

CAERPHILLY COUNTY BOROUGH COUNCIL, DIRECTORATE OF SOCIAL SERVICES

COMMISSIONING TEAM

CONTRACT MONITORING REPORT

Name of Provider: Riverwood Housing

Name of Service: Ty Afon House Residential Home

Date of Visit: Monday 13 January, 2020, 9.30 a.m. – 1.00 p.m.

Visiting Officer: Andrea Crahart, Contract Monitoring Officer

Present: Leanne Woodward, Registered Manager
Rebecca Hemmings, Responsible Individual

1. Background

- 1.1 Ty Afon House is a three bedded home, located in a quiet residential area of Blackwood. Currently, one person who is funded by Caerphilly County Borough resides at this property with two other people, who are funded via other Local Authorities.
- 1.2 The Contract Monitoring Officer continues to monitor this residential home in line with Commissioning Team's monitoring arrangements.
- 1.3 No Safeguarding or issues/concerns have been received during the previous year.
- 1.4 The Manager of the service is registered with Social Care Wales (a regulatory body that sets standards for the care and support workforce).
- 1.5 The Home's Statement of Purpose and Service User Guide had been reviewed in April 2019 and were due to be reviewed again in April 2020. An 'easy read' Service User Guide was also available.
- 1.6 Dependant on the findings within the Contract Monitoring 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 to be good practice.

2. Previous Actions

Corrective/Developmental Actions

- 2.1 None identified during the previous visit in 2018.

3. Responsible Individual

- 3.1 The service has registered with the Care Inspectorate Wales (CIW) in 2018, in line with the new Regulation and Inspection of Social Care (Wales) Act 2016, which came into effect in April 2018.

- 3.2 In line with the above Act, the Responsible Individual (RI) is required to undertake quarterly visits to report on the quality and performance of the service. It was evident that a recent report had been completed.
- 3.3 The contingency plan in the event of the Manager being absent from the service would be that the Responsible Individual would manage the service.
- 3.4 The Home's Policies and Procedures were checked to ensure that they were up to date and that planned review dates were in place. All key documents were viewed e.g. Safeguarding, Staff Support and Development, Infection Control etc. It was evident that these had been reviewed in April 2019 and had a review date for a year's time. The Home also have an arrangement whereby there is a 'policy of the week' that staff are asked to read and sign up to.

4. File and Documentation Audit

- 4.1 All documentation viewed for an individual was presented in an orderly way and had been stored securely in a locked filing cabinet. A Personal profile at the beginning of the file included important contact details relating to health professionals etc. A Missing Person's profile was present also in the event that the person went missing.
- 4.2 The Personal Plan (Support Plan) contained information pertinent to the individual to enable staff to support him as well as possible, with much information regarding everyday routines etc.
- 4.3 Documentation also included Risk Assessments which provided essential guidelines in how to best support the individual in many situations e.g. epileptic seizures, transporting, bathing etc.
- 4.4 The staff are ensuring that Personal Plans and Risk Assessments are reviewed on a 3 monthly basis, and it was clear that where changes had occurred that these had been captured.
- 4.5 Referrals/health appointments are accessed as required as it was evident that regular appointments with the chiropodist had taken place, and dentist. Documentation also includes a weekly weight chart to monitor the individual's weight, in addition to other charts and monitoring.

5. Staffing and Training

- 5.1 Current staff levels are based on individual's assessed needs and current Local Authority funding. The staff team continue to enjoy excellent staff retention, and when staff absences do occur these are covered via 'relief' staff from other Riverwood Housing establishments, negating the need to employ agency staff. This also provides a level of continuity and familiarity for the individuals supported.
- 5.2 The Home ensure that their induction process is in line with the framework set by Social Care Wales. The induction created by Ty Afon is a very comprehensive document challenging staff's knowledge of their role. The Responsible Individual has a clear understanding of the new All Wales Induction Framework (AWIF) that has been introduced, in addition to the forthcoming registration of carers/support workers.

- 5.3 A staff training matrix was made available prior to the visit, and upon examination it was evident that training was up to date. Training such as manual handling, food hygiene, safeguarding, first aid etc. had been completed by all staff. In addition, to other training such as autism, epilepsy, positive behaviour management etc.
- 5.4 Staff do not generally work over 48 hours per week, however staff have signed up to the European Directive, in the event that they work over these hours. Staff are contracted to either work on a part time or full time basis.
- 5.5 At the current time the 'Active Offer – More than just Words' (revised Welsh Language Act) is not being implemented. This requires providers of social care to provide communication in Welsh without the person who requires it requesting it. However, Ty Afon's Statement of Purpose refers to the 'Active Offer' and how the Home would appoint Welsh speakers if it was required.
- 5.6 Two staff files were examined and illustrated that a robust recruitment process had taken place. Files were in good order and included a file index which made it easy to locate the information. Recruitment information was present e.g. two written references, job description, application forms, Contract of Employment, photograph etc. Training certificates were also present and DBS (Disclosure and Barring Service) information. It was clarified that some staff have signed up to the annual update system and others within the team continue to complete on a 3 yearly basis.

6. Supervision and Appraisal

- 6.1 The Home's current supervision matrix indicated that all staff receive regular supervisions (on a 3 monthly basis) and have also received annual appraisals. From the 2 files viewed it was clear this had occurred. All supervisions are formal one to one sessions, which are documented.
- 6.2 Topics of discussion during supervision include e.g. training updates, rota/work tasks, health and safety, absence record, any agreed actions and Manager's comments.

