

CAERPHILLY COUNTY BOROUGH COUNCIL
DIRECTORATE OF SOCIAL SERVICES

COMMISSIONING TEAM

CONTRACT MONITORING REPORT

Name/Address of Provider: Ty Iscoed Residential Home, Woodland Drive,
Newbridge, NP11 5FG

Date/Time of Visit: 06.02.18

Visiting Officer(s): Andrew Davies, Contract Monitoring Officer

Present: Caroline Davies, Registered Manager
Karen Evans, Deputy Manager

1. Background

- 1.1 Ty Iscoed is a Local Authority home situated in Newbridge. The home is registered to provide care for 30 residents; 10 requiring residential care and 20 requiring dementia residential care. Including in these numbers are 3 assessment placements, where people can move into the home on a temporary basis, and be assessed as to whether long term care is the best option for them.
- 1.2 The home is split over 3 floors, with residential care provided on the first floor, and dementia care provided on the ground floor and lower ground floor.
- 1.3 Ty Iscoed were awarded 'Butterfly Home' status, with a level 2 award in 2016 after working with Dementia Care Matters, which has involved making a great deal of changes at the home to introduce a new model of care. Caerphilly Social Services recommends that all homes in the borough introduce this model of dementia care.
- 1.4 An announced visit took place on the 6th February 2018. During the visit the monitoring officer looked at documentation, spoke to staff and residents, and made some general observations of the interactions between the staff and the residents, particularly at lunch time.
- 1.5 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 regulations such as the National Minimum Standards (NMS), and developmental actions are good practice recommendations.

2. Previous Corrective and Developmental Actions

- 2.1 Ensure that residents (or their representatives) are involved in the formulation of service delivery plans, and where possible they sign to evidence they agree with

the content. (*National Minimum Standards, 6.5*) **Findings:-** The service plans on the files seen had not been signed by the resident or a representative. **Not Met.**

- 2.2 Ensure that staff attend refresher training every 3 years for mandatory courses such as POVA, and infection control, and attend annual refresher training for Manual Handling. *Care Homes Wales Regulations 2002, 18 (1)(c) (Also stated in CCBC contract with care homes)* Timescale: Immediately and ongoing **Findings:-** The training records were seen and it was noted that staff had attended mandatory training, including manual handling. **Met.**
- 2.3 The home should undertake a quality assurance survey, taking into account the views of residents, relatives and other visitors (such as GPs, Social Workers, District Nurses etc.) and this information should be used to improve the quality of care at the home. (*NMS 28.4*) Timescale: Within three months from the date of this report. **Findings:-** The manager advised that she was in the process of undertaking a quality assurance process. Questionnaires had been sent out and some responses had been received. The results of the report from the previous year were seen, and it was positive to note that the responses were very complimentary in all areas. **Met.**
- 2.4 All care staff to receive formal supervision at least once in every two months, and an annual appraisal. (*NMS 24.3*). **Findings:-** The supervision matrix was seen and it was noted that supervision sessions were taking place as required, the only gaps were explained (e.g. long term sickness) **Met.**
- 2.5 The home is encouraged to adopt the new style of service planning (that is currently being introduced) for all residents' files. (Developmental Action) **Findings:-** The service delivery plans are now written in the new format **Met.**
- 2.6 Manager to consider arranging regular relatives meetings to obtain feedback and ideas about the general running of the home (Developmental Action) **Findings:-** Relatives meetings have even arranged, the Manager advised that attendance has been varied, and in general the meetings have resulted in positive feedback and no particular actions that needed to be improved. The minutes of a meeting in November were seen; the main discussion was about the kitchen refurbishment and what arrangements were being put in place to continue to provide meals while the work was going on **Met.**

3. Findings from Visit

3.1 Documentation

- 3.1.1 Three residents' files were viewed during the visit. The appropriate admission assessments had been completed on all files, and they contained a copy of the most recent CCBC care plan.
- 3.1.2 On the files viewed there was no signature on the service delivery plans to show that the resident or family member had been involved in the content of the plans.

- 3.1.3 It was positive to note that the service plans contained examples of likes and dislikes, such as preferred times of getting up and going to bed, and preferences related to food and activities. They also showed what tasks the residents' were able to do independently and what support was required from the care staff. The service delivery plans were written in the first person, and gave detailed and personalised information about the residents.
- 3.1.4 The files contained 'This is Me' documents, which were filled in with information given by the residents and their families. These documents were fully completed, and gave a really good picture of the person and this information is used to help the staff to provide person centred care.
- 3.1.5 Risk assessments were in place on both files, these identified the risk itself, the consequences of the risk, and the actions needed to reduce and alleviate the risk. It appeared that risk assessments were in place for all identified risks.
- 3.1.6 The service plans and risk assessments had been reviewed as required, and it was positive to note that the service plan reviews contained a separate section for days and nights. It was noted that some of the reviews had been dated by month only rather than being fully dated to include which day of the month.
- 3.1.7 When reviews contained new information or significant changes, the service plans had been updated appropriately.
- 3.1.8 The daily records seen on both files were detailed and gave a good impression of each day, including updates on medical conditions, the resident's mood, any activities undertaken, and visits from families.
- 3.1.9 Other documentation contained in the files, such as monthly weight records, had been completed on time, and there was evidence of referrals to appropriate services when there was a change in need, for example there were referrals to the GP, CPN, Dietician, Occupational Therapist, Dentist and District Nurse.
- 3.2 Facilities / Observations
- 3.2.1 General observations of the home were very positive. All areas were clean and tidy and free from odours and decorated to a high standard.
- 3.2.2 The home has been decorated and filled with items following the Dementia Care Matters approach. The corridors have been painted with bright colours and various items are present in the corridors that can be taken off and used. The communal areas are full of various items and rummage boxes. It was evident that people were taking interest in and using these items during the day. At the time of the visit there were various rugby themed decorations around the home because the Six Nations was taking place.
- 3.2.3 Each resident has a personalised door for their bedroom with a memory box that contains photographs, or small items. Some residents have some information about themselves (such as their past occupation, things that are important to them) near their door in a picture frame.

