

# CAERPHILLY COUNTY BOROUGH COUNCIL, DIRECTORATE OF SOCIAL SERVICES

## COMMISSIONING TEAM

### CONTRACT MONITORING REPORT

**Name/Address Of Provider:** Ty Derwen Residential Home, Kendon Road,  
Crumlin, Newbridge, NP11 4PN.

**Date Of Visit:** Wednesday 12 June, 2019, a.m.  
Thursday 29 August, 2019, a.m.

**Visiting Officer:** Andrea Crahart, Contract Monitoring Officer, Caerphilly  
CBC

**Present:** Dawn O'Sullivan, Registered Manager

#### **1. Background**

- 1.1 Ty Derwen is a residential Home registered to provide care for 32 people (24 with personal care needs and 8 with a cognitive impairment). The Home is a large, detached, 3 storey building situated in Crumlin.
- 1.2 The Care Inspectorate Wales (CIW) undertook an inspection in January, 2019, the results of which were published in March 2019. Although no areas of non-compliance notices were issued, immediate action was required in relation to health and safety, supervision of staff, Responsible Individual (RI) visits needing to be documented, supervision of manager and the fitness of staff (recruitment process). The Regulation and Inspection (Wales) Act 2016 (RISCA) was introduced in April 2018, and places increased expectations on the Responsible Individual (RI) of the service.
- 1.3 The Home's Service User Guide was provided which is a document issued to individuals when they move to the Care Home. Some information contained was out of date, which was agreed would be addressed by the Manager.
- 1.4 Regular feedback is received within the CCBC Commissioning Team from visiting professionals relating to their observations during visits/communications with the Home. Very few issues had been received over the previously year, with positive feedback having been received to say how well a person had settled into the Home. The social worker had reported that this person looked very well cared for and that her Personal Plan (Service Plan) was of a high standard and person centered in content. In addition, when the person goes out of the Home she has been heard to say "We're home", when she returns. The family have also spoken positively about the care being received and how good staff are with her mother.
- 1.5 Dependant on the findings within the report the provider 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 Stroke Awareness training to be accessed for staff (recommendation from previous monitoring report). Timescale: Within 6 months. **Action met.**
- 2.2 To continue with making the outside patio area fit for purpose and equipping it ready for use. Timescale: Within 6 months. RISCA Reg. 53. **Action not met to date.**
- 2.3 Staff application form to include the month of the year also so that any gaps in employment can be questioned and accounted for. Timescale: Within 1 month. The manager had met this action following the monitoring visits. RISCA Reg. 35. **Action met.**
- 2.4 Staff photograph to be inserted on the staff members file (TP). Timescale: Within 1 month. The manager had met this action following the monitoring visits. RISCA Reg. 35. **Action met.**

### Developmental

- 2.5 Social Services and Wellbeing Act 2014 training/awareness. Timescale: Within 6 months and ongoing. (Information can be accessed via the Social Care Wales website – Easy Read formats etc.). **Progress to be checked on future visits.**
- 2.6 Oral healthcare training via the ABuHB to be organised for all care staff. Timescale: Within 6 months. **Action met and on going.**
- 2.7 Advance Care Planning training, including Sepsis to be accessed via the ABuHB for all care staff. Timescale: Within 6 months. **Action met.**
- 2.8 I Stumble protocol (in relation to falls) to be discussed in staff meetings/supervision to ensure that staff are clear about these guidelines. Timescale: Within 6 months. **Action met.**
- 2.9 'More than Just Words – The Active Offer' to be explored and applied if a resident would prefer to be spoken to with the use of the welsh language. Timescale: Within 12 months. **Progress to be checked on future visits.**
- 2.10 To consider displaying photographs of people enjoying themselves (with their permission), in and outside of the home. Timescale: On going. **Action met.**
- 2.11 To replace the lounge carpet due to wear and tear. Timescale: Within 6 months. **Action met.**
- 2.12 Training to be accessed via the Care Docs training company to ensure staff are fully competent and confident to use the system. Care Docs to be continually reviewed/updated to ensure it meets the needs of the service. **Timescale: Remains on going.**

