

CAERPHILLY COUNTY BOROUGH COUNCIL
DIRECTORATE OF SOCIAL SERVICES

COMMISSIONING TEAM

CONTRACT MONITORING REPORT

Name/Address of Provider: Ty Penrhos

Date/Time of Visit: 6th & 7th November and 11th December 2018

Visiting Officer(s): Caroline Roberts, Contract Monitoring Officer, CCBC
Sherry Lewis, Lead Nurse Care Homes Governance and Safeguarding, ABUHB

Present: Geraint Morgan, Manager
Karen Heard, Deputy Manager

1. **Background**

- 1.1 Ty Penrhos is a large purpose built care home in Caerphilly. The home is registered to provide dementia nursing and dementia residential care for 83 people, and there is also a separate provision for 15 younger adults with a physical disability.
- 1.2 Geraint Morgan is the Registered Manager and has recently registered with the Care Inspectorate Wales.
- 1.3 On 2nd April 2018 the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA) was implemented. The Act, its Regulations and the statutory guidance replace requirements previously put in place under the Care Standards Act 2000 and its associated National Minimum Standards (NMS). At the time of the monitoring visits, Ty Penrhos is still operating under NMS as the home is not yet registered under the new regulations and is waiting for registration via the Care Inspectorate Wales (CIW). Whilst the Monitoring Officer acknowledges that the home is yet to be formally registered with CIW, corrective actions have been recorded in line with RISCA.

2.1 **Previous Corrective and Developmental Actions**

- 2.1.1 To ensure staff files contain required information, including a job description, a photograph, at least 2 references (one from previous employer), a fully completed application form and a signed contract of employment. (*Care Home (Wales) Regulations 2002*) Timescale: Immediately and ongoing.

Findings: Not met

- 2.1.2 All staff to receive regular supervision sessions and an annual appraisal (*National Minimum Standards, 24.6*) Timescale: Immediately and ongoing.
Findings: Not Met
- 2.1.3 Ensure all staff are up to date with mandatory training and refresher training (*National Minimum Standard, 23.1*) Timescale: Within 6 months of date of report.
Findings: Met
- 2.1.4 To ensure that staff complete a thorough induction process (*National Minimum Standards 23.2*) Timescale: Immediately and ongoing.
Findings: Not Met
- 2.1.5 Make appropriate amendments to the statement of purpose to ensure it is up to date. (*National Minimum Standard, 1.1*) Timescale: Within one month of date of report.
Findings: Met. The Statement of Purpose has been reviewed in order to meet the requirements of re-registration in line with RISCA (The Regulation and Inspection of Social Care (Wales) 2016). However, it is advised that the document be dated in order to evidence when a review has been undertaken or when it is updated, which in line with RISCA should be at least annually (Reg 7).

2.2 Previous Developmental Actions

- 2.2.1 To continue to recruit sufficient numbers staff of staff to reduce the use of agency staff at the home.
Findings: Partially. The home has recently had 12 members of staff graduate as Nursing Assistants and whilst agency staff continue to be employed, the home endeavours to provide consistency by block booking nurses from agencies on Hafod's preferred providers list.

3.1 Documentation

- 3.1.1 Two resident's files were viewed (both people were receiving dementia residential care). One file contained a pre-admission assessment; however, it was noted that the one file without a pre-admission assessment was admitted to Ty Penrhos whilst the home was being managed by a different Manager. The pre-admission assessment, along with the Local Authority Care Plan had been used for the personal plan and the risk assessments.
- 3.1.2 Both files had personal centred plans, with assistance being provided by family members and staff.
- 3.1.3 Risk Assessments were observed. The Monitoring Officer found a Risk Assessment in respect of call bells due to the individual not being able to use the call bell for assistance. Other Risk Assessments observed applied to falls, bedrails, pressure areas etc.

- 3.1.4 Reviews are undertaken monthly and Personal Plans are up-dated as when changes are identified.
- 3.1.5 Daily records were viewed over a period of a few weeks. The records outlined information as to how long a person likes to sleep, how an individual enjoys the quiet, watching T.V., Church attendance etc.
- 3.1.6 Whilst viewing the files, it was noted that safer handling plans were in the main file but not in the supplementary files. This was also noted by SL when viewing nursing files and was shared with the Deputy Manager.
- 3.1.7 Appropriate referrals are made to professionals i.e. GP, District Nurses, Physiotherapists, CPNs etc.
- 3.1.8 A new Statement of Purpose is currently with CIW awaiting registration, as in line with RISCA.

