

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

**CONTRACT MONITORING REPORT**

**Name/Address of Provider:** Planned residential support services (PRESS), 86  
Bryncelyn, Nelson, Caerphilly, CF46 6HN

**Date of Visit:** Thursday 14<sup>th</sup> April 2022

**Visiting Officer(s):** Amelia Tyler: Contract monitoring officer, Caerphilly  
CBC

**Present:** Stephen Smothers: Responsible individual, PRESS  
Sharon Bucknall: Home Manager, PRESS  
Jason Yorath: Deputy Manager, PRESS

**1. Background**

- 1.1 Bryncelyn is a residential home for individuals with a learning disability, which is owned and managed by PRESS, who are registered providers within the Caerphilly borough.
- 1.2 Bryncelyn is a large, detached bungalow situated in the village of Nelson, with easy access to all the local amenities. It has a large, bright conservatory and a garden which the residents can use if the weather permits.
- 1.3 The registration of Bryncelyn covers three younger adults (18-64 years) with a learning disability. At the time of the visit, there were three residents: one funded by Blaenau Gwent CBC, one by Caerphilly CBC and one by Merthyr Tydfil CBC.
- 1.4 Depending on the contents of this report, the provider may be given corrective and/or developmental actions to complete. Corrective actions are tasks which must be completed (as governed by legislation etc.), and developmental actions are those which are deemed to be good practice.

**2. Previous Recommendations**

- 2.1 Due to the Covid pandemic no visits to the property had been carried out since 26<sup>th</sup> January and 7<sup>th</sup> March 2018 and at this time no developmental or corrective actions were identified.

**3. Findings from Visit**

**3.1 Training**

- 3.1.1 A mixture of online and classroom-based training is used by the staff team at the home. The quality of the training is assessed during supervisions and team meetings. It was discussed that training can involve a big financial outlay and it is important that the organisation gets value for money. The contract monitoring

officer was told there have been occasions historically where the feedback from staff wasn't good and alternative providers had been sourced.

**3.1.2** The responsible individual explained that gaps in training are identified through competency assessments, observations, audits (e.g. monthly reviews, medication audits) and supervisions. The contract monitoring officer was also informed that the responsible individual can deliver training on epilepsy and safeguarding. It was noted that first aid had been held the week prior to the visit and epilepsy and safeguarding sessions were being held during the week of the visit and the week after.

**3.1.3** It was explained that the active offer is not currently implemented, and PRESS do not have any clients or staff that are Welsh speaking.

**3.1.4** Staff records are not held at the property and a future visit will be carried out to the main office to look at these files: this has been booked for 10<sup>th</sup> May 2022.

### **3.2** Staffing

**3.2.1** The contract monitoring officer was told there were 2 members of staff on duty from 7am – 10pm each day and 1 waking night staff. It was also noted that both the home manