

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

**CONTRACT MONITORING REPORT**

**Name/Address of Provider:** 65 Montclair Avenue, Blackwood, Caerphilly, NP12 1FE

**Date/Time of Visit:** Wednesday 24<sup>th</sup> February 2014

**Visiting Officer(s):** Amelia Tyler: Contract Monitoring Officer, Caerphilly CBC  
Rob Poore: Contracts Manager, Caerphilly CBC

**Present:** Alison Moss: Registered Home Manager, Caerphilly CBC

**1. Background**

- 1.1** Montclair continues to provide respite care for service users with learning disabilities, between the ages of 18-65years. The service is registered with and regulated by the Care and Social Services Inspectorate for Wales (CSSIW). The service is registered to offer respite care to 5 persons at any one time. A variation order had been agreed to enable 2, named service users over the age of 65, with a learning disability, to access the service.
- 1.2** At the time of the visit Montclair was providing respite care for between 45-48 service users.
- 1.3** The previous monitoring visit was carried out on the 3<sup>rd</sup> September 2012 and at this time there was 1 corrective and 1 developmental action identified. The purpose of this visit was to follow up on these recommendations.
- 1.4** Corrective actions are those, which must be completed (as governed by legislation etc), and developmental actions are those, which are deemed good practice.

**2. Previous Recommendations**

- 2.1** All outstanding supervisions to be completed for staff members that have not attended a supervision session within the past 8 weeks. (NMS 27.4) Timescale: 1 month from the date of previous report, 25<sup>th</sup> November 2012.  
**Partially met.** Supervision matrices were provided for sessions carried out by the Home Manager and Deputy Manager. It was noted that there were some members of staff that had not received supervision every 8 weeks as required. There were 2 staff members that were due to have their 1:1 supervision at the time of the visit.
- 2.2** Improve recording of compliments: all staff to be responsible for recording compliments received by the home. All staff to be aware of where this information should be documented and what detail is required. Dates to be noted on any thank you cards and letters so these can be incorporated into the annual QA report.

**Met.** AM stated that this is improving and examples were seen of positive feedback from November and December. A newsletter is also completed of events and activities carried out by individuals who access the service. AT recommended that any compliments be emailed to the Commissioning Team inbox so these can be included in the monthly QA meetings. AM agreed to remind staff to date all compliments received.

### **3. Findings from Visit**

#### **3.1 Reports from agencies**

- 3.1.1** Care Managers had not reported any concerns during the previous year.
- 3.1.2** No issues or concerns had been reported by reviewing officers or district nurses during the previous year.
- 3.1.3** AM stated that CSSIW had completed an unannounced visit on the 19<sup>th</sup> February 2014 and although the report had not yet been completed, the feedback provided had been very positive. The previous CSSIW was published 27<sup>th</sup> March 2013. There were no compliance notices issued at this time but it was recommended that the bedrooms on the first floor be redecorated, AM advised this had been completed.
- 3.1.4** At the time of the visit there had been no POVA referrals over the previous year but there had been 6 pieces of advice, demonstrating that staff members were aware of the process and were active in sharing information and contacting the relevant teams.
- 3.1.5** It was acknowledged that Montclair had achieved the highest rating of 5 by the Environmental Health Officer at the last visit at the end of January 2014.

#### **3.2 Documentation**

- 3.2.1** AT was informed that service user records are held securely in a lockable cabinet on the ground floor whilst they are staying at Montclair or upstairs in the office, which is kept locked when not in use. The file seen was outcome focussed and contained person specific information relating to their care needs.
- 3.2.2** It was stated that the care plan for the file viewed had recently been reviewed and AM was waiting for the revised Care Plan before updating the relevant service plans to ensure they are consistent.
- 3.2.3** During the meeting, it was highlighted that the service user sometimes has disturbed nights where they do not get much sleep; this was not reflected in the file and there was no service plan in place to instruct staff on what might cause this or what action to take if this occurred.
- 3.2.4** There was a risk assessment in place regarding the service user contacting emergency services unnecessarily and what preventative measures had been put in place.

**3.2.5** It was acknowledged that there was no risk assessment in place relating to supporting the service user in the community.

### **3.3** Relatives

**3.3.1** AT spoke to the mother of a service user who has respite care at Montclaire and they provided very positive feedback; they told AT that their son had been attending Montclaire for approx 10 years and he is always happy to stay there and the members of staff know him well and know what his preferences are. During the conversation they said they couldn't praise the care staff enough.

**3.3.2** Another relative that was spoken to said that there is a lot of support and opportunities to meet with members of staff and other parents or primary carers. It was highlighted that the service user has complex needs and that consistency of staff members is very important, and Montclaire has been able to provide this level of care.

**3.3.3** The relative informed the Contract Monitoring Officer that the service user is always happy to go to Montclaire and particularly enjoys spending time in the conservatory.

**3.3.4** Although they had previously raised a concern regarding items of clothing being mislaid, this had been dealt with appropriately and they were very happy with the service provision and felt the level of care was exceptional.

**3.3.5** It was evidenced on the files seen that relatives and service users, where possible, had had input into the care and service planning process.

### **3.4** Activities

**3.4.1** AM stated that service users and relatives were involved in activities through the pre-stay questionnaires and by making choices available to them. Information is shared around what service users enjoy and this is discussed during tea visits, which are carried out for any new service users accessing Montclaire as an introduction.

**3.4.2** Birthday parties are held for any service users celebrating their birthday during a stay at Montclaire and relatives are also able to visit if appropriate, during the stay.

**3.4.3** Service users access the community by going to the cinema, bowling, pub meals, swimming, day trips and the day centres.