### **3. Responsible Individual**

- 3.1 Ty Derwen Care Home re-registered with CIW in August, 2018. The Responsible Individual (RI) is Mr. A. Lester of TL Care-Homes, and as part of the role there is an expectation that quarterly reports are produced reporting on the service's performance and quality. At the time of the visit no quarterly reports were readily available.
- 3.2 The Home's Statement of Purpose had initially been provided and written in May 2018. There is an expectation that this is reviewed on an annual basis and updated on an ongoing basis where changes are required.
- 3.3 The Home's Policies and Procedures were examined. It was evident that the majority of mandatory policies e.g. Safeguarding, Medication, Complaints etc. were present on the Home's Care Docs system, however 1 staff related policy could not be located. The Manager confirmed that this would be addressed. From the policies viewed, these were up to date, and the Contract Monitoring Officer was informed that the Care Docs electronic system would automatically update the policies on an annual basis and this would be a prompt for the Manager to check that they accurately reflect the service being provided.
- 3.4 The contingency plan, in the event that the Responsible Individual and Registered Manager were unavailable would be that the service would be managed by the Deputy Manager.

### **4. Registered Manager**

- 4.1 The Manager was asked a number of questions relating to the service and it was confirmed she does not manage any more services other than Ty Derwen Care Home. The Manager is registered with Social Care Wales and holds a relevant NVQ qualification in Health and Social Care.
- 4.2 The Manager confirmed that the property has CCTV, however this is only to survey the outskirts of the building (entrance doors, car park), therefore individual's consent would not be required as this is not situated within the building.
- 4.3 Where significant events occur, either relating to Ty Derwen itself or individuals living within the Home, the Manager is required (within RISCA) to forward Regulation 60 documents to CIW, copying in the Commissioning Team. The Commissioning Team regularly receive this information.
- 4.4 The Manager confirmed that the RI visits the Home on a weekly basis so is engaged in the running of the Home.
- 4.5 The radiators in individual rooms can be adjusted to the required temperature, however all of the radiators are located behind wooden covers, making it difficult for resident's themselves to adjust. The Manager stated that she is able to adjust and has done so when a person has been too hot/cold. Staff are encouraged to monitor this and ensure that people's needs are met in terms of temperatures in their own rooms, and indeed in communal areas.

## **5.0 Staffing**

- 5.1 Ty Derwen has an excellent staff retention record, with only few staff members having left over the previous year. Staff shift patterns ensure that people do not work more than 48 hours a week and shift patterns are 7 hours in length.
- 5.2 Two staff files were examined and were in good order. The file included written references which had been verified by the Manager, a detailed application form, a signed Contract of Employment, Job Description, Interview record, Disclosure and Barring Service (DBS) which is undertaken on a 3 yearly basis. A photograph was also present, albeit small, however Ty Derwen have an electronic system for storing photographs of individuals also. Training certificates were present within the files.
- 5.3 Within RISCA there is an expectation that staff will receive a supervision on a quarterly basis, in addition to an annual appraisal of their performance. Supervision records were present for the 2 staff files viewed and it was evident that the Home Manager had received a formal supervision with the RI in recent months. However, no matrix record was seen to evident the supervision sessions that had been held/were planned for other staff.
- 5.4 The Monitoring Officer was informed that all staff have a supervision document on file which shows their previous and forthcoming supervision date, in addition to the current and next appraisal dates. Records of supervision sessions are written up and later typed onto the Home's Care Docs electronic system.
- 5.5 During the visits there appeared to be sufficient staff on duty to support people. Staffing levels continue to be 4 carers/1 senior carer during the morning/afternoon shift, 3 night time carers, in addition to domestic and kitchen staff.

## **6.0 Training**

- 6.1 The Homes training matrix was provided prior to the monitoring visits. The matrix had been completed in terms of the dates when training had been attended and when each certificate expires.
- 6.2 The training matrix illustrated that staff were up to date with mandatory training i.e. safeguarding, medication, food hygiene, manual handling etc.
- 6.3 It was evident that a number of non-mandatory training are accessed e.g. end of life care, oral care, pressure care, falls, dementia, sensory loss, stroke awareness etc.
- 6.4 Training is delivered by an organisation named, 'Future Training and Consulting Ltd', in addition to sourcing from the CCBC/Blaenau Gwent Workforce Development Team, and Aneurin Bevan Health Board (ABuHB). The majority of training is class room based, providing opportunities for 2 way conversations/learning, and E-learning training is undertaken for courses such as health and safety.

- 6.5 Currently, all care staff have achieved an NVQ/QCF qualification in Health and Social Care, level 2, 3, or 5. In terms of the registration of care workers which is mandatory in April 2022, staff will be in a position to be able to register with Social Care Wales at this time, or sooner due to the qualifications they hold.
- 6.6 It was positive that the Home Manager had organised oral health care training for staff, organised by Aneurin Bevan University Health Board (ABuHB) and that the accompanying documentation is being used also. The Home are encouraged to explore the introduction of oral health 'champions' also, to further enhance the service. Other training attended included, iStumble (care home falls protocol), Sepsis and Advance Care Planning training.

## **7. File and Documentation Audit**

- 7.1 Two files were examined as part of the monitoring visit. People's Personal Plans (Service Delivery Plans) included planned outcomes for each area of need e.g. bathing – to ensure that the person's skin integrity is maintained, to prevent infection, maintain dignity/appearance.
- 7.2 Personal Plans had been signed up to by both individuals receiving the care.
- 7.3 Personal Plan reviews/evaluations had been written on a regular monthly basis if not more frequently, and it was evident that a recent fall had been referred to as part of their evaluation, however the falls risk assessment had not been updated straight away following this incident, alternatively it was updated some months later. This was brought to the Manager's attention at the time of the visit who was advised to update falls risk assessments immediately following a fall.
- 7.4 There was evidence to suggest that referrals are followed up as letters relating to health appointments were present on the files viewed.

## **8.0 Quality Assurance**

- 8.1 This area was not covered during this period monitoring.

## **9. Home Maintenance**

- 9.1 There were no malodours noted during the monitoring visits.
- 9.2 Over the course of the previous year a new lounge carpet has been fitted due to wear and tear, and a new high functioning bath had been installed in the first floor bathroom.
- 9.3 Plans to make the outside patio area fit for purpose remain ongoing (i.e. making paving stones flat and safe, painting the fences etc.). This will be an area that will be beneficial to people cared for and their families/friends/staff in order to provide a bright, safe out of doors space.

9.4 A number of areas within and outside of the Home require re-furbishment, re-decoration and some health and safety issues were identified. A full list of issues were brought to the RI's attention for addressing.

## **10. Fire Safety/Health & Safety**

10.1 During the initial visit a Fire Risk Assessment was viewed and recommendations were made to review, to ensure it is comprehensive/meets the needs of the Care Home, and for it to be dated/signed up to. During the second visit it was evident that progress had been made in making this more robust. It is the RI's responsibility to ensure that the Fire Risk Assessment is fit for purpose.

10.2 It was evident that fire drills had taken place regularly (approximately on a quarterly basis), and that a record is kept of who has attended the fire drills.

10.3 Some areas of the Home were noted to be a falls hazard and were brought to the attention of the Manager and RI (as outlined in clause 9 above). These included some rubber stair edge strips being in poor condition and a potential falls hazard, in addition to the outside patio slabs being uneven.

## **Managing residents' monies**

10.4 Individuals' monies are managed by the Home Manager, where individual logs are income and expenditure are recorded. Transactions had been signed up to and monthly checks to reconcile the monies held were undertaken by 2 signatories.

10.5 It was evident that receipts had been obtained for purchases made and were present with the individual's records.

## **Meal time experience**

10.6 On the second visit people had the option of either fish, chips and peas or pie, chips and peas with apple crumble or ice cream for dessert. The meals looked very appetising and from conversations held people appeared to enjoy their meals.

10.7 Dining room tables were decorated nicely with clean table clothes, serviettes, condiments and vases of flowers.

10.8 Snacks were also laid out on a table in the dining room and available throughout the day.

10.9 There was a good staff presence where people were offered assistance if required and a variety of sauces and bread and butter were also provided for people who wanted these. One gent changed his mind from what he had previously asked for and this was quickly provided for him. There was no background music playing during the mealtime, although some conversations were taking place.

10.10 The staff who were assisting wore PPE (Personal Protective Equipment) plastic aprons, which the Manager confirmed was not a requirement for staff when assisting in the dining room. The Manager agreed to amend this practice.

## **Activities**

10.11 The hallway has memorabilia on the walls in the form of displays of 1950's fashion etc.

10.12 The Home does not employ an activities co-ordinator, alternatively carers try to spend time with people as part of their caring duties, and specific times during the afternoon are allocated for group activities.

10.13 Some individualised activities were taking place during the monitoring visits e.g. colouring and cake making. People spoken to during one of the visits were enjoying the cake making activity.

