

CAERPHILLY COUNTY BOROUGH COUNCIL

DIRECTORATE OF SOCIAL SERVICES - COMMISSIONING TEAM

CONTRACT MONITORING REPORT

<u>Name/Address Of Provider:</u>	Ynysddu Nursing Home, The Old Police Station, Mount Pleasant, NP11 7JQ
<u>Date/Time Of Visit(s):</u>	Tuesday 12 February, 2019, 9.30 a.m. – 1.00 p.m. Tuesday 5 March, 2019, 9.30 a.m. – 3.30 p.m.
<u>Visiting Officer(s):</u>	Andrea Crahart, Contract Monitoring Officer, Caerphilly CBC Sherry Lewis, Lead Nurse, ABuHB
<u>Present:</u>	Natasha James, Registered Manager

1. Background

- 1.1 Ynysddu Nursing Home is registered to provide care to a total of 31 people, who either have residential or nursing needs. The home comprises of 3 floors and is in an elevated position situated in the village of Ynysddu. At the current time the Home is benefitting from an extension to the downstairs lounge area and some alterations to the existing Manager's office.
- 1.2 Previous monitoring visits were conducted in December, 2017. During the visits some corrective and developmental actions were identified. As part of this monitoring episode these actions were reviewed to check their progress, the findings of which are outlined in section 2 of this report.
- 1.3 Monitoring of the Home has been undertaken jointly by Caerphilly County Borough Council (CCBC) Social Services and a Lead Nurse from the Aneurin Bevan University Health Board (ABuHB). Visiting officers use 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 feedback from people living there, and their relatives. A separate report will be prepared and published by ABuHB which relates to the delivery of nursing care at the Home.
- 1.4 At the time of the visits there were 29 people living at Ynysddu Nursing Home, with 2 nursing vacancies.
- 1.5 The CIW (Care Inspectorate Wales) undertook an unannounced inspection in January 2018 (report published February 2018). Overall the inspection was positive, although a number of areas were recommended for improvement. Ynysddu Care Home re-registered their service with CIW (as required within the new Regulation and Inspection (Wales) Act 2016 (RISCA) in August 2018.

- 1.6 As part of the monitoring process feedback is welcomed from Assessment Care Management staff (i.e. social workers, reviewing officers). Over the previous year very few issues/concerns had been received, and some positive feedback has been received also. The positive comments received included reference to the family being overwhelmed with the care their father receives at the care home, and they commended the staff members for always being very welcoming and caring. A safeguarding referral had been received, the outcome of which is awaited.
- 1.7 Dependent 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) and developmental actions are those which are deemed good practice. A Contract Monitoring Tool was completed for the purposes of monitoring this provider during the visits.

2. Previous Recommendations

2.1 Corrective Actions

- 2.1.1 Training certificates to be audited to update the training matrix as appropriate and identify any courses that have not been attended to date. Timescale: Within 1 month. Long Term Care contract, clause 13.4. **Action met.** The Manager had ascertained the shortfalls and addressed these prior to the end of the monitoring episode.
- 2.1.2 The quality of the training delivered by some training provider(s) is to be assessed by the Manager to ensure it is adequate to meet staffs needs. Alternative providers to be sourced if required. NMS Standard 23.1. Timescale: Within 3 months. **Action met.**
- 2.1.3 Stroke Awareness training to be continually accessed and attendance relating to this added to the Training Matrix. *CCBC Long Term Care Contract, clause 13.4.* Timescale: On going. **Remains on going. The Manager will try to source an alternative provider to deliver this training.**

Developmental Actions

- 2.1.4 Hourly Visual Checks document to be revised to allow more space for staff to record information i.e. changed to landscape. Timescale: within 3 months. **To be observed.**

3. Responsible Individual

- 3.1 The Responsible Individual (RI) for the service is Mr. Basanta Nepal, who visits the service on a regular basis. As a result of the RISCA, there is an expectation that the RI will complete quarterly reports in relation to the service and its quality. It was evident that regular reports had been compiled since the service re-registered with CIW last year, however some further information gathering is required to meet the requirements of Regulation 73 (see recommendations below).
- 3.2 A current Statement of Purpose and Service User Guide (dated December 2018) were readily available in the Home for individuals to view.