**3.4.4** It was discussed that there are no activities timetables in place as these are very personalised and flexible depending on what the service user wants to do at the time. All members of staff are involved in carrying out activities with service users as part of their role.

**3.4.5** Montclaire promotes independence of service users by encouraging service users to treat it as their home. Individuals are given choices to be able to carry out daily activities according to their preferences as outlines in their profiles.

### **3.5** Facilities

**3.5.1** When asked if there was anything about the service that could be improved upon, one relative mentioned that it would be nice if there were a bit more room.

**3.5.2** All areas of the home that were seen during the visit were clean and tidy.

### **3.6** Staffing

**3.6.1** AT was informed that there is a stable staff group at Montclair that are very experienced. Over the past year there has been 1 staff member that has left the service for an administrative role and this post has been subsequently filled.

**3.6.2** Staffing levels are determined by the number of people accessing the service, the number of service users accessing a day centre, the level of dependency and the pre-stay telephone questionnaires. There is a basic rota in place, but this is flexible and is amended depending on the above information.

**3.6.3** At the time of the visit there was 1 staff member on long-term sickness leave and was in contact with the home manager.

**3.6.4** Montclair does not use any agency staff and would access staff from Ty Gwilym, another respite service, if the need arose.

**3.6.5** A staff file was viewed during the visit and it was noted that this contained proof of ID, references, DBS certificate number and application form. It was noted that there wasn't a full employment history, but it was acknowledged that the authority had employed the staff member for a number of years and this was being carried out for new starters. Although training certificates were held on file, there were a number that were not present and it was advised that evidence should be retained where possible.

### **3.7** Quality systems

**3.7.1** Service user and stakeholder feedback is obtained through QA meetings, which are held every 6 months, annual surveys, review meetings with Social Workers and pre and post stay telephone calls. AT was also told that feedback is also obtained informally through general conversation with stakeholders.

**3.7.2** AT was informed that AM provided monthly feedback to her Manager regarding any complaints and compliments. Where possible, complaints are resolved face-to-face, immediately where possible, otherwise the complaints policy is in place to advise of what action needs to be carried out.

**3.7.3** Complaints and compliments are fed back formally to staff during staff meetings. If a specific complaint were received relating to staff conduct, this would be dealt with individually through supervision.

**3.7.4** It was noted that no practices have needed to be reviewed or changed as a result of any complaints. 2 formal compliments had been received over the past year and AT was told these were shared with staff during team meetings.

**3.7.5** There were no advocacy services being used at the time of the visit as all service users accessing Montclair as this had not been required, however, AM stated that all staff members were aware of how to obtain this support should it be required.

### **3.8** Training

**3.8.1** AM stated that not all members of staff had attended a fire drill within the past 12 months, although fire safety is discussed during team meetings. This was evidenced during the visit.

**3.8.2** It was noted during the visit that 13 out of the staff group of 14 had completed their NVQ. AM also informed AT that she was a POVA facilitator also and was able to train staff members around POVA processes.

**3.8.3** The training matrix was provided and this demonstrated that there were some gaps for some staff members and that this did not reflect all courses carried out such as fire awareness, infection control or medication. AM highlighted that all staff will be attending first aid training and that training around communication difficulties has been identified through the training analysis.

**3.8.4** During the visit, 2 staff files were viewed and it was noted that neither of these contained certificates or evidence of attending training for COSHH (Control Of Substances Hazardous to Health) or Infection Control. AT advised that if this training had been delivered internally, that an up to date list could be printed off to verify the dates the staff member attended the course and retained on file.

**3.8.5** A staff member informed AT that they were able to identify their own training needs and to go on any courses to address these needs if required.

## **4.** Corrective / Developmental Actions

### **4.1** Corrective actions

**4.1.1** The registered person to ensure that risk assessments are carried out for all safe working practice topics covered in Standards 33.2 and 33.3, and that significant findings of the risk assessment are recorded. (NMS 33.6) **Timescale: 1 month from the date of this report.**

**4.1.2** Suitable arrangements to be made for the training of staff in first aid. (Care home regs 13.4.d) **Timescale: 2 months from the date of this report.**

**4.1.3** The Manager must ensure that by means of fire drills and practices that staff members are fully aware of the procedure to be followed in the event of a fire. (Care home regs 24.4.e) **Timescale: 1 month from the date of this report.**

### **4.2** Developmental actions

**4.2.1** Staff to continue to proactively record any compliments, clearly date any letters or cards received and to forward this information to the Commissioning Team.

**4.2.2** Certificates of any training courses or copy of the spreadsheet from the Workforce Development Team to be retained on individual staff files as evidence of courses attended.

## **5. Conclusion**

**5.1** It is positive to note that both actions previously highlighted had been met and partially met. The Manager is proactive in encouraging staff members to accurately record any compliments received to give an accurate reflection of the service provision.

**5.2** All feedback from relatives was positive and this was also supported by the compliments received in November and December of 2013. The number of service users who access Montclair on a regular basis provided further evidence of this.

**5.3** Staff members were friendly, welcoming and demonstrated a thorough knowledge of the people accessing the service. This is enhanced by the experience and stability of the team.

**5.4** As highlighted in the content of the report and in the developmental actions, it is good practice for the Manager must ensure the training matrix gives an accurate reflection of the courses attended and that evidence of this is retained on individual staff files.

**5.5** In accordance with the contract monitoring strategy, a further monitoring visit will be carried out in 12 months time, unless required.

**5.6** The Contract Monitoring Officer would like to take this opportunity to thank the Manager and staff and Montclair for their assistance, time and hospitality during the visit.

**Author:** Amelia Tyler  
**Designation:** Contract Monitoring Officer  
**Date:** 9<sup>th</sup> April 2014

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.