10.14 There was very good engagement between care staff and individuals living at the Home.

10.15 In the dining area photographs of residents had been taken enjoying activities. On one occasion local school children had visited at Christmas time.

## **11 Relatives**

11.1 A relative was spoken to following the monitoring visit to gather some direct feedback as to the care being provided. The relative confirmed that she visits on a daily basis and is always made to feel welcome. On some occasions she has needed to visit early in the morning or late at night, where there were no issues with visiting at these times.

11.2 The relative reported that the atmosphere in the Home is always good and staff enjoy a lovely rapport with residents.

11.3 The Home Manager is always approachable and acts on any issues.

11.4 In terms of activities/events, the relative said that she had been invited to Afternoon Tea at the Home, however was unable to attend on that occasion. She said that she was aware from the notices displayed what events are going on.

11.5 There is an arrangement in place whereby the relative escorts her loved one to planned hospital appointments, and where these are unplanned/emergencies, the Home accommodate these, and will always alert her to any admissions, changes in health/medication.

11.6 The relative was very complimentary about the care that is delivered to her loved one and added that some additional stimulating activities would be beneficial in the Home.

## 12 Corrective / Developmental Actions

### Corrective

- 12.1 Responsible Individual (RI) to compile quarterly reports relating to the performance of the service and its quality. **Timescale: Immediately and on going.** *RISCA Reg. 73.*
- 12.2 Policies and Procedures relating to staff support to be in place and up to date. **Timescale: Within 2 months.** *RISCA Reg. 12 & 79.*
- 12.3 Service User Guide to be updated. **Timescale: Within 2 months.** *RISCA Reg. 19.*
- 12.4 Supervision matrix to record all staff supervisions held and planned for, in addition to annual appraisals. **Timescale: Within 3 months and on going.**
- 12.5 Internal and external re-decoration/re-furbishment to be prioritised and to address the identified health and safety risks. Full list of issues already forwarded to the RI to address. **Timescale provided by RI: Within 2 weeks.** *RISCA Reg. 44.*
- 12.6 Full maintenance checks to be undertaken on a regular basis with attention being given to the quality of work and timescales taken to carry out the work. **Timescale: Immediately and ongoing.** *RISCA Reg. 44.*
- 12.7 Radiator temperatures to continue to be monitored by all staff to ensure areas do not become too hot/cold, due to the difficulties for residents in being able to regulate/adjust their own radiator valves. **Timescale: Immediately and ongoing.** *RISCA Reg. 44.*
- 12.8 Falls Risk Assessments and Personal Plans to be updated promptly following any falls/stumbles. **Timescale: Immediately and ongoing.**

### Developmental

- 12.9 Meal time experiences to be enhanced with music if that is what people would enjoy. **Timescale: Within 3 months.**
- 12.10 Further ways of keeping people stimulated/occupied to be explored. **Timescale: Within 2 months and on going.**
- 12.11 PPE equipment (aprons) not to be worn when assisting in the dining room/lounge at meal times. **Timescale: Immediately and ongoing.**
- 12.12 To enquire with ABuHB about having oral health 'champions' to further enhance oral health care. **Timescale: Within 6 months.**

## 13. Conclusion

- 13.1 Ty Derwen care home continue to benefit from a consistent and committed staff team. All current staff have undertaken NVQ/QCF qualifications in Health and



Social Care, which will prepare them for registration with Social Care Wales when they are required to do so in April 2022.

- 13.2 It was positive that the Home had accessed specialist training (as recommended during a previous monitoring visit) in order for staff to gain an understanding of oral health care via expert health assessors, in addition to Advance Care Planning, Sepsis and iStumble falls training.
- 13.3 Positive feedback was received from residents and family members during the visits.
- 13.4 A number of areas in and outside of the Home were identified as requiring improvement in terms of re-decoration and re-furbishment, one of which had been raised as an issue in previous monitoring visits. A continuous maintenance programme with checks on the standards of work would be recommended to ensure the Home is maintained to a good standard.
- 13.5 CIW identified a number of areas that required immediate attention in January, 2019 (outlined in clause 1), however some of these issues remain outstanding, as identified by Commissioning during this monitoring period.
- 13.6 The Contract Monitoring would like to take this opportunity to thank the staff, residents and Manager of Ty Derwen for their time and hospitality during the visits.

**Author:** Andrea Crahart  
**Designation:** Contract Monitoring Officer  
**Date:** September, 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.