manager has met with the responsible individual and a lot of communication is held through email, there had not been any formal supervision sessions held and there were no planned dates. These need to be carried out in order to comply with the new legislation.
- 3.2.4** There were some outstanding DoLS applications that had to be submitted and the manager was going to complete this as a priority.
- 3.3** Staff questionnaire
- 3.3.1** A member of staff was spoken to as part of the visit and they were able to demonstrate a sound understanding of the needs of the residents. It was explained that they had recently returned to work after having some time off but stated that she does feel improvements are being made.
- 3.3.2** Although the carer said she doesn't have as much time to spend interacting with residents or taking them out in the community as she would like, this was getting better than it had been previously. They stated that they were able to share things about themselves and their lives with residents.
- 3.3.3** A discussion was held around a particular resident and it was evident there was a thorough understanding of their support needs and what their preferences are i.e. 'likes

football and horses. Although they need help mobilising by 2 care staff, only 1 person is to speak to him at any time, otherwise it can cause confusion and distress'.

3.3.4 It was explained that there was only 1 resident at the time of the visit who had difficulty communicating and would sometimes not respond to people and in these situations, the carer said that they will leave him and try again after a short period.

3.3.5 The carer said they could be flexible in their role and they have opportunity to sit and 'be' with residents. When asked what sort of activities they would do if they had a spare 5 minutes, they said they would do a jigsaw puzzle, chat, play with a balloon or put on some music and dance. It was also mentioned that the manager and deputy manager are often out working directly on the floor and are approachable for any advice or concerns. The carer did not have any issues with the running of the home at the time of the visit.

3.3.6 When asked about safeguarding and what actions they would take if they witnessed any poor practice or abuse, the carer said they would take the perpetrator to one side and explain what they did wrong and then report it to the manager. If it was the manager they had concerns with, they would then report it to the owner.

3.4 Resident questionnaire

3.4.1 One resident was spoken to in her room during the visit: it was observed that she was eating her lunch in her room. When asked how she spends her day, she stated that she doesn't do much and spends a lot of time watching TV in her room. Staff members do try to engage her with activities, but she explained that she doesn't wish to participate because she isn't able to hear very well.

3.4.2 The contract monitoring officer was informed that the food is quite nice but can be a bit repetitive. It was stated that she doesn't have any favourite meals and doesn't really have much of an appetite. There were no foods that she could think of that she doesn't have at the moment.

3.4.3 Although Try-Celyn Court doesn't really feel like home, she explained this would be the case in any residential setting and said she was as settled and comfortable as possible.

3.4.4 Although she said that she doesn't have the opportunity to go out anywhere she does have friends and family that visit. The resident stated the carers are all very good and very kind to her and she is able to talk to them about anything. She had no issues or complaints she wished to raise, but accepted that this is where she lives now.

3.5 Relative questionnaire

3.5.1 Two relatives were spoken to in order to gain feedback on the home: both told the contract monitoring officer they are always made to feel welcome at the home. When asked to describe the atmosphere at the home, both relatives mentioned it depends on who is working and that some carers can be 'preoccupied'.

3.5.2 Both relatives commented that they had attended a meeting with the manager and were positive about the planned changes. Neither relative felt very comfortable in

getting involved in activities or daily life e.g. making themselves a cup of tea or supporting their relative to do this, helping with the gardening, joining their relative for a meal etc.

3.5.3 During the conversation both relatives said they had not previously been kept informed of any changes to health, appointments or medication. This is another issue that has been acknowledged by the new manager and clear agreements need to be recorded for each resident to ensure clear, appropriate communication.

3.5.4 It was noted that both relatives felt confident in going to the manager if there were any concerns or complaints. In the past, one relative said that they previously had to raise an issue a few times before it was resolved but was eventually sorted out (this was prior to the new manager being appointed).

3.4.5 The contract monitoring officer asked if there was anything they would change about Try-Celyn Court and they both felt that more staff would have a positive impact. It was discussed that by having additional staff there would be more time for interaction, activities and stimulation for the residents and by having more staff and more time, communication would also improve.

3.5 Supplementary charts

3.5.1 4 files were looked at in relation to the supplementary files and it was noticed that there were some gaps in weight recording and it was not clear if this was due to the resident refusing and not all weight recordings had been appropriately signed. Some files did not have any comments beside the weight and whether or not this had been a loss or a gain etc.