3.2 Staffing

- 3.2.1 Three staff files were viewed. It was noted that the files contained most required information, such as a fully completed application form, job description, and a signed contract of employment. However, they were not consistent and some files did not contain a signed contract of employment, a photograph, nor evidence of an induction having taken place. The Deputy Manager was advised that whilst two files contained a photograph of the member of staff, they were not very clear.
- 3.2.2 All three staff files viewed were for new starters, and it was noted that for the two carer files viewed, neither file contained an induction pack. This was discussed with the Deputy Manager, who advised this would be looked into as both members of staff were known to have undertaken and completed an induction.
- 3.2.3 The average number of staff on duty, are 2 Managers, 3 Clinical Lead (covering morning and night), 4 Registered Nurses during the day and 3 at night, 24 Care staff during the day and 14 at night. Other staff include Administrative support, Kitchen and Laundry staff, Domestic, Maintenance and Activities.
- 3.2.4 12 of the Carers have recently graduated to become Nursing Assistants.
- 3.2.5 Only 2-3 individuals work more than 48 hours per week and each individual has signed a document to confirm they have chosen to opt out of the working time directive.
- 3.2.6 There is a strong management structure in place, with a Manager, Clinical Lead, and a Unit Lead for each of the nursing and residential units.
- 3.2.7 Some members of staff were spoken to during the visits and the feedback was very positive. One member of staff agreed to answer some questions; however, other members of staff then participated and all evidenced a good knowledge of the individuals they support. They spoke warmly about the residents and also provided positive feedback in respect of the Manager and the staff team; with one member of staff advising she “wouldn’t want to work anywhere else”.

3.2.8 When asked what staff would do should they have spare time, they advised they would shave the gentlemen, do hair, walk residents down *the street*, read classic car books to the gentlemen and chat about the Queen/Royal family.

3.2.9 When asked what does the home do for the people or help them to do themselves, the member of staff replied "*making lives better and we promote independence for as long as they can*".

3.3 Training

3.3.1 The Monitoring Officer viewed the training matrix and found the majority of staff had attended mandatory training, with some individuals awaiting to attend renewal training.

3.3.2 The provider uses a combination of traditional classroom based training and e-learning depending on the subject. Assessment competencies are undertaken annually.

3.3.3 Staff attend non mandatory training courses such as Personal Safety, Dementia Awareness, Diabetes Awareness, Epilepsy Awareness, Stoma Care, Advanced Care Planning and Sepsis Awareness and Palliative Care to name but a few.

3.3.4 The quality of training is assessed by staff being observed on how they undertake and carry out new techniques/skills that have been learned. New techniques and practice is also discussed during the supervision sessions.

3.4 Facilities / Observations

3.4.1 All individual bedrooms are of a good size and were individually decorated, with personalised items on display i.e. ornaments, pictures, personalised bedding, cushions.

3.4.2 The visiting officers walked around all parts of the home several times during the visits, and observed that all areas appeared clean and tidy. The monitoring officer spent some time observing one of the lounges in the residential area of the home.

3.4.3 General observations were positive, there was a good staff presence in all parts of the home and staff did not appear rushed or harassed. It was pleasing to see a member of staff sitting with two residents at lunch and providing assistance where required as well as making conversation.

3.4.4 The Manager holds a short meeting each morning with representatives from each part of the home, such as a unit leads, activities co-ordinator, chef, maintenance staff. The Monitoring Officer observed a meeting and it was positive to see that the staff provide relevant updates about residents, staffing and any issues that require attention/action.

3.5 Fire Safety/Health and Safety

- 3.5.1 The last fire assessment was completed in May 2018 and the last monthly fire extinguisher check was observed to be undertaken in November 2018. During the visit the monitoring officer observed the emergency lights and fire alarms certificates.
- 3.5.2 Fire drills are recorded and the monitoring officer viewed records dated 7 February, 11 July and August 2018.
- 3.5.3 Fire alarms are tested weekly and PEEPS are checked and updated on a monthly basis. Monitoring records are signed and dated by the unit leads.

3.6 Managing a residents money

- 3.6.1 Ty Penrhos is assisted by a finance officer who signs for incoming/outgoing money and which is also signed by the Manager or the Deputy Manager. Electronic records are maintained and a receipt book is also used, both of which were viewed by the Monitoring Officer.

3.7 Home Maintenance

- 3.7.1 Ty Hafod have an estate team and an estate operative that oversees regular maintenance checks. Sub contractors are also used for plumbing, lights etc.
- 3.7.2 Within the last 6 months, Ty Penrhos has made alterations to the top floor; therefore, the home now accommodates 83 individuals.
- 3.7.3 At the time of the visits, there were no issues reported with regards to concerns for the property. The Manager advised that the home has a good working relationship with the estate agent.
- 3.7.4 Some residents are able to change the temperature of their room, whilst others are not; they are of a set temperature. However, should the room setting require altering, staff can change the temperature.
- 3.7.5 The only CCTV insitu is outside.
- 3.7.8 At the time of the visits, there were no Welsh speaking residents; however, the Monitoring Officer was advised that some staff speak Welsh, Polish and Romanian. The home is currently improving its Welsh signage.

3.8 Activities

- 3.8.1 Ty Penrhos has 3 Activity Co-ordinators, with one individual working part time.
- 3.8.2 The Manager advised that children from a local school visit the home and both the residents and the children, enjoy each other's company, sharing school songs from both generations. The school children have also been invited to attend the Ty Penrhos' Christmas pantomime.

- 3.8.3 Some residents enjoy frequenting the local public house, where they are now known. Some also enjoy a shopping trip to the local supermarket, situated just across the road from the home.
- 3.8.4 Ty Penrhos has regular entertainers visiting the residents, along with going out on day trips to the seaside, parks, garden centres, holding a barbeque etc. Photographs of the events are taken and are placed on the walls for all to see.
- 3.8.5 Whilst undertaking a previous visit earlier in the year, the Monitoring Officer noticed that the home had an incubator for chicks and the residents thoroughly enjoyed watching them hatch, along with the visiting school pupils. This is something the home plans to make a regular event as it provided much joy to the residents.

3.9 Visitors feedback

- 3.9.1 The monitoring officer spoke to a relative during the visit, and it was positive to hear that they were very complimentary about the care, describing it as “very good”. They described the staff as “approachable” and spoke positively about the unit lead.
- 3.9.2 They advised that their relative enjoys the new sensory room. This is an area of the APD unit, which was previously not utilised to its full potential. Therefore, it was decided to turn the area into a sensory area, which comprises of a projector which projects patterns onto the wall, sensory stimulating/fibre lights, bean bags, massaging creams etc.
- 3.9.3 The new refreshment areas continue to be in use on each floor and allows visitors to help themselves to tea/coffee and biscuits and offers an informal, relaxing environment.

3.10 Quality Assurance

- 3.10.1 Resident and relative meetings are held at least twice a year. During the meetings, various topics of interest/concern are discussed i.e. veg patch/health garden; some individuals thought 2 cooked meals per day was too much; therefore, main meal is provided during mid-day and then afternoon and a light supper is provided. The Adult Physical Disability Unit requested a pizza night, a Chinese and requested to visit the local public house.
- 3.10.2 There are regular staff meetings and the discussions are recorded and retained on file. It was evident that there had been separate staff meetings for different areas of the home, such as a kitchen staff meeting, nurses’ meeting, and unit meetings for each part of the home.
- 3.10.3 The home undertakes an annual quality assurance survey which is sent out to relatives for their feedback. The 2017 report was viewed, and the overall average scores were observed to be positive with residents scoring between 4.6 – 5 (out of 5) for such areas as dignity & respect, communication, how care and support provided improves quality of life etc.

4. Corrective / Developmental Actions

4.1 Corrective

- 4.1.1 Bedrails and bumpers in use, no evidence to support that individual and/or family have been involved in the decision as no signature observed with regard to agreeing of use. Timescale: Immediately (RISCA Reg. 15)
- 4.1.2 All staff to receive regular supervision sessions. Timescale: Immediately and ongoing (RISCA Reg.36)
- 4.1.3 Pressure Are Risk Assessment – no dates of review: Immediately and ongoing (RISCA Reg. 21)
- 4.1.4 Oral care is not consistently recorded: Immediately and ongoing (RISCA Reg. 21)
- 4.1.5 To ensure staff files contain appropriate information, including a job description, a clear photograph, at least 2 references, a signed contract of employment, evidence of induction for newly appointed members of staff. Timescale: Immediately and ongoing (RISCA Regs. 35 & 36)

4.1 Developmental

- 4.1.1 For Safer Handling plans to also be retained on an individuals supplementary file.
- 4.1.2 To ensure the home's Statement of Purpose is dated in order to evidence it is being up-dated on an annual basis.

5. Conclusion

- 5.1 The visit was generally positive, with improvements in some areas since the last monitoring visit.
- 5.2 It was positive to observe a good relationship between the staff and the residents, with staff evidencing a good knowledge of their individuals they are supporting.
- 5.3 Routine monitoring will continue. The visiting officers would like to thank the staff for their hospitality during the visit.

Author: Caroline Roberts
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Date: 11.12.18

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.