

CAERPHILLY COUNTY BOROUGH COUNCIL DIRECTORATE OF SOCIAL SERVICES
COMMISSIONING TEAM

CONTRACT MONITORING REPORT

Name/Address of Provider: Ty Clyd Home For The Elderly, Heol Fargoed, Bargoed,
CF81 8PP

Date of Visit: Thursday 07 September 2017

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

Present: Michelle Jones, Officer in charge, Ty Clyd, CCBC

1. Background

- 1.1** Ty Clyd is a local authority home registered to provide care for 30 people with, residential care needs. There are 22 long-term bedrooms, 1 room for short-term respite care and 7 rooms in the assessment unit. The assessment unit is used to establish what level of care individuals require following a hospital discharge or to provide physiotherapy and support to enable them to return to their own home.
- 1.2** At the time of the visit there were 6 long term vacancies at the home.
- 1.3** The previous monitoring visit to Ty Clyd was on Tuesday 12 July 2016. There were no corrective actions identified and three developmental actions. The purpose of the announced visit was to review these actions, look at documentation and the provision of care. As part of the monitoring, staff members, relatives and residents are also asked for feedback.
- 1.4** Dependant on the findings within the report, Ty Clyd will be given further 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** Service plans to be updated where required and signatures to be obtained from the resident where possible or a representative. The signatures are to correspond with the most recent version of the document.
Met: Both service plans seen, had been signed by residents, which evidenced involvement in compiling the plans.
- 2.3** Agreement to be discussed with residents and families (where applicable) about notifying relevant parties of an incident and for this form to be recorded, signed and dated.
Met: Representative Wishes Forms were seen on files, which detailed when families/representatives wished to be contacted, and were also signed by the family member/representative.

3. Findings from Visit

3.1 Training

- 3.1.1** The training matrix was viewed during the visit and it was noted there was a total of 32 staff.
- 3.1.2** All mandatory training was up to date except for Infection Control. It is recommended that staff attend this course every three years.
- 3.1.2** In addition to mandatory training courses staff had also attended non mandatory training in areas such as oral hygiene and the use of a defibrillator.
- 3.1.3** All training was delivered in-house by CCBC's workforce development team and training certificates were present on both staff files seen.

3.2 Staffing

- 3.2.1** The home is staffed by 3 care workers during the day shift, 3 carers during the afternoon and 3 carers during the night shift (2 waking and 1 sleep-in member of staff). There is also 1 carer who works a shift pattern of 3 days a week on the day shift taking the total to 4 carers working the day shift 3 days a week.
- 3.2.2** It was noted at the time of the visit that there were 6 vacancies at the home and only 1 of the assessment beds was being accessed. It is felt that staffing levels were adequate for this number of residents at the time of the visit. Staff were busy completing tasks and interacting with clients whilst doing so but were not observed sitting and spending time with residents.
- 3.2.3** All staff are expected to engage residents in activities within the home. There was no evidence of this on the day of the visit. The manager explained that the smoking room has now been re-decorated and turned into a lounge and it is hoped that residents will access this room in order to participate in activities. Also a few of the residents spoken to explained that they do not wish to participate in activities and that was their choice.
- 3.2.4** Members of staff spoken to had through understanding of the residents, of what is important to them, their backgrounds, preferences and support needs.

3.3 File & Documentation Audit

- 3.3.1** Files were viewed for two residents during the visit. Both files contained detailed service plans, including in-depth information regarding meeting needs, choices and preferences and all written from the resident's perspective.
- 3.3.2** Both service plans viewed had been signed by the residents, evidencing their involvement in planning their own support needs.
- 3.3.3** Reviews are undertaken monthly and are meaningful taking into account any changed for the resident.

- 3.3.4** Daily recordings are detailed and are taken into account within the monthly reviews.
- 3.3.5** There was also evidence seen on files of the home making referrals to appropriate outside agencies such as Chiropody, G.P. and District Nurses.
- 3.3.6** Contained on the residents file was a 'Representative Wishes Form' document which recorded information on when to inform relatives of incidents, hospital admissions and wishes upon death which were signed by residents and family members.
- 3.3.7** One of the files viewed did not contain a life history for the resident. It is accepted that new paperwork has recently been introduced and the staff are still updating files to include new life history documentation for residents. With the residents agreement life histories are then used to produce a 'life history profile' to decorate the outside of a resident's room. This includes photographs of family, cuttings/pictures of hobbies and interests etc. It was also noted that one of the residents did not wish to have a life story profile outside his room and this has been documented on his file.
- 3.3.8** Also present on file was a 'File Monitoring Document'. This document provided evidence that files and paperwork are audited monthly by the senior management team of the home.
- 3.3.9** Risk Assessments were viewed on resident's files, one had been signed by staff to confirm they had read and understood the document, however there were some staff signatures missing from a second risk assessment viewed.

