

CAERPHILLY COUNTY BOROUGH COUNCIL
DIRECTORATE OF SOCIAL SERVICES

COMMISSIONING TEAM

CONTRACT MONITORING REPORT

Name/Address of Provider: Valley Manor Nursing Home, Southend Terrace,
Pontllytyn, Rhymney, CF8 9RN.

Date/Time of Visit: 25.04.18 & 30.04.18

Visiting Officer(s): Andrew Davies, Contract Monitoring Officer, CCBC
Sherry Lewis, Lead Nurse for Care Home Governance
and Safeguarding, ABHUB

Present: Heather Llewellyn, Registered Manager.

1. Background

- 1.1 Valley Manor Nursing Home is situated in the centre of Pontllytyn. The home has been owned by Serenity Homes since 2013.
- 1.2 The home is registered to provide residential and nursing care for up to 27 residents. Two rooms are double rooms, but at the time of the visit they were being used as single occupancy. There were 20 residents at the time of the visit; 15 people in nursing care and 5 in residential.
- 1.3 Announced monitoring visits took place on the 25th and 30th April. The visiting officers had discussions with the Manager, the Clinical Lead and other staff, spoke to residents, and viewed documentation.
- 1.4 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 Regulation and Inspection of Social Care Act (RISCA) 2016, and developmental actions are good practice recommendations.

2. Previous Corrective and Developmental Actions

- 2.1 The previous actions were reviewed and completed under a separate monitoring process in 2017.

3. Findings

3.1 Documentation

- 3.1.1 Two resident's files were seen during the visit. Both files contained pre admission assessments, however one of these had only been partly completed. It was noted that there was no prompt on the form to sign and date, so it wasn't possible to see who had completed the assessment,
- 3.1.2 The files contained a range of service plans and risk assessments that appeared to cover all aspects of care identified from the CCBC care plan. The information in the service plans were not particularly detailed, and would benefit from being more person centred. Care plans for warfarin were viewed, and the visiting officers felt that these should be more detailed with a clear procedure for staff to follow.
- 3.1.3 The risk assessment and service plan monthly reviews had been completed on at least a monthly basis. It was positive to note that where changes had been identified, appropriate action had been taken e.g. where weight loss was identified, the GP was informed and a fortified diet introduced, as well as more regular weight recordings.
- 3.2.4 The daily records seen were detailed and gave a good account of any significant issues each day, such as updates on medical conditions. The entries were mostly completed by care staff, with some notes added by nursing staff in required.
- 3.1.5 There was evidence of appropriate referrals to relevant professionals on both files seen, to GP's, various hospital departments, and other specialists. There was also evidence of recent visits from optician, dentists, and chiropodists.
- 3.1.6 Most nursing tools (such as MUST, Waterlow etc.) were competed every month, although there were some examples of the MUST scores not being completed. It was also noted that the bed rails assessments had not been completed clearly, and did not state the outcome of the assessment (whether bed rails were required or not).
- 3.1.7 It was noted that the weight records entered on to the MUST chart did not correspond with the weights recorded in the weight book, and the staff could not explain this. The manager advised that this would be raised with the nursing staff in a meeting and would be resolved.
- 3.1.8 The care staff have a separate file that they complete each day, where they record food and fluid intake charts, repositioning charts, and personal care charts, and these had all been completed fully.
- 3.1.9 Handover records were seen, and were completed every day as required. It was felt that the handover document could be improved and this was discussed with the Manager and Clinical Lead, who agreed to make some amendments.

3.2 Staffing

- 3.2.1 Two staff files were seen during the visit. Both contained required information, such as two references, proof of identification, a contract of employment, a detailed application form, and evidence of a CRB/DBS check within 3 years.
- 3.2.2 The home employs a Clinical Lead who is responsible for overseeing the nursing care at the home. The Clinical Lead works some nursing shifts, and some shifts as Clinical Lead.
- 3.2.3 The home also employs a Care Coordinator who oversees the practice of the Care Assistants.
- 3.2.4 The home uses an induction document for new starters and these were seen on the files. The induction covered most basic information and each area is signed by the supervisor to show that staff are competent or have shown understanding in each area. The home has not yet introduced the Social Care Wales induction framework.
- 3.2.5 The current staffing levels at the time of the visit are as follows:-
Days: 1 nurse, and 5 care assistants
Aternoon: 1 Nurse and 4 care assistants.
Nights: (8pm-8am) 1 nurse and 3 care assistants.
The Manager, Clinical Lead and Care Coordinator are not included in the staffing numbers
- 3.2.6 The supervision matrix was seen, and it was noted that some staff had not received regular supervision in the last 6 months, although other staff had. In particular the nursing staff and some night staff were overdue for supervision. There were no recent annual appraisals seen.
- 3.2.7 The Manager advised that the home is fully staffed, and there has been no need to use agencies to cover any shifts in recent months.