3.2.4 There was a very relaxed and friendly atmosphere throughout the day, with residents taking part in various activities individually or in small groups. In the morning staff were seen chatting to one resident whilst looking through a newspaper, while another member of staff was sitting with a group of residents chatting. Another member of staff was painting a lady's nails. The kitchen staff were seen encouraging residents to help out with collecting dishes and laying table etc. Later in the morning the Deputy Manager went out for a walk with one resident because he requested this. Staff were seen offering drinks throughout the day rather than waiting for set times, and at all times staff were interacting with the residents in a natural, caring and friendly way.

3.2.5 Lunchtime observations were very positive, residents were given a visual of choice of their meal and desert, and the staff and staff ate their meal with the residents while also offering assistance where necessary. Background music was playing, and there was a relaxed atmosphere and a nice experience observed.

3.2.6 Interactions between all staff and the residents during the visit were warm and caring and it was clear that the staff had embraced the ethos of Dementia Care Matters.

3.3 Staffing

3.3.1 The home employs a full time Manager and full time Deputy Manager, as well as senior carers. The home has 3 separate 'houses' (one on each floor) and each house is staffed with 2 care assistants during the day, as well as a housekeeper. At night there are 4 care assistants covering the home. There is also an additional member of staff at certain times of the day.

3.3.2 Two staff files were seen during the visit, and they contained most of the required information such as a fully completed application form, two references, and proof of identification. Some information such as the signed contract of employment is net held at the home but us kept in the local authority's HR department.

3.3.3 The files contained training certificates, and evidence of a full induction for new staff members.

3.3.4 The home has very good staff retention, with a minimal number of staff leaving over the last few years. It was apparent from the records that several staff have worked at the home for at least 10 years.

3.4 Training

3.4.1 The home keeps a training file which includes records of all training received and upcoming courses. It was apparent from the file that staff had attended mandatory training, and there were several examples of non mandatory courses being attended, such as oral health, life story, palliative care, managing conflict and an activities seminar.

3.4.2 All care staff have passed and NVQ or QCF qualification at a level 2 or above.

3.4.3 Most training courses are arranged through CCBC although some outside training is also used.

3.5 Feedback from residents

3.5.1 AD spoke to several residents during the visit, and all feedback was positive. Some residents commented that they were very happy with the food, the activities, and all were very happy with the quality of care and the staff in general. One resident said that she enjoys sitting in the lounge and chatting to her friends, and also chooses to spend some time in her room. Another resident said that he is happy with everything and that the staff were great.

3.6 Feedback from relatives

3.6.1 A regular visitor gave some very positive feedback about the home and about the standard of care that their relative receives. The visitor said that she is always welcomed into the home, and feels that the staff and the Manager are approachable. She said that the staff know her relative very well, and that they know his likes and dislikes and interests. The visitor also said that she feels comfortable to raise minor complaints, and feels that any issue raised would be acted upon. She said that she felt that the home is 'wonderful'.

3.7 Activities

3.7.1 The home does not employ activities co-ordinators as all staff have responsibility for taking part in and organising activities. During the day different activities took place and it was clear that these were lead by what the residents chose to do.

3.7.2 The daily records showed evidence of various activities such as hand massages, quizzes, board games, reminiscence, and arts and crafts. On the day of the visit some residents were taking part in these activities as well as others. One gentleman went for a walk with a member of staff, one lady was knitting, and others were looking through magazines.

3.7.3 As well as the day to day activities, there are also arranged activities, with regular visits from entertainers.

4. Corrective / Developmental Actions

4.1 Corrective

4.1.1 Ensure that residents (or their representatives) are involved in the formulation of service delivery plans, and where possible they sign to evidence they agree with the content. (*National Minimum Standards, 6.5*)

4.1.2 Ensure that when documentation is completed (e.g. monthly reviews) the entries are fully signed and dated (*National Minimum Standards, 7.2*)

4.2 Developmental

4.2.1 None

5. Conclusion

- 5.1 The visit was very positive, and it was clear that the staff have adopted the Dementia Care Matters ethos. The observations during the day were all positive, and there was excellent feedback from the residents and visitors. It was clear that there was a warm relationship between the staff and residents, and a very relaxed and pleasant atmosphere during the day.
- 5.2 It is positive to note that most previous actions had been completed, with a minimal number of new recommendations.
- 5.3 A further visit will be arranged as part of the regular monitoring programme, to review the corrective and developmental actions. The visiting officer would like to thank the staff for their hospitality during the visit.

Author: Andrew Davies
Designation: Contract Monitoring Officer
Date: 22.03.18

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.