7. Activities

- 7.1 The activities undertaken with individuals continue to be in line with preferences stated within the individuals Personal Plan. The CCBC individual continues to be supported to access a wide range of activities to his liking and preference in the community. The Contract Monitoring Officer was told how the gent enjoys attending a local social club, the owners of which have been very accommodating. Staff adopt a flexible approach and there are relevant risk assessments in place to support the gent and staff in a safe manner.
- 7.2 Support workers always organise activities on behalf of the individual's living at Ty Afon.
- 7.3 An Activities timetable was in place which indicated all the activities that the person wishes to do, some of which includes attendance at the CCBC Brooklands day centre.

8. Mobility Aids and Equipment

8.1 Currently no individuals require the use of mobility aids or equipment to support their mobility needs.

9. Managing resident's money

9.1 Arrangements are in place to manage individual's income and expenditure on a daily basis.

10. Accidents/Incidents

10.1 No accidents/incidents have occurred in the last year.

11. Fire Safety

11.1 The Home's Fire Risk Assessment was completed in January, 2019 and is due for re-assessment.

11.2 Fire drills have been undertaken on a regular basis to ensure that all staff are fully aware of the procedure in the event of a fire. Residents living at the Home are involved in this also.

11.3 Regular fire safety checks are undertaken i.e. emergency lighting, smoke/heat detector tests and fire extinguisher tests are done on a weekly basis.

12. Complaints and Compliments

12.1 Ty Afon House has never received a complaint regarding their service, however there is a Complaints Policy and processes are in place to enable people to do this if required.

12.2 The timescale for dealing with complaints is fourteen days for completion (and a further fourteen days if required, with the permission of the complainant). The Manager would be responsible for auditing any complaints that are received.

12.3 When verbal compliments are received the home endeavour to capture these and disseminate to the staff team. When compliments or praise are reported during Social Services Care Plan Reviews (undertaken with Care Managers and relatives) these are captured and documented within the Homes Quality of Care Review report.

12.4 Although Advocacy Support Services are not currently utilised by individuals, a list of Advocacy services is accessible in the event that they are needed and this is also captured within the Home's Statement of Purpose.

13. Service User and Stakeholder Feedback

13.1 Stakeholder information is now collected and reported on a 6 monthly basis. It was evident that some changes had been captured as a result of the feedback received. The information gathered from stakeholders (e.g. relatives, professionals etc.) is used to shape the service.

13. The Quality of Care Review report would be made available to staff and individuals supported within the Home and all other parties are asked if they would like to receive a copy. A copy is also available on request to CIW.

14. The Home Environment

14.1 Individuals and staff are able to smoke in an area outside of the Home if necessary. The Home also have a Smoking policy if the need arose.

14.2 Ty Afon is a very clean, tidy and well maintained property.

14.3 A maintenance plan continues to be in place and the Responsible Individual confirmed that some re-decoration has taken place over the previous year to some rooms, with new carpets and a number of trees had been cut down from the outside areas.

14.4 Individuals do not have keys for their bedrooms (there is a disclaimer in place). All individuals have lockable cabinets within their rooms, and arrangements are in place to keep their money safe in cash tins which are stored in a lockable steel cabinet.

15. Staff Questions

15.1 Some questions were asked of a support worker. The person was asked what they knew about one of people supported, who illustrated that she knew the person well and their care and support needs. It was confirmed that training courses are able to be accessed with the Manager notifying them when their training was due for renewal.

16. Manager Questions

16.1 The Manager was asked a number of questions from the Monitoring Tool, who confirmed that she does not have responsibility for any other care homes, apart from Ty Afon House.

16.2 The Manager confirmed that currently there were no issues with the building, and if there are then these are reported and addressed promptly.

16.3 The Contract Monitoring Officer is aware from a previous monitoring visit that temperatures in people's bedrooms are controlled centrally and some people's radiators have wooden covers. For another person the radiator is controlled via its own valve and is kept on a low heat to ensure the person does not scorch themselves.

16.4 When significant incidences occur the provider is required to submit Regulation 60 documentation to CIW. When these occur the RI arranges to forward via the CIW website. The provider were requested to forward a copy to Caerphilly Commissioning Team as a matter of course also.

16.5 The Manager confirmed that the Responsible Individual often visits the Home and feels supported.

17. Individuals Questions/Comments

17.1 Questions from the Monitoring tool were not posed during the visit due to people's communication difficulties.

18. Corrective/Developmental Actions

18.1 No actions were identified during the visit

19. Monitoring Officer's Observations/Comments

19.1 Ty Afon House continues to be a welcoming and 'homely' place.

19.2 The Home is maintained to a high standard with arrangements in place to monitor what is required via a maintenance plan. The Home was clean, tidy and comfortable, and the staff team ensure that regular checks are in place e.g. fire safety to ensure people's safety.

19.3 The individual's spoken to during the visit were very knowledgeable about the people who they support.

20. Conclusion

20.1 People continue to benefit from a stable and committed staff team which provides valuable continuity to people lives. The staff team have received appropriate training to enable them to care and support people effectively. Staff also receive regular 1:1 supervision and appraisal sessions which provides the opportunity for staff to receive valuable support and guidance as part of this process.

20.2 The Responsible Individual is fully engaged and understands the responsibilities of this role and the Manager is supported to undertake her role.

20.3 The Home's documentation continues to be very detailed, robust and person centred in approach, which enables staff to provide care and support that meets people's needs in an individual way.

20.4 The Monitoring Officer would like to thank Ty Afon House for their time and hospitality during the monitoring visit.

Signed: A. Crahart

Designation: Contract Monitoring Officer

Date: January, 2020

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 service users and/or their families should they ask to see them.