- 3.3 In the event that both the RI and Registered Manager are absent, the Senior Nurse/Deputy Manager would act up in their absence.
- 3.4 Policies and Procedures in relation to 10 key areas of care were requested. The Home are advised to review these, evidence that this has occurred on an annual basis and ensure all information is readily available.

4. Registered Manager

- 4.1 A number of questions were asked of the Registered Manager which are outlined below. The Manager manages Ynysddu Care Home only.
- 4.2 The care home does not have CCTV (surveillance) anywhere inside or outside of the building, therefore the necessary consent documents would not be applicable.
- 4.3 At the current time the Manager confirmed that there are no imminent concerns about the building. The Manager confirmed that a boiler had recently been replaced and that another one would be replaced later this year. However, the lift to transport people between floors is old and operates slowly, and an engineer is often called to replace parts. The Manager confirmed that the RI is fully aware of this.
- 4.4 Care Homes are required to submit Regulation 60 documents to CIW, copying in ABuHB and Commissioning colleagues so that they are aware of significant issues. The Manager understands the process for forwarding these, and confirmed that copies of Regulation 60's are sent to ABuHB given that the majority of people cared for are funded nursing care placements.
- 4.5 The Manager and RI regularly discuss the business of the Home, either on a face to face basis or over the telephone. Forthcoming visits by the RI do not tend to be planned ahead, however they regularly occur. At the current time the Manager does not receive any formal administrative support. This is an area that requires consideration in the near future.

5. Staff Training

- 5.1 Staff training is accessed via organisations such as Evergreen, Langfords, Blaenau Gwent/Caerphilly Workforce Development Team and the ABuHB.
- 5.2 Staff also access a range of non-mandatory training such as fire theory/practical, health and safety, falls and skin care. Currently DoLS (Deprivation of Liberty Safeguards)/Mental Capacity Act (MCA) are not attended. The Manager would be encouraged to ensure key staff attend these courses.
- 5.3 The training matrix indicated that some mandatory training was lacking for night time employed. The Manager is required to review the training that staff require to ensure they are suitably trained/receive refreshers (both night and day time staff).

6. Staffing

- 6.1 Staffing levels remain as previous i.e. 2 qualified nurses are on duty during the day, 5/6 carers during the morning and afternoon, and during the night time 1 nurse and 2 carers are on duty. An additional carer covers the period 10.00 a.m. – 4.00 p.m. The Home access a nursing agency when this is required, who ensure that consistent staff are provided to the Home.
- 6.2 Staff do not currently work in excess of 48 hours per week. Although, the Home have arrangements in place for staff to be able to opt out of this 'European Directive'.
- 6.3 An Activities Co-ordinator is employed 25 hours a week to provide activities. Many activities are organised e.g. pampering, sing-a-long sessions, chair exercises etc. People are also supported to enjoy social activities outside of the home environment which have been taken up and enjoyed.
- 6.4 The 'Active Offer' – More than Just Words' (revised Welsh Language Act policy) requires providers of social care to provide communication in Welsh to people whose first language is Welsh, without the person asking for it. Information/guidance was made available during the initial visit and by the second visit some aspects of the policy had been introduced.
- 6.5 Two staff files were examined during the monitoring visit to ensure that robust recruitment processes are in place. One carer had been employed at Ynysddu for a number of years, and the other had been recruited more recently.
- 6.6 Documentation such as references, application forms, staff photographs, DBS (Disclosure & Barring Service) information were stored on the files, however a reference relating to the newest employee was not received from the previous employer (alternatively other references had been applied for). This issue was brought to the Manager's attention at the time of the visit. By the second monitoring visit the Manager had addressed this and recommendations were made to document the outcome.

7. Supervision and Appraisal

- 7.1 From the 2 staff files viewed, it was apparent that supervision sessions had taken place for one of the staff members and an appraisal for the staff member who had worked there for some time. The supervisions that had been held related to information being communicated from the Manager to the Carer regarding recent incidents etc., however there did not appear to be any other discussions relating to the performance of the carer directly, plans for progression etc., however the Manager confirmed that these do occur.
- 7.2 There is a supervision/appraisal matrix in order to plan and record that these have occurred. Sessions are held on a 1 to 1 basis between the Manager and Carer/RGN.

8. File and documentation audit

- 8.1 Files were viewed during the visit which contained an index and information was easy to locate. Pre-admission assessments were present which included areas

such as consent/capacity, sleep/night requirements, bedrails/bumpers, mobility, nutritional information etc.

