

**CAERPHILLY COUNTY BOROUGH COUNCIL DIRECTORATE OF SOCIAL
SERVICES
COMMISSIONING TEAM**

CONTRACT MONITORING REPORT

Name/Address of Provider: Cwmgelli Lodge, Lon Pennant, Blackwood, Caerphilly,
NP12 1BR

Date Of Visit: Wednesday 19th October 2022

Visiting Officer(s): Amelia Tyler: Contract monitoring officer

Present: Stacey Morgan: Deputy manager, Fieldbay
Donna Shire: Deputy head of therapy, Fieldbay

1. Background

- 1.1** Cwmgelli lodge is a large, purpose-built care home that is situated close to the town of Blackwood with easy access to all the local amenities. It is built over 2 floors and is registered to provide care for 26 people with nursing and mental health needs to carry out activities of daily living.
- 1.2** At the time of the visit there were no vacancies. It was acknowledged that two of the residents had been supported to move by Caerphilly CBC.
- 1.3** The home was brought into the Fieldbay company in October 2020, and although numerous visits had been completed by the local health board, social workers, advocates, and the contract monitoring officer, this is the first formal visit to complete the monitoring template.
- 1.4** In addition to completing the template, the purpose of the visit was also to speak with staff, residents, and friends/relatives of residents, to gain their views of the service.
- 1.5** Depending on the findings within this report, the Manager may be given corrective and developmental actions to complete. Corrective actions are tasks which must be completed (as governed by legislation etc.) and developmental actions are those deemed to be good practice.

2. Previous Recommendations

- 2.1** As this is the first full monitoring report for this home, there are no previous recommendations.

3. Findings from visit

3.1 Responsible individual

- 3.1.1** A copy of the quarterly regulation 73 reports completed by the responsible individual, were provided and the most recent visit was undertaken on the 25th August 2022. There were

no actions highlighted in this report and it was explained that the next visit was planned for 9th November.

- 3.1.2** The contract monitoring officer noted that the statement of purpose had been reviewed and amended to provide the details of the registered manager. It was noted that the document was dated 8th September 2022 but didn't provide a date of next planned review; it is recommended this be recorded to act as a prompt, and to evidence this is being reviewed at least annually.
- 3.1.3** If the registered manager and responsible individual were both absent unexpectedly for a period, it was stated the home would be supported by senior management team and the deputy head of therapy. It was also noted that as Fieldbay are a large provider, they could also utilise staff from other homes if necessary.
- 3.1.4** All policies and procedures were available electronically, such as referrals and admission, safeguarding, client finances, infection control, medication management etc. It was noted most policies had all been reviewed in 2022. The staff development policy (supervision) was forwarded following the visit, and this had been reviewed in September 2020. The staff discipline policy had not been dated, but it was observed that this had been uploaded in April 2022. It is good practice to record the review date on all policies and procedures and when the next planned review is due.

3.2 Registered manager

- 3.2.1** It was explained that CCTV is only used at the front and back of the building for security purposes. At the time of the visit the deputy manager said there were no issues regarding the property and all equipment was fully functioning.
- 3.2.2** Residents at the home can change the temperature of the radiators in their rooms, but they may not have the capacity or be physically able to do this and is therefore monitored by staff working at Cwmgelli.
- 3.2.3** The contract monitoring was told there were no outstanding regulation 60 notifications, and a copy of the notification informing care inspectorate Wales of the long-term absence of the registered manager was forwarded to the commissioning team the day of the visit.
- 3.2.4** External referrals were not required often, due to the large in-house team of occupational therapists, speech and language therapists, manual handling team, psychiatrist, and PBS staff. The deputy manager stated that dieticians, opticians, audiologists, chiropodists, and GPs are accessed as and when needed. The most recent external referrals had involved requests going through to the GP surgery for home visits on the 12th and 13th October for different residents. This was recorded on the electronic system.
- 3.2.5** The two files viewed for the residents placed by Caerphilly CBC both contained deprivation of liberty safeguarding agreements, and it was mentioned that one of these had been due to expire, but an assessor had been out to complete the documentation the previous week.
- 3.2.6** The deputy manager said they felt supported by the responsible individual, and they always responded promptly to any queries. Following the visit, the contract monitoring

officer was informed that Matthew Reade will be the Responsible Individual taking over from Paula Lewis, (who will remain the MD and continue to visit Cwmgelli lodge) and has now been successfully registered with Companies House and has submitted an application to CIW, awaiting confirmation and following the interview with the CIW

