

# CAERPHILLY COUNTY BOROUGH COUNCIL, DIRECTORATE OF SOCIAL SERVICES

## COMMISSIONING TEAM

### Contract Monitoring Report

**Name/Address of provider:** White Rose Care Centre, White Rose Way, New Tredegar NP24 6DF

**Date/Time of visit:** 28 November 2019

**Visiting Officer(s):** Caroline Roberts, Contracting Monitoring Officer (CMO)

**Present:** Jayne Coburn, Registered Home Manager

## 1 Background

- 1.1 White Rose is a purpose-built home in New Tredegar, which is registered to provide residential care to 32 people. The last full monitoring visit was conducted in November 2018 and corrective and development actions were given at the time of this visit.
- 1.2 Visiting officers employ a variety of monitoring systems to gather and interpret data as part of monitoring visits, including observations of practice at the home, examination of documentation and conversations with staff, service users and relatives where possible.
- 1.3 Dependent on the findings within the report, corrective and developmental actions will be given to the provider to complete. Corrective actions are those that must be completed (as governed by legislation); developmental actions are good practice recommendations.

## 2 Previous Recommendations

### 2.1 Corrective actions

- 2.1.1 Staff to receive one to one supervision, no less than quarterly. (Regulation and Inspection of Social Care (Wales) Act 2016 Reg 36.2 (c))  
Timescale: Immediate & Ongoing. Finding: Not Met, see main body of report.
- 2.1.2 Personal Plan's to evidence that the individual or their representative has been involved in the preparation of the plan. (RISCA Reg 15.6)  
Timescale: Immediate & Ongoing. Finding: Not met, see main body of the report.
- 2.1.3 Quality Assurance Report to be provided to CCBC Commissioning department. (CCBC Contract)  
Timescale: Within three months of the date of this report. Finding: Not Met, not provided to the CMO within the requested three months.

## 2.2 Developmental actions

- 2.2.1 Daily Records to be more personalised and record aspects of well-being and social activities. Findings – Met.

## **3 Findings**

### 3.1 Responsible Individual

- 3.1.1 The Responsible Individual (RI) is Mr Kevin Groombridge, 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 whilst a Quarterly Report for August, September and October 2019 was shared with the Monitoring Officer, it was unclear as to who undertook the audit and completed the report.
- 3.1.2 The Home's Statement of Purpose was shared with the Monitoring Officer and was viewed to be dated June 2018. There is an expectation that this is reviewed on an annual basis and updated on an ongoing basis where changes are required.
- 3.1.3 The Monitoring Officer was provided with a Statement of Review of Policies and Procedures, which was issued on 18 January 2019. The statement advises that policies and procedures have been revised and up-dated as part of the ongoing quality processes throughout 2018. The Quality Management System will be subject to review and new policies will be issued as and when they are approved for implementation.
- 3.1.4 The contingency plan, in the event that the Responsible Individual and registered Manager were unavailable, would be that the service would be managed by Operations Director/Regional Manager.

### 3.2 Registered Manager

- 3.2.1 During the monitoring process, the Registered Manager was asked a number of questions relating to the service. It was confirmed that no more than the one service is managed. The Registered Manager is registered with Social Care Wales and holds a relevant NVQ qualification in Health and Social Care.
- 3.2.2 The property currently has no CCTV and at the time of the visit, there were no issues with the general maintenance of the property.
- 3.2.3 Individuals residing at the home, may alter the temperature within their room as they are individually controlled.
- 3.2.4 Should significant events occur, either relating to the home itself or the individuals residing within the Home, the Registered Manager is required (within The Regulation and Inspection of Social Care (Wales) Act) to forward Regulation 60 documents to Care Inspectorate Wales, copying in the Local Authority's Commissioning Team.
- 3.2.5 The Monitoring Officer was advised that the Regional Manager visits monthly and the Registered Home Manager is not always informed of when the visits

will take place.

3.2.6 The Registered Manager was asked about the application of DOLs (Deprivation of Liberty Safeguards) and was advised that the home has a system in place for new applications and renewals. The system was shared with the Monitoring Officer.

3.2.7 During the visit, the Registered Home Manager advised that she felt supported by the Responsible Individual.

### 3.3 Documentation

3.3.1 During the monitoring visit, two resident files were viewed. One file contained a pre-admission assessment, whilst the second did not.

3.3.2 Both files contained detailed Personal Plans, which outlined the individual's preference, likes/dislikes. However, neither plan evidenced that the individuals or representatives had been involved in the development of the plans.