- 8.2 Appropriate Personal Plans (Service Plans) were in place e.g. mobility, nutrition etc. Suitable Risk Assessments were also present in relation to e.g. falls, communication, nutrition, bed rails etc. and included the appropriate consent documents in relation to bed rails.
- 8.3 Personal Plans are reviewed on a monthly basis to take into consideration any changes to the person's care.
- 8.4 There was evidence that professionals such as, the GP and the Advance Nurse Practitioner had been contacted.
- 8.5 A relative had given their permission to be contacted during the night, in the event of an emergency.
- 8.6 A DNR (Do not Resuscitate) document was filed and it was evident that the relative had been consulted regarding the person's wishes due to the fact that the person did not have capacity to make this decision. However, recommendations were made for the DNR for another person to be re-visited because there was only a photocopy on file as opposed to the original document.
- 8.7 A DoLS (Deprivation of Liberty Safeguards) authorisation form was present, as per process.
- 8.8 The Supplementary charts for a gent were viewed and it was evident that the person's daily fluid requirement had been captured on his chart and that his daily fluid intake was being recorded and totalled up. Charts indicated that hourly visual checks had taken place. A 'Daily Holistic chart' is completed to indicate if people have received personal care e.g. a wash, teeth cleaned, hair combed, shaved etc. In addition, a list named 'My Daily Care Needs' was present which included prompts as to how to care for the person e.g. please clean my glasses, please check my hearing aid/no hearing aid etc. This included areas that would not have applied to the person concerned and therefore the Manager was asked to make this list more 'person centred' (ensuring the person is at the centre of the care being delivered).

9. Quality Assurance

- 9.1 The Responsible Individual undertakes Regulation 73 visits on a quarterly basis in order to check the quality and compliance of the service. This has been commented upon in clause 3 (above), and recommendations made for further development.
- 9.2 The Care Home is required to produce a Quality Assurance report evidencing the involvement of residents, relatives, staff and other stakeholders within the process. It should also include an analysis of this feedback, the lessons learnt from complaints/safeguarding, trends/outcomes of audits, RI visits and inspections. This is now required on a 6 monthly basis as opposed to annually. The Manager confirmed that she intends to undertake this in April 2019.

- 9.3 It was evident that staff meetings were being held. Subjects discussed included e.g. attitudes of care staff (sickness absence), smoking breaks, communication book, completion of documentation, training etc.
- 9.4 Relative's meetings are not generally held, alternatively individuals have the opportunity to call to see the Manager to discuss any issues as she has an 'open door policy'. Minutes of a Resident's meeting were viewed also. These are held by the Activities Co-ordinator.
- 9.5 The staff handover includes all staff on duty at the time and access to the Communication diary and handover notes about each resident. If staff members have been absent for a length of time arrangements are made for the staff member to update themselves by reading the handover notes. Updates should be sought from the nurse in charge also. The Manager will on occasions attend these handover meetings also.
- 9.6 The Manager is able to access advocacy services if the need arises for individual residents.
- 9.7 Part of the Activities Co-ordinator role includes being a 'Dementia Champion'. This role involves encouraging others to make a positive difference in the lives of people living with a dementia. This role includes ensuring that people take part in appropriate activities and reminiscence work on a one to one basis and as part of a group.
- 9.8 Arrangements are in place to continually review medication that people are taking, but may no longer need to i.e. Boots the Chemist visit on a quarterly basis; a GP visits 3 times a year, and the ABuHB pharmacist visits twice yearly.

Home maintenance

- 9.9 A handyman is employed to undertake regular maintenance checks to ensure the property and equipment operates effectively.
- 9.10 The RI is keen to improve areas of the Care Home however at the current time the rear extension has been prioritised, in addition to a new office. The Manager is encouraged to introduce a re-decoration/repair plan (a previous recommendation by CIW).

Fire Safety/Health & Safety

- 9.11 The most recent Fire Risk Assessment was completed in July 2018. A copy of this was made available during the visit and information checked.
- 9.12 All recommendations from the Fire Risk Assessment had been completed apart from 1 item
- 9.13 Fire drills had taken place at regular intervals and had been well attended in most cases.

- 9.14 A Food Hygiene rating of 5 (very good) was awarded in 2018 and the Home have recently had a review of this rating which will be published in due course.