3.3 Desk top audit

- 3.3.1** Mandatory training such as manual handling, food hygiene, safeguarding, infection control, first aid and medication was all present on the training matrix provided.
- 3.3.2** The information provided from Cwmgelli outlined that they were 97% compliant with mandatory training on the day of the visit. It was difficult to determine when the training had been attended as this was not recorded on the matrix and the refresher periods weren't given i.e., to be attended annually, 3 yearly etc. To make the matrix more transparent, consideration to be given to adding the last training date or the length of validity. Full dates should be given to minimise any confusion.
- 3.3.3** The matrix was colour coded to indicate any overdue training, when it is due to expire and if the staff member was a new starter, so still in the process of completing all necessary training.
- 3.3.4** Non-mandatory courses such as Huntington's (advanced) training is a formal training course, delivered face-to-face and is provided in Birmingham and London. At the time of the visit there were 3 clients who had the condition, and this training provides the staff with a greater understanding and assist in providing client specific care.
- 3.3.5** The deputy manager also highlighted that incontinence care, reporting and recording training, Makaton and informal mental health workshops are also attended. Additionally, brain injury conferences are also hosted in Swansea, which are attended by two staff allocated by the home manager.

3.4 Staffing and training

- 3.4.1** The contract monitoring officer was told there was at least two nurses on duty during the day and afternoon and one nurse throughout the night. It was explained there are five health care practitioners during the morning, seven during the afternoon and a minimum of seven working nights.
- 3.4.2** There are some staff that may be contracted to work mornings, and some might work a twilight shift from 6pm to midnight. There is also an activities coordinator who is contracted to work 36 hours a week; three, twelve-hour shifts, although this can be worked flexibly.
- 3.4.3** Agency staff had not been used by the home for a long time at the time of the visit and it was explained this would only be accessed as a last resort.
- 3.4.4** eLearning and classroom-based learning are used by Cwmgelli, and the quality of the training is discussed during supervision. The eLFY system (electronic learning for you) also provides an indication of the level of understanding through end of course tests.

Trainees are given an evaluation form to make comment on how they found the training, and the assessors are also asked to grade the level of interaction from the staff.

- 3.4.5** It was stated there were no staff regularly working over 48 hours a week; the largest contract is 44 hours a week and it was explained that the clocking system would highlight in red if anyone was working over their contracted hours.
- 3.4.6** The active offer was not being implemented within the home, but it was acknowledged there were no Welsh speaking staff or residents when the visit was carried out.
- 3.4.7** Staff files were not available at the home, and this information was emailed following the visit. Both files contained job descriptions, application forms, a signed contract of employment, copies of their passports and DBS checks.
- 3.4.8** Neither file had 2 references available (at least one of which must be from a previous employer). Interview records were present on both files, however, the contract monitoring officer noted that one of these records had evidence of only 1 interviewer: it is good practice for all interviews to be conducted by two members of staff in the event the outcome is challenged.
- 3.4.9** It was noted that only one of the files had a photo of the staff member, and this was when they were wearing a face mask due to covid restrictions. It is a legislative requirement that both files contain a recent photo, and these should be clear and without any face coverings. It was confirmed following the visit, that the provider is in the process of refreshing all photographs.

3.5 Supervision and appraisal

- 3.5.1** It was explained that supervisions were held on a formal, confidential face-to-face basis. There were two members of staff that were shown in red on the matrix provided, which indicated they were overdue, but the deputy manager explained these had been completed prior to the visit.
- 3.5.2** The contract monitoring officer was told that supervisions were held as a two-way conversation and the staff member is expected to contribute what they feel they have done well, what they feel could be improved on, and any goals/ambitions, training needs etc.
- 3.5.3** There was no evidence provided to confirm all members of staff were receiving annual appraisals.

3.6 File and documentation audit

- 3.6.1** It was noted that only one of the two files viewed on the electronic system had an initial assessment; it is a legislative requirement for all residents to have an assessment completed (or initial personal plan) prior to the commencement of the service.
- 3.6.2** There were person centred plans in place which provided detailed information that would be essential to new members of staff working with the clients e.g. cigarette breaks are carefully managed, they have a small appetite but like their meals in their green bowl and

will choose their own meal which will need to be cut into manageable sizes, two water bottles that will need to be filled by staff. Although the personal plans were not signed, there was some information recorded around who had been involved in the compilation.