3.3.3 The Personal Plans were observed not to have detailed outcomes/goals for the individuals to aim for.

3.3.4 The files included Risk Assessments to aid the carers with meeting the individual's needs such as choking, communication, falls, challenging behaviour etc.

3.3.5 Out of the two files viewed, one file was observed to be a month over the review period, whilst the one file had no reviews due to the individual being a new resident.

3.3.6 The daily recordings were observed to be detailed, outlining an individual's mood and their social activities i.e. going out in to the community, what support in the community is provided, going out of meals with friends/relatives etc. The records also evidenced what assessments were undertaken that day by visiting professionals, when meds were administered etc.

3.3.7 Referrals to appropriate outside agencies were observed i.e. Occupational Therapy for sensory advice, GP, Social Worker, Community Psychiatric Nurse.

3.3.8 Agreements for relatives to be contacted during an emergency or to be informed about incidents are retained separately and are stored in a lockable cabinet within the manager's office.

3.3.9 During the previous monitoring visit in 2018, it was observed that a 'This is Me' document was present, which contained details of the resident's life history. During this visit, 'This is Me' was not observed to be present on the two files viewed; therefore, the reader did not have detailed information on the life of the individual whose file they are reading.

3.3.10 Both files contained Advanced Care Planning documentation, evidencing that resident's are consulted regarding their wishes such as hospital admission, DNR's, and any further arrangements in the event their health deteriorates.

3.3.11 The monitoring officer viewed the process in place for DOLs; however, whilst viewing the two resident files, it was noted that neither individuals required a DOLs.

3.3.12 During the visit, the monitoring officer viewed a sample of Medication Administration Records. No issues were observed. However, whilst viewing the Controlled Drugs record, it was observed that a second signature was missing for an entry that day. This was brought immediately to the Senior's attention.

### 3.4 Activities

3.4.1 The home employs an activities co-ordinator for twenty hours per week and is newly appointed. Whilst contracted for twenty hours, the Registered Manager advised that activities co-ordinator is flexible and will assist at the home if there is a special occasion or if an event is arranged i.e. an Elvis tribute.

3.4.2 The dedicated notice board was observed to be full of activities that will be undertaken during December i.e. visits from local school children, a Jingle Bell service from the Dementia Society, Christmas Jumper Day, Christmas PJ day, a visit to Blackwood's Panto etc.

3.4.3 Despite activities being planned, there was no evidence of activities taking place during the monitoring visit.

3.4.4 The home has recently purchased a summer house for the residents and this has been turned into Santa's Grotto in readiness for the Christmas Fayre that the home will host in December. Local residents, families and businesses have been invited and the Home Manager has advised that they have been overwhelmed by the local interest.

3.4.5 The summer house is situated in the garden area of the property and has been decorated to a high standard. There is also a lovely seating area for the residents to enjoy during the summer months.

3.4.6 The home has recently adopted a dog, which is enjoyed by the majority of residents and also staff.

### 3.5 Staffing and Training

3.5.1 As during the previous monitoring visit in 2018, the home is staffed by 6 carers on day shift between 7am to 7pm inclusive of two senior carers. Also on the day shift are the kitchen staff, domestic staff, maintenance, administrator and manager. There is one member of staff who works a 'twilight' shift from 7pm – 11pm. At night the home is staffed by 3 carers and 1 senior carer.

3.5.2 The home does not use agency staff as the staff are flexible and will cover shifts as and when required.

3.5.3 During the monitoring process, two staff files were viewed.

3.5.4 One file viewed involved an individual who had applied internally for a more senior position. However, the individual had worked at the home since 1998, whilst under different management/ownership. The second file viewed was that of a new member of staff and appropriate references were observed.

3.5.5 For the first file viewed, no job description was viewed and no interview record.

However, the monitoring officer observed an older application form, a signed contract of employment and a photograph. There was no evidence of a birth certificate or a passport present on the file. Training records observed included ABuHB Mouthcare, Manual handling, Safeguarding, Health and Safety.