3.4 Quality Assurance

- 3.4.1** The most recent CSSIW inspection had been carried out on 23 December 2016 and concluded that Ty Clyd provides people with a satisfactory quality of life within a welcoming environment.
- 3.4.2** During the monitoring visit minutes of staff meetings were viewed. Subjects discussed included updates on the refurbishment being undertaken on the building, CSSIW report and communication.
- 3.4.3** Also viewed were minutes of residents meeting where subjects discussed included, menus, decoration of the home, going out in the community individually and on group trips, improvements and suggestions.

3.5 Staff Feedback

- 3.5.1** The staff spoken to during the visit were very experienced, knowledgeable and had worked at the home for a considerable length of time.
- 3.5.2** Discussed with staff was how they would support resident's emotional needs and how they would support someone who was upset. Staff responded with knowledgeable answers including, re-assurance, just sitting and talking and listening.
- 3.5.3** Staff shared that if they saw a colleague doing something wrong they would absolutely address it with them and also expect the same of their colleagues if they were doing something wrong.

3.5.4 Staff responded positively when asked about management and leadership at the home. Describing the manager as 'brilliant' and 'always approachable' offering support to both staff and residents during the working day. Staff feel able, and are encouraged to, offer suggestions regarding the home.

3.5.5 Staff are encouraged to share things about themselves with residents and confirmed that they all, residents and staff, know each other well and share stories and pictures of their families.

3.6 Resident Feedback

3.6.1 Two residents were spoken to during the monitoring visit. Both shared that they were happy to be living at Ty Clyd and it was now home for them.

3.6.2 One resident stated that he did spend most of his time in his room but that was his choice. The other resident shared that they spent the day perhaps going out into the grounds of the home, watching T.V. and participating in activities.

3.6.3 When asked about staff both residents were complimentary, stating that staff were lovely and share lots, talk about family and sit and have a chat when they have time.

3.6.4 Both said that the food was lovely, always a choice and plenty available.

3.7 Relative Feedback

3.7.1 Two relatives were spoken to as part of the monitoring visit. Both commented that they are made to feel welcome when visiting the home.

3.7.2 They felt that their relative was well looked after and well presented at the home.

3.7.3 Staff were always very nice and approachable and communication regarding their family member was good.

3.7.4 When asked would they feel comfortable to raise any issues/complaints, both replied that they would feel comfortable, although they had never been in a situation where they had to raise an issue or complaint with the home.

3.7.5 Neither relative could suggest a way of improving life for their relative at the home.

3.8 General Observations

3.8.1 All areas of the home were clean and tidy with no malodours throughout.

3.8.2 There has been a programme of extensive refurbishment recently at the home. This has led to the large room, previously used for smoking, being utilised for all residents to enjoy and take part in activities. Residents were involved and consulted on the refurbishment and involved in choices of decoration.

3.8.3 Residents had recently been involved in a gardening competition and their displays were visible in the courtyard of the home.

- 3.8.4 There was a lot of interaction heard during the visit between staff and the residents. It was also noted that the call bell was not heard frequently and when it did sound, it was responded to promptly.
- 3.8.5 There was a relaxed feeling throughout the home with residents choosing to spend their time in their favourite areas, walking around or within their own rooms.

4. Corrective / Developmental Actions

4.1 Corrective Actions

- 4.1.1 Staff to attend refresher training for Infection Control, recommended every three years. (NMS 23:1)

Timescale: Within three months of the report.

4.2 Developmental Actions

- 4.2.1 To ensure all staff are fully aware of Risk Assessments and have signed sheet to confirm they have read and understood.

5. Conclusion

- 5.1 Staff were extremely professional and there was a lot of interaction with residents while they were assisting them however, it was felt that the home would benefit from additional members of staff or volunteers in order to spend time sitting and being with residents to enhance emotional well-being.
- 5.2 The recent refurbishment has enhanced the homely feel of the home and has provided residents with another pleasant space in which to socialise and take part in activities.
- 5.3 There was a relaxed and welcoming atmosphere throughout the home during the visit and this is evidenced by the compliments and the thank you cards that are received by the staff team.
- 5.4 The Contract Monitoring Officer would like to take this opportunity to thank the staff, relatives and residents at Ty Clyd for their time and hospitality throughout the monitoring process.

Author: Ceri Williams
Designation: Contract Monitoring Officer
Date: 30/11/2017

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.