- 3.6.3** Suitable risk assessments were in place to meet the client's needs, and these were in-line with the information provided on the personal plans. The personal plans and risk assessments on the files seen had been reviewed at least every three months (or sooner if required). One of the reviews provided a lot of information around the emotional support required and support given in relation to Asperger's syndrome.
- 3.6.4** The daily recordings gave some useful information and detail around individual preferences, e.g., challenging behaviour had been experienced out in the community and not happy with his positioning in his wheelchair. It was recorded that the client has a lot of involvement with his dad and enjoys going to the ambulance station nearby. It was recorded on another personal file that the client had been involved in compiling the document and likes anything to do with Bob Marley. Information was available on the daily notes around watching TV and woke up late in the morning on one occasion, but there was little detail around their wellbeing and how they were presenting.
- 3.6.5** There was information available around agreed goals/outcomes such as going shopping, visiting a relative's grave etc. but this was very limited. It is recommended that more evidence is captured to evidence how members of staff are supporting their clients to meet their individual goals.
- 3.6.6** There was a lot of information around various activities that have been arranged within and outside the home; photos were seen of a number of residents enjoying a carvery at one of the sister homes and a video was also seen of another resident enjoying a day out on the dry ski slope in Pembrey. There was details of individuals enjoying a walk in the local area. On the day of the visit, one gentleman was going shopping in Cwmbran and having KFC for lunch.
- 3.6.7** An activities programme was seen in the foyer area with said there were plans to do arts and crafts to make Halloween decorations on the 18th October, a pumpkin carving party on the 26th and a karaoke party with bingo on the 31st.

3.7 Quality Assurance

- 3.7.1** It was explained that four compliments had been received in June 2021, around the time of the Queen's Jubilee, complimenting staff for their care and support.
- 3.7.2** Minutes of the previous four team meetings were provided: these were being held regularly with the last dates being the 10th May, 6th July, 4th August and 12th October. It was pleasing to see the names of the attendees recorded and it is recommended the chairperson also be noted for future meetings. Issues discussed were around communication with catering and domestic staff when a new resident moves in, the removed of the keyworker system as this hadn't proved successful, the Christmas rota, Christmas meal, staff conduct, and domestic staffing levels.

3.7.3 Although staff do not read and sign the minutes, it was explained these are made available on completion via the electronic system, and the deputy manager is able to see who has read them.

3.7.4 Handover meetings are held twice a day and it was explained this should be easier when the new 'Nourish' electronic system is implemented. The nurse ending the shift leads the meeting and the health care practitioners are encouraged to contribute to the process to ensure any important information is documented. All health care practitioners starting their shift attend the meeting, so they are aware of any changes.

3.7.5 Fire drills were recorded, and the previous 2 had been completed on the 31st August and the 20th September 2022. There was a record of how long the procedure took and any necessary actions identified.

3.8 Staff questionnaire

3.8.1 One of the health care practitioners was spoken to during the visit; they explained that if one of the residents was upset, they would take them to their room and spend some time with them to see if they could find the reason. Emotional support is given primarily through reassurance and, if they are unable to communicate verbally, look for any changes to their behaviour.

3.8.2 It was explained that due to her role, there isn't much time for her to be able to take clients out in the community, however, there was still evidence that clients were going out, either with family or other staff members.

3.8.3 Throughout the conversation, the staff member demonstrated a thorough knowledge of the clients at the home and explained the most important things that a new member of staff would need to know. As there are clients at Cwmgelli with communication difficulties, it was explained they use flash cards, yes or no questions, pen boards etc. Discussion was held around using photos to assist with understanding e.g., different activities or meal options. It was felt that photos of the actual meals might be more meaningful, as it can be a more accurate reflection of what is served, particularly if they are on a softened diet.

3.8.4 The member of staff responded that they felt able to be flexible in their role and had opportunity to just sit and talk to the residents. The contract monitoring officer asked what they would do if they had a quiet period and they felt the clients would benefit from some stimulation, the health care practitioner said it would depend on the individual; they might offer to style their hair, paint their nails, watch a film, read through the newspaper, or just have a chat with them.

3.8.5 Discussion was held around safeguarding and what they would do if they observed poor practice and they explained they would deal with this immediately and ask the staff member to remove themselves from the task they were undertaking initially. They stated they would ensure the client was ok, report and record what had happened and escalate to an appropriate senior member of staff.