- 3.5.6 The DBS viewed was dated for March 2016 and this was brought to the Manager's attention. The Registered Manager advised that the DBS had been up-dated and was on a separate file.
- 3.5.7 For the newer member of staff, a job description was observed, with an interview record and a signed contract of employment. However, no birth certificate, passport or photograph was observed.
- 3.5.8 Appropriate training certificates were viewed i.e. Food First, DOLS, Safeguarding, First Aid, Moving & Handling, End of Life. An up-to-date DBS check was also viewed. Staff at Whiterose undertake mandatory training and also any other training that may assist them with the residents they support i.e. Palliative care, Diabetes Awareness, Sepsis.
- 3.5.9 The home uses various training methods for example face to face, classroom based and the Registered Manager will access the Local Authority's training facility.
- 3.5.10 The home assesses the quality of training used by the staff, by undertaking audits and by observing the staff. Gaps in training are now identified by the home's new I.T. System and as of 11 November 2019, the home was 90% compliant as opposed to 84% in 2018 when last monitored.
- 3.5.11 Supervision was discussed with the Registered Manager as this was observed to be overdue. This area was discussed with the Manager during the last monitoring visit as staff were not receiving supervision regularly. As advised, regulation requires staff to meet with their line manager, or an equivalent officer, or a more senior member of staff, no less than quarterly.

### 3.6 Quality Assurance

- 3.6.1 At the time of time of the visit, no concerns had been raised with the Local Authority's CMO.
- 3.6.2 A copy of the Quality Monitoring Report was shared with the monitoring officer for the period of August, September and October 2019. The report provides the reader with a description of the service, review and analysis information, which looks at various aspects of the service i.e. bedrails, accidents, wounds, training matrix, medicine audits and many other areas. The report also includes data on clinical governance, complaints and the author of the report also includes feedback on observations of practice. During the process, residents had been spoken to and provided feedback.
- 3.6.3 Whilst the report had been dated, it had not been signed; therefore, there was no evidence to indicate as to who had completed the report.
- 3.6.4 White Rose Care Home has a complaints system in place and the Home Manager acknowledges the receipt of a complaint in writing and has up to 7 days in which to

respond. The last formal complaint received by the home was in October 2019; however, the matter did not proceed.

- 3.6.5 The Home Manager shared with the visiting monitoring officer that they regularly received compliments in the way of positive feedback and thank you cards. It was suggested that the positive feedback is shared with the Local Authority.
- 3.6.6 A 10@10 meeting is held each morning; whereby staff attend and information is shared.
- 3.6.7 Minutes of meetings are recorded and staff read and sign.
- 3.6.8 There are two handover books retained at the home and feedback is provided at the end of each shift by the Senior Carer on duty.
- 3.6.9 Whilst viewing the accident book, the monitoring officer noted that 7 accidents had occurred within the last month, one of which was an accident experienced by a member of staff. No trend was observed.
- 3.6.10 The Home Manager advised that daily activities are recorded for each resident. Such records were not observed during this visit.
- 3.6.11 The Home Manager was able to advise what advocacy service would be accessed for an individual should it be required. To date, no individual requires the support service.
- 3.6.12 The home has 4 Dementia champions. The Home Manager explained that this is a very sensitive area and that it is all in the approach and every individual is different. Sometimes a different approach, from a different carer can make all the difference.
- 3.6.13 When asked what action is taken should it be felt that an individual is taking too much medication, the Home Manager explained that monthly audits of medication are undertaken and with the GP undertaking a Home visit each week, anyone that may be possibly taking more medication than needs be, would be added to the GP's list for a review.

### 3.7 Home Maintenance

- 3.7.1 The home is supported by two employees who oversee the day to day maintenance. Both staff attend the 10@10 meeting and any problems that they are unable to resolve are referred to the Property Management Team.
- 3.7.2 Within the last 6 months, the home has raised funds to purchase a summer house. The new purchase was found to be decorated to a high standard, benefiting the residents and the local community when the home has family members visiting in the summer months or when the home has an open day for the local community.
- 3.7.3 The lounge areas have been decorated on both floors and have been done so to a high standard. Whilst speaking with the residents, they advised that they were very happy with the décor and the way in which the home had been decorated for Christmas.

3.7.4 The smoking area has also been extended in order to accommodate smokers who use a wheelchair.

### 3.8 Fire Safety/Health and Safety

3.8.1 A fire alarm maintenance service was last undertaken on 28 August 2019 and a fire Extinguisher Service is expected to be undertaken in April 2020.

3.8.2 *Fire FM* undertake Fire Risk Assessments for the home and the home is reviewed annually, the last one being undertaken on 26 September 2019. During the last assessment, 5 recommendations were highlighted – 3 were classed as a medium risk, whilst 2 were rated as high risk. This was discussed with the Home Manager and whilst some recommendations had been completed, two were awaiting action from the Property Management Team.