Managing resident's funds

- 9.15 Although the Home's Statement of Purpose indicates funds can be managed at the Home if people are unable to do so, at the current time the Manager confirmed that relatives undertake this, where appropriate.

10. Resident questionnaire

- 10.1 No specific questions were asked from the Monitoring Tool, however general conversations were held with people living at the Home.

11. Relative questionnaire

- 11.1 A relative was very complimentary about the care their loved one was receiving at Ynysddu care home. Comments such as "staff are brilliant", "she is always spotless", and she never has to worry about how well her relative is being cared for.

12. Observations (Activities, Environmental, Meal Time experience)

Activities

- 12.1 During the initial visit a local church were visiting to conduct a church service, and during the afternoon people were enjoying playing bingo. At other times residents largely watched television and/or conversations with held between staff and residents.
- 12.2 The Home continue to employ an Activities Co-ordinator who works 25 hours a week (4 days a week). This person continues to be able to work more flexibly if required.
- 12.3 Some photographs were on display in one of the hallways, illustrating how residents had enjoyed various activities over the months.
- 12.4 A projector is used to show pictures of interest, and is particularly beneficial to people who are less mobile and the home have purchased an iPad which enables some stimulation.

Facilities/Environment

- 12.5 Call bells were heard to be sounding and were answered promptly during the time of the monitoring visits.
- 12.6 There is no designated smoking room at the Home but for people who smoke they are assisted to a sheltered area outside if they wish to smoke.
- 12.7 All areas of the Home that were viewed during the visits were noted as being clean, well maintained and free of any malodors.

- 12.8 From viewing some people's rooms, it was evident that they had been personalized with their own bedding, pictures, photographs etc. in order to make as homely and comfortable as possible.
- 12.9 A manual handling technique (where a person was hoisted) within the lounge was undertaken in an unhurried manner, with regular assurances being made throughout the time the person was lifted.

Mealtime experience

- 12.10 The mealtime experience was observed at lunch time. Some people were assisted to eat and the Contract Monitoring Officer observed that the nurse introduced the meal to the gentleman before she started to assist him. Some people had plate guards to protect the food from falling off the plate, for those who could feed themselves.
- 12.11 There is currently no opportunity for people to eat around a dining table, due partly to the lack of dining space and individual choice, however it is hopeful that upon the completion of the building extension that this will be explored and possible.
- 12.12 It was positive to note that relatives are offered to be part of the meal time experience.

13. Corrective Actions

- 13.1 Responsible Individual to include additional information within the Regulation 73 reports i.e. direct feedback from people living at Ynysddu care home, their families, staff members and other stakeholders, plus any other areas as referred to within the Regulation. **Timescale: Within 1 month and on going.** Reg. 73 (RISCA)
- 13.2 The Safeguarding policy to be reviewed in accordance with the most up to date All Wales policy. All other policies/procedures to be reviewed on an annual basis and to be evidenced. **Timescale: On going.** Reg. 79 (RISCA)
- 13.3 Mandatory training for night staff to be reviewed to ensure that courses such as manual handling and dementia are accessed by staff. **Timescale: Within 3 months and on going.** Reg. 34 (RISCA)
- 13.4 DoLS and MCA training to be accessed by key staff members. **Timescale: Within 9 months.** Reg. 34 (RISCA)
- 13.5 'The Active Offer – More than Just Words' policy to continue to be implemented. **Timescale: Within 6 months and on going.** Reg. 24 (RISCA)

Developmental Actions

- 13.6 An administrative person to be sought to support the Manager and the running of the Home. **Timescale: Within 12 months.**

13.7 'My Daily Care Needs' list to be made more 'person centred' as opposed to generic.
Timescale: Within 3 months.

14. Conclusion

14.1 Ynysddu Nursing Home provides a welcoming and caring environment to people and their relatives.

14.2 The Responsible Individual is very engaged in the running of the Home and keen to make improvements.

14.3 The staff team were attentive to people's needs, promoting independence and providing assistance where required. Residents looked well cared for and some positive comments were received from both residents and relatives.

14.4 Some improvements are required in terms of training/refreshers to ensure all staff are kept up to date with necessary training, and dedicated administrative support will assist with this process.

14.5 The Contract Monitoring officer would like to take this opportunity to thank the staff at Ynysddu for their time and hospitality

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Date: March 2019

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.