3.5.2 Some food and fluid intake charts and simply recorded 'buffet food' or 'Sunday dinner' instead of providing an accurate record of what they had actually eaten.

3.5.3 Staff need to be mindful of their recording and interpretation of what is being written i.e. one carer had written 'very punchy and verbally aggressive towards staff so left in bed today': the contract monitoring officer highlighted that it could appear that the individual was being punished rather than highlighting any possible triggers and if any distraction techniques had been tried.

3.5.4 Discussion was held around the Bristol stool chart and it was suggested that something be put in place to inform staff of when an issue needs to be escalated e.g. has not had bowels open for more than 3 days, over 24 hours with type 1 or type 7 stools etc.

4. Corrective Actions / Developmental actions

4.1 Corrective actions

4.1.1 Manager to have appropriate supervision with the responsible individual and dates of planned supervisions to be forwarded to the contract monitoring officer. Deadline 11th May 2019

- 4.1.2** A copy of the most recent quality assurance visit completed by the responsible individual to be forwarded to the commissioning team. Deadline 11th May 2019
- 4.1.3** Policies and procedures (listed on the monitoring template) are to be reviewed, updated and shared with the commissioning team. Deadline 28th October 2019
- 4.1.4** Personal plans would benefit from being more detailed and person centred. Much improvement is required to ensure all plans reflect people's likes/dislikes and provide information that is pertinent to the individual to enable carers to support them well. The monitoring officer recommends that these are re-visited and improvements made as a priority (RISCA regulation 15). Deadline 31.05.19.
- 4.1.5** Personal plans should make allowance for the residents/representatives comments and view points to ensure they are part of the service planning process (RISCA regulation 16). Deadline 31.05.19
- 4.1.6** Personal plan reviews/evaluations are lacking detail. Improvement is required to ensure all aspects of the individual's care are part of the process (RISCA regulation 16). Deadline 31.05.19
- 4.1.7** Photographs to be printed and held on file. Deadline 01.05.19
- 4.1.8** Activities suitable for people with dementia to be explored to ensure people are occupied and stimulated, inside and outside of the home (RISCA Regulation 21). Deadline 01.05.19
- 4.1.9** Staff interview records to include a scoring system and suitable scenarios to challenge a candidate's suitability to the role (RISCA regulation 35). Deadline 01.05.19
- 4.1.10** The interviewer to explore any unexplained gaps in employment with the candidate prior to recruiting (RISCA regulation schedule 1 part 1). Deadline 01.05.19
- 4.1.11** Contracts of employment to be printed and signed up to by all members of staff and copies placed on individual files. Deadline 01.05.19
- 4.1.12** Mandatory and non-mandatory training to be updated to ensure members of staff are competent to carry out their role (RISCA regulation 34). Deadline 07.06.19
- 4.1.13** The home is encouraged to make Try-Celyn a stimulating environment for people and offer people ways of being meaningfully occupied (RISCA regulations 43 and 44). Deadline 07.06.19
- 4.2** Developmental Actions
- 4.2.1** A written agreement to be held detailing how and when relatives should be contacted following any incidents, changes to health, appointments etc. Where possible, this should be with the consent of the resident and if not, a clear reasoning should be recorded.
- 4.2.2** The manager to confirm that all necessary DoLS applications have been made.

4.2.3 Brief guidance to be put in place to notify staff when to escalate concerns following the Bristol stool chart.

4.2.4 All members of staff to be mindful of the language used in their recordings and to be clear in order to minimise the chance of comments being misinterpreted.

5. Conclusion

5.1 It was acknowledged that there are some actions that have been outstanding for up to two years with little evidence of progression, however, the new manager was appointed on the 4th March 2019 and has already identified what needs to be completed and how. It was positive to note that she had completed an action plan with deadlines for various tasks.

5.2 There are a number of actions included in this report, most of which have also been included in the managers action plan. It was agreed that the appointment of an administrator will assist in the completion of a lot of the work required.

5.3 This report is supplementary to other meetings and action plans that have been shared previously but captures all the main themes for the responsible individual and manager to work towards.

5.4 The Contract Monitoring Officer would like to thank the manager, staff team and residents for their time and hospitality during the monitoring visits.

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Date: 24th 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.