3.3 Training

- 3.3.1 The training matrix was seen and it was evident that most staff have attended mandatory training. There were some gaps in the training matrix where it appeared that some staff had not attended some courses, or were overdue for refresher training.
- 3.3.2 The home uses training from CCBC and ABUHB, and also arranges several courses through one training company; these are generally delivered in the care home.
- 3.3.3 The provider does not use e-learning, but prefers to arrange traditional classroom based training courses

3.4 Facilities / Observations

- 3.4.1 All areas of the home were clean and tidy, although it was felt that some maintenance work was required in some areas, including some of the radiators, and the front steps.
- 3.4.2 The home no longer employs a maintenance worker, although the Manager advised that there were plans to recruit someone as soon as possible.
- 3.4.3 All individual bedrooms were individually decorated, and contained several personalised items such as ornaments, pictures etc.
- 3.4.4 The visiting officers walked around the home during the visits and spoke to residents. It was noted that interactions seen between staff and residents were very friendly and caring, and it appeared that staff were taking their time with residents and did not seem to be rushing. Positive feedback was received from residents about the standard of care, although some residents felt that they would like more opportunities to take part in activities.

3.5 Activities

- 3.5.1 There is an activities record for each person and it was positive to see that these had been completed daily, however it was noted that there was very little evidence of activities being arranged by a member of staff. All entries seen mentioned activities such as 'watching TV' and there was no evidence of staff providing any group activities or one to one activities.
- 3.5.2 The home does not employ an activities co-ordinator, on the basis that activities should be the responsibility of all staff, however it was clear from conversations that in most cases no one takes any responsibility for arranging activities due to being too busy. It was suggested that the provider and Manager considers employing a dedicated activities worker who would be able to focus on activities each day.
- 3.5.3 It was noted that the home does arrange for outside entertainers to visit occasionally, and there are special activities at certain times of year.

3.6 Quality Assurance

- 3.6.1 The accidents and incidents file was seen, and it was positive to note that these were audited monthly, however it was felt that the monthly audits could be improved; rather than just listing the number of accidents and incidents it would be beneficial to use a summary of each incident, and to look for trends. Some of the accident and incident forms had not been fully completed, and did not give a summary of what action had been taken following the incident, or to explain why it had happened.
- 3.6.2 It was noted that medication audits had not been completed by the Clinical Lead, and from looking at some MAR charts it appeared that there were some missing

signatures for medication administration, with no explanation. After the first visit a medication audit was introduced and it was stated that these would be completed on a monthly basis.

- 3.6.3 Evidence of visits from the provider were seen, and during these visits various areas are checked and audited with a written report produced.

4. Corrective / Developmental Actions

4.1 Corrective

- 4.1.1 Ensure that supervision sessions take place every 3 months. (RISCA Act, Regulation 26)
- 4.1.2 Ensure that staff attend annual appraisals. (RISCA Act, Regulation 26)
- 4.1.3 Ensure that service delivery plans are written in a detailed and person centred manner, with personal preferences, likes and dislikes, and to show what can be done independently and what can be done with prompting or assistance from staff. (RISCA Act, Regulation 15)
- 4.1.4 Consider the current activities provision at the home to ensure that people are offered regular opportunities to participate in activities. (RISCA Act, Regulation 21)
- 4.1.5 Ensure that the home has suitable arrangements for managing the maintenance of the building. (RISCA Act, Regulation 48)
- 4.1.6 Ensure staff are up to date with their mandatory training, and applicable non-mandatory training courses, and this is shown on the training matrix. (RISCA Act, Regulation 36)
- 4.1.7 Ensure that accurate weight recordings are made, and are used for the MUST tool and any other documentation. (RISCA Act, Regulation 59)
- 4.1.8 Ensure that pre admission assessments are fully completed, and are signed and dated by the person completing the assessment. (RISCA Act, Regulation 14)

4.2 Developmental

- 4.2.1 The Manager is encouraged to consider improving the accident and incident audits to give a more detailed summary, to explain any action taken, and to look for trends.
- 4.2.2 Consider the induction document used at the home and consider using a more detailed document, based on the Social Care Wales Induction Framework.

5. Conclusion

- 5.1 Although there are corrective and developmental actions, residents gave positive feedback about the home, in particular about the staff, and it was clear from the interactions that there was a caring and friendly relationship between the residents and the staff.
- 5.2 The visiting officers would like to thank the staff for their hospitality during the visits. Further visits will be made to review progress towards meeting the corrective actions.

Author: Andrew Davies
Designation: Contract Monitoring Officer
Date: 21.05.18

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.