3.8.3 Other checks undertaken by the Homes own maintenance team include i.e. fire control panel, alarm sounders, fire extinguishers, fire door, keypad deactivation, fire escapes.

3.8.4 Personal Emergency Evacuation Plans were observed to be insitu.

### 3.9 Staff and Resident Feedback

3.9.1 A conversation was held with a member of staff, during which, a variety of questions were asked. The member of staff explained that should they observe an individual to be upset, they would talk to them and try to offer them comfort. If it were too continue, then the GP would be contacted for advice and assistance.

3.9.2 The carer advised that the residents enjoy being supported to go into the community. As the home has its own vehicle, the residents enjoy going out on day trips.

3.9.3 The carer was able to provide the monitoring officer with information in respect of one of the residents. It was evident that the carer knew a lot of information about the individual and how their behaviours can change. The carer was able to explain how staff communicate with the individual.

3.9.4 The monitoring officer was advised that the carer felt flexible in their role and that they could just sit and talk to the residents, have lunch with the individuals etc. The carer was able to describe the safeguarding process and how they would support a resident to maintain their independence.

3.9.5 During the monitoring process, the monitoring officer was able to speak with a new resident. It was clear that the individual missed his home and the environment he had known for a large number of years. However, staff interaction with the resident was observed to be warm and caring with reassurance being offered when the resident became emotional.

3.9.6 The resident was happy to talk with the monitoring officer and reminisce about his late wife and his holidays. The resident talked about his son and how he was still getting use to having his meals prepared for him. The individual explained that he enjoys going out into the community for a meal. The only issue that the resident raised was in respect of having SKY in his room and also having a landline due to

his mobile not always working. The monitoring officer advised that this would be discussed with the Manager.

3.9.7 The monitoring officer was advised that the staff “are very good and do their best”.

#### **4 Corrective and Developmental Actions**

##### **4.1 Corrective**

4.1.1 For staff to receive timely supervision (no less than quarterly). RISCA, Reg. 36  
Timescale: Immediately and ongoing

4.1.2 For fire checks to be appropriately signed/dated. RISCA, Reg 57  
Timescale: Immediately and ongoing

4.1.3 For staff files to hold a copy of the person’s birth certificate and passport (if any)  
RISCA Reg 59 Timescale: Within 3 months of this report

4.1.4 For staff files to hold proof of identity including a recent photograph. RISCA, Reg 35  
Timescale: Immediately and ongoing

4.1.5 For the development of the Personal Plans to evidence involvement of the individual / representative. RISCA, Reg15 Timescale: Immediately and ongoing

4.1.6 The personal plan must be reviewed as and when required but at least every three months RISCA, Reg 16 Timescale: Immediately and ongoing

4.1.7 For pre-admission assessments to evidence that the assessment has been undertaken by a person who has the skills, knowledge and competence to carry out the assessment. Therefore, the assessor must appropriately sign and date the assessment. RISCA, Reg. 14 Timescale: Immediately with new placements

4.1.8 For staff to follow appropriate systems when administering medication i.e. double signatures for controlled drugs. RISCA, Reg 58 Timescale: Immediately and ongoing

4.1.9 For personal plans to identify the individuals personal outcomes. RISCA, Reg 14.  
Timescale: Immediately and ongoing

4.1.10 Service providers review and update the statement of purpose at least annually.  
RISCA, Reg 7 Timescale: Ongoing

##### **4.2 Developmental actions**

4.2.1 For the maintenance team to ensure that all fire records are appropriately signed and dated.

4.2.2 When quality/monitoring reports are undertaken, for the author to appropriately sign and date.

4.2.3 Whilst the conditions of employment had been signed by the employee, the Home Manager is also to sign.



- 4.2.4 For the home to share any compliments or complaints with the Commissioning Team.
- 4.2.5 Detailed life histories to be completed as fully as possible with records kept of any attempts to obtain this information from friends and family. This information is to be used to plan activities and inform relevant personal plans.

## **5 Conclusion**

- 5.1 The atmosphere at the home was found to be warm and welcoming. Positive feedback was received from the residents and the staff employed at the home.
- 5.2 Good interaction was observed with the residents, demonstrating knowledge of the individuals that the staff were supporting.
- 5.3 The monitoring officer would like to thank the manager, staff and the residents for their hospitality during the visit.

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Date: 7<sup>th</sup> January 2020

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.