

CAERPHILLY COUNTY BOROUGH COUNCIL
DIRECTORATE OF SOCIAL SERVICES

COMMISSIONING TEAM

CONTRACT MONITORING REPORT

Name/Address Of Provider: Valley View Care Home, Dan y Coed, Cefn Hengoed,
Hengoed, CF82 7LP

Date/Time Of Visit: Thursday 24 May, 2018, 9.30 a.m. – 2.00 p.m.
Wednesday 11 July, 2018, 9.30 a.m. – 3.45 p.m.

Visiting Officer(s): Andrea Crahart, Contract Monitoring Officer,
Commissioning Team, CCBC
Sherry Lewis, Lead Nurse Safeguarding, ABuHB

Present: Ceri Evans, Registered Manager
Rebecca Raye, Deputy Manager
Jennifer Whitehouse, Regional Manager (11 July,
2018)

1. Background

- 1.1 Valley View Care Home is a large, single storey building in Hengoed that is registered to provide care for a total of 64 people. The Home can currently accommodate and support 12 people with personal care needs, 24 people who have a cognitive impairment and 28 people who require nursing care.
- 1.2 During the monitoring visits there were 36 people residing at the home. The vacancies at the time included 17, for people who require personal care/who have a cognitive impairment, and 12 for people who require nursing care.
- 1.3 The Home is owned by Four Seasons Health Care and is accredited to provide the 'Dementia Care Framework'. This provides up to date training, communication and specialist support for people living at the home with dementia.
- 1.4 The Commissioning Team receive feedback from Care Managers (social workers) and Reviewing Officers on an ongoing basis with regard to their observations of the Home during visits. Since January 2018 a total of 13 issues were recorded during this time which were addressed accordingly, in addition to 2 pieces of positive feedback.
- 1.5 An inspection undertaken by the CIW (Care Inspectorate Wales) in February 2017 identified a number of areas of non compliance where there would have been an expectation that the Manager would address as soon as possible.
- 1.6 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 the Regulation and Inspection (Wales) Act 2016, and developmental actions are good practice recommendations. A Contract Monitoring Tool was completed for the purposes of monitoring this provider during the visits.

Previous Actions

2. Corrective Actions

- 2.1 Care Plan evaluations/reviews to be more detailed in content. Timescale: within 3 months and on going. **Action met.**
- 2.2 New documentation to evidence that residents and/or their representatives are involved in the Care Planning process. Timescale: within 3 months and ongoing. **Contract Monitoring Officer to check on future visits.**
- 2.3 Interim Agreement with relatives about being informed about incidents and for resident to give consent (where able to). Timescale: within 3 months.
- 2.4 To always explore any gaps in employment history within application forms and note these accordingly. Timescale: Immediately and on going. **Action met.**
- 2.5 Staff Supervisions to be undertaken on a regular 2 monthly basis (as per NMS) and for staff who have not received supervision for a long time to be prioritised. Timescale: within 6 months. **Contract Monitoring Officer to check on future visits. There is now an expectation within the Regulation and Inspection (Wales) Act 2016 that supervisions are held at least on a 3 monthly basis.**

Developmental Actions

- 2.6 Additional pressure care training to be sourced (via a class room situation/guidance via ABHB colleagues). Timescale: within 6 months. **Action to be checked.**
- 2.7 Lounge areas in Residential/Nursing area to be equipped with items to provide entertainment/stimulation e.g. games, colouring books, photo albums etc. and to be in easy reach of people. Timescale: Immediately and on going. **Action met.**
- 2.8 Residents' meetings to be held and encouraged in order to obtain the views/feedback from people living in the home. Timescale: within 9 months. **Action met.**
- 2.9 Choice of meals to be visibly shown to residents who require this so that people have the opportunity to choose what they would like to eat. Timescale: Immediately and on going. **Action on going.**
- 2.10 Photographs of activities/events to be displayed on the wall of the Home. Timescale: Immediately and on going. **Action met.**
- 2.11 The 'Resident's Experience' to be promoted and observations by managers to be continued to ensure staff use positive language in describing residents etc. Timescale: within 6 months and on going. **Action met.**

2.12 Activities Co-ordinator (once appointed) to provide meaningful ways to occupy people, and explore ways of engaging the local community in the life of the Home; accessing suitable resources (e.g. Pet Therapy), bus trips to visits places of interest etc. Timescale: within 12 months. **Action met.**

3. Responsible Individual

- 3.1 The Regional Manager confirmed that Four Seasons Healthcare had registered the service with CIW to meet the registration deadline of 30 June, 2018. Part of this process included submitting an updated Statement of Purpose, other associated documentation, and the appointment of a 'Responsible Individual'.
- 3.2 The Regulation and Inspection Act (Wales) 2016 places expectations on the 'Responsible Individual' of the service to hold accountability for both service quality and compliance.
- 3.3 Part of the Responsible Individual's duties is to visit the service on a quarterly basis in order to have an oversight of the service and report on its quality. It was evident that this person had undertaken a visit at the end of June 2018 and that future quarterly visits were planned for.
- 3.4 The Home's Policies and Procedures were viewed to ensure that the key/mandatory policies were present and had recently been reviewed to ensure they remain accurate and up to date. The vast majority of policies had been reviewed and included a planned review date, however at the time of the visits one of the policy required reviewing.

4. Registered Manager

The Manager was asked a number of questions to ascertain the current situation with the following, which were confirmed as follows:

- 4.1 The Care Home does not operate a CCTV system (surveillance system). Where Care Home providers use this type of system to enhance the security and safety of the premises and people cared for it would be expected that Data Protection regulations are adhered to.
- 4.2 There are currently no concerns relating to the facilities within the building e.g. sluice, hot running water etc.
- 4.3 The temperature in individual bedrooms is able to be adjusted via the radiator thermostats to ensure that people do not become too warm or too cold. In addition, during times of hot weather desk top fans are also available.
- 4.4 The Home are very pro-active in forwarding Regulation 60 documents, which report on incidences that have occurred e.g. outbreaks of infectious diseases, illnesses experienced etc.
- 4.5 Deprivation of Liberty Safeguards (DoLS) applications are submitted for people who lack capacity to make decisions/choices for themselves. The Manager confirmed

that all the submissions that are required have been forwarded to the DoLS Team who are located in Newbridge House (ABuHB).

5. Training

- 5.1 Four Seasons Healthcare staff use e-learning for the majority of training courses, and arrangements are made to facilitate additional learning in a 'class room setting' so that staff have the benefit of learning on an individual or a group basis. Courses where class room training takes place would include e.g. safeguarding, would care etc.
- 5.2 The quality of training is assessed via the completion of evaluation forms, and direct staff feedback, in addition to training being a topic that is discussed during supervision sessions. The Managers also check application to practice by spending time walking around the home observing care practices.
- 5.3 Attendance on mandatory training is largely up to date i.e. 94% compliant. Mandatory training includes courses such as safeguarding, infection control, food hygiene, first aide etc., in addition to other topics such as Deprivation of Liberty Safeguards (DoLS), oral health care, nutrition, pressure care awareness, Advance Care Planning etc.
- 5.4 The 'Resident Experience', which is unique to Four Seasons hold courses for staff to experience how it feels to be a person living at the Home e.g. to be fed from a spoon.
- 5.6 'The Active Offer – More than Just Words' (revised Welsh Language Act) requires providers of social care to provide communication in welsh without the person asking for it. Four Seasons Healthcare are aware of the requirements of the Act and intend to implement this in ways that will be suitable to the Home.

6. Staff files

- 6.1 Two staff files were viewed which related to relatively new staff members. It was evident that staff recruitment procedures had been adhered to i.e. there were 2 written references, a job description, detailed application form (where no employment gaps were identified), an interview record that illustrated that scenarios had been asked, in addition to a signed Contract of Employment, and DBS (Disclosure and Barring Service) information.
- 6.2 A photograph of the staff member was not present on one of the files, which was brought to the attention of the manager during the visit. Arrangements would be made to ensure that this was attached to the file.

7. Documentation

- 7.1 Two individuals' files were viewed as part of the monitoring process. It was evident that files included the relevant pre-admission documentation and information from the CCBC Care and Support Plan had been used to write more detailed Personal Plans (Service Plans).