3.9 Resident questionnaire

- 3.9.1** One of the gentlemen living at Cwmgelli spoke to the contract monitoring officer to talk about the service; they explained that they enjoy going to the ambulance station around the corner and had met some of the paramedics that work there. They were pleased to show a lanyard and pen they were given. They said they enjoyed the food at the home as well as eating out.
- 3.9.2** When asked if there was anything they would like to eat that wasn't currently on the menu, they replied they would like pizza. The member of staff spoke to the client, and they discussed a take-away pizza that had been ordered the previous weekend.
- 3.9.3** The contract monitoring officer asked if they were happy at the home and they said yes, because of the carers. They said they got on well with their key worker and they supported him with the activities he wants to do. They said they could talk to the staff team about anything but enjoys anything to do with the stagecoach bus timetable and ambulances.
- 3.9.4** When asked if the carers respond promptly when he needed them, he said they did and couldn't think of anything that could be done to improve the service. It was pleasing to hear that he has a lot of input from his father, and he also explained that he had a visit from his best friend the previous week.
- 3.9.5** There was good interaction observed between the client and the member of staff when he asked for a drink; he was given a choice and encouraged to as much as he could independently.
- 3.10** Relative questionnaire
- 3.10.1** The contract monitoring officer was only able to contact one relative so spoke to a community psychiatric nurse that has been involved a lot with one of the gentlemen at the home; the CPN explained that he hadn't been out to visit the client recently, but had no concerns regarding the care provided. They highlighted that their gentleman enjoys the garden in the warmer weather and spends a lot of time with his sunglasses on, sunbathing.
- 3.10.2** It was explained the carers know the individual well and support him in the way he wishes. The client appeared to be very settled at Cwmgelli and there was very good communication with the allocated social worker. There had been concerns raised, which had been escalated appropriately, and it was felt these issues had now been resolved.
- 3.10.3** A relative stated they were always made to feel welcome at the home and the atmosphere was always good, although staff are often very busy.
- 3.10.4** Discussion was held around whether the individual thinks of Cwmgelli as their home, and the relative said they believes so and that he was much happier than he had been in the previous home. It was explained the relative has good communication with the home, but often speaks to his son throughout the day and he will tell him everything that is happening.
- 3.10.5** The relative said the staff were 'absolutely brilliant' and couldn't think of anything that could be changed to improve the service, apart from having additional staff. They felt able to raise any concerns with any member of staff for would go straight to a senior member

of the team if needed. The only concern they raised was in relation to the GP surgery due to the length of time taken for a visit to the home.

4. Corrective / Developmental Actions

4.1 Corrective

- 4.1.1** Two written references to be held for each member of staff, including reference from previous employer, if any. **RISCA version 2 (April 2019) Schedule 1, regulation 35, Part 1(4)**
- 4.1.2** All staff files to have a photograph present. **RISCA version 2 (April 2019) Schedule 1, regulation 35, Part 1(1)**
- 4.1.3** Every member of staff to complete annual appraisal. **RISCA version 2 (April 2019) regulation 36**
- 4.1.4** Initial assessment/personal plan to be in place for each client prior to the commencement of service. **RISCA version 2 (April 2019) regulation 15**
- 4.1.5** Detailed information to be recorded in the personal plans around agreed outcomes, how these are identified, supported, and reviewed. **RISCA version 2 (April 2019) regulations 15, 18 and 21**

4.2 Developmental

- 4.2.1** It is recommended that the statement of purpose records the date of next planned review to evidence this is completed annually, in line with RISCA Regulation 7.
- 4.2.2** Consideration to be given to adding the review date and next planned review to all policies.
- 4.2.3** The manager to consider adding the full date of last training course to the matrix and/or when this is next required.
- 4.2.4** Where possible, interviews to be held by two members of staff.
- 4.2.5** Photographs to be considered to assist in decision making for individuals with communication difficulties.

5. Conclusion

- 5.1** Due to time constraints, it was not possible for the contract monitoring officer to walk around the home during the visit, however, this has been carried out as part of previous meetings and no concerns had been raised in relation to the environment or staff conduct. This will continue to be monitored as part of future visits.

- 5.2** General observations of the home the home were positive: staff were friendly and evidenced a thorough understanding of the needs and preferences of the people in their care. The areas seen were clean, bright, and welcoming and feedback from all parties spoken to was positive.
- 5.3** There had been safeguarding referrals made in relation to the home over the previous year, and it was acknowledged that the home was transparent with external parties to try and resolve any issues. There have been some challenges at Cwmgelli due to the turnover of staff, but the contract monitoring officer was reassured that this situation is improving and there is support available from senior management.
- 5.2** The contract monitoring officer would like to take this opportunity to thank everyone involved in the monitoring process for their time, assistance, and hospitality. Unless deemed necessary to be completed beforehand, the next monitoring visit will be completed in approx. twelve months' time.

Author: Amelia Tyler
Designation: Contract monitoring officer
Date: 2nd November 2022

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.