- 7.2 It was communicated that some difficulties have been experienced in obtaining signatures from families to involve them in compiling their relative's Personal Plans, however attempts continue to be made to involve families in this process. Personal Plan reviews are meaningful and take place on a monthly basis, or sooner if there are changes to the person's needs.
- 7.3 Valley View have introduced a new dementia framework. Part of this has included the introduction of a new booklet named, 'Me and My Life' which will be used to capture important parts of the person's life e.g. likes/dislikes, favourite things/past holidays etc. and will be a resource for many people involved in the life of the individual.
- 7.4 There was evidence that the Home make referrals to appropriate outside agencies (e.g. GP, community dentist) where required, and there is a 'Communication record' for these visits to be recorded.
- 7.5 Daily recordings were present for each person and appeared to reflect the areas outlined in the Personal Plans.

8. **Staffing**

- 8.1 The Home employ a Registered Manager and Deputy Manager who are supported by the Four Seasons Regional Manager, Resident Experience Manager and Responsible Individual.
- 8.2 The Home ensure continuity of qualified nurses, and where it is necessary to use agency staff that the same staff are used.
- 8.3 Staff sign up to the Working Time Directive if they choose to work more than 48 hours per week, and this would be monitored accordingly.

9. **Quality Assurance**

- 9.1 There is an 'open door' policy in the Home which makes it possible for staff/relatives/visiting professionals to be able to readily address issues/leave feedback etc. with the Managers.
- 9.2 Valley View have a 'Quality of Life' electronic tablet device to enable staff, relatives, visitors to report their comments during/at the end of their visit. These comments are directed electronically to the Managers of the Home and the Regional office to be able to act on promptly, and be aware of, and is particularly useful out of hours/weekends when the Managers may not be available.
- 9.3 The Contract Monitoring Officer was informed that a Stakeholder Satisfaction survey will be undertaken in the early months of 2019 where information will be gathered from individuals living at Valley View, relatives/friends, professionals etc. Information is also collected via the Managers through observing staff practices and feeding this back via their own audit processes.

- 9.4 Some recent staff meeting minutes were viewed. It was evident that items discussed recently included arrangements for people from the Home visiting a local playgroup which would benefit both the residents and children. The Home are also working towards interaction with the local primary school to further the intergenerational links within the community.
- 9.5 Relatives' meetings are held, and attendance is continually encouraged.
- 9.6 The Home operate a written handover arrangement and is undertaken at the end of each shift. This is led each time by the nurse in charge and all involved in the shift will attend. In addition to the above, there is also a 24 hour period shift report which covers many areas, such as accidents, injuries, new pressure damage etc.
- 9.7 Valley View's incidents continue to be logged onto the Homes Datix reporting system. This enables the Home to analyse, run reports and alerts senior management to the issues presenting.
- 9.8 The local GP visits on a weekly basis, and any medication issues are addressed during these calls.
- 9.9 In terms of falls sustained by people within the Home, it was confirmed that no trends have been identified
- 9.10 If individuals living at the Home require the use of advocacy services to support them arrangements are made to source this.
- 9.11 The Home has a dementia champion. This person is responsible for the people who reside in the dementia community (Primrose). It is evident that this person understands the emotional needs of the people he cares for, and is passionate about the care that he provides and this enthusiasm is shared with his staff team.
- 9.12 In 2017 staff had achieved the Four Seasons ROCK Award for a recognition of care and kindness shown to people.

10. **Fire Safety and maintenance checks**

- 10.1 Fire checks routinely take place in terms of fire alarm, equipment and fire drills.
- 10.2 Two individuals are employed to provide maintenance/handyman duties.

11. **Managing residents' money**

- 11.1 The nominated person at Valley View ensures that processes are in place to manage people's money/personal allowances.
- 11.2 It was evident that when cash/cheques are submitted on behalf of a person that 2 signatures are always obtained, in addition to always ensuring that receipts are issued.

11.3 Bank reconciliations are held on a monthly basis and there are processes in place to keep money safe.

12. Relative Questionnaire

12.1 A relative of a person who resides on Primrose was spoken to during the visit who was extremely complimentary about the care provided at the home. This person visits very regularly and only has positive comments to make about the home.

12.2 Comments were made about how their relative had lived at the home for a number of years and felt very much at home living here, and how she recommends the home to other people.

13. Observations

Activities

13.1 Valley View benefit from 2 Personal Activity Leaders who perform their duties enthusiastically and creatively, providing a range of activities for people. During the visits music was playing in one of the lounges and people could be heard singing along. Recent photographs were on display of how people were entertained during the recent Royal Wedding celebrations.

13.2 The Home have made links with a local children's playgroup where residents have visited, and plans have also been forged with a local school to bridge the intergenerational gap.

13.3 An element of the Personal Activity Leader's role is to provide companionship to people who remain in their own room by spending time with this person. Typical activities may include, talking, painting finger nails, hair care etc.

13.4 During one of the visits it was evident that staff at the Home had made an effort to create a special date for a person at the Home and his wife to have a meal together. The chef, manager and administrator all worked together to make this a special as possible.

Mealtime experience

13.5 The mealtime experience was observed within the dementia community. This was provided in an unhurried manner and staff were attentive, assisting people where this was needed. Meals looked and smelled delicious.

13.6 Tables had been decorated attractively with table clothes, serviettes, condiments, vase of flowers and a table menu. Pictorial menu boards are available in the dining rooms in Primrose, which provide a colourful and appetising way of helping people to make a choice about what food is on offer that day. However it was uncertain whether people regularly noticed this. It was suggested that staff visually show people the choice of food that is on offer which should aid the person's decision making.

Home Environment

13.7 The Home had a calm atmosphere during both visit days, and there were no malodours noted.

- 13.8 A lounge located in the residential/nursing side of the home has received a 'make over' and is now a 'reminiscence room' for people to use and enjoy. The Contract Monitoring Officer was told that relatives enjoy using this room also. There is also a room that has been re-designated as a 'garden shed', where people can enjoy potting plants etc.
- 13.9 Hallways areas within the residential/nursing home now display some photographs to show the activities that people have enjoyed over recent months. The Manager confirmed that arrangements will be made to add a theme(s) to brighten these hallway areas also.
- 13.10 External areas of the Home continue to be improved and look well maintained.
- 13.11 The hallway used by people with a dementia has been re-decorated with a selection of different colours and includes some pictures of memorabilia. Part of this hallway is decorated as a woodland theme and provides a dementia friendly environment, including many stimulating pictures of interest, items that people can engage with e.g. gardening magazines, and small garden chairs/tables that are placed periodically through the hallway so that people can rest when they need to. In due course there are plans to re-fit the hallway with a new carpet.
- 13.12 People are also given opportunities to grow their own tomatoes in the garden and are able to hang washing up on the washing line if they wish.
- 13.13 Suitable signage has been fitted to doorways in the hallways to guide people to their own bedroom, bathrooms, lounges etc.
- 13.14 People living on Primrose benefit from having a 'café' that they can use at anytime of day, which is particularly beneficial for visiting friends and relatives also. This café is fully equipped with tea/coffee making facilities and tables and chairs and is very inviting.

14. Corrective Actions

- 14.1 Policy relating to Whistleblowing to be revised and a planned review date set. **Timescale: Within 2 months.** (RISCA Reg. 12)
- 14.2 Photograph to be attached to the staff members file (SM) where it was identified that this was absent, and other checks to be made of other staff files also. **Timescale: Within 1 month.** (RISCA Reg. 35)
- 14.3 To implement 'The Active Offer – More than Just Words'. **Timescale: Within 6 months and ongoing.** (RISCA Reg. 24)

Developmental Actions

- 14.4 For meals to be visually shown to people who have a dementia to assist with their decision making. **Timescale: Immediately and ongoing.**

15. Conclusion

15.1 The Home employ a Registered Manager who is registered with Social Care Wales and is well supported by a Deputy Manager, Regional Manager and Responsible Individual.

15.2 Four Seasons Healthcare continue to develop the Home to make it dementia friendly and stimulating for all people living at the Home. During recent months the Managers have created a reminiscence room which is a welcome addition and provides a space for people cared for, their families and other visitors to benefit from. It is also pleasing to hear of other plans that are in place to further enhance the residential/nursing Home environment.

15.3 The Contract Monitoring Officers would like to thank the staff at Valley View care home for their hospitality and time during the visit

Author: Andrea Crahart
Designation: Contract Monitoring Officer
Date: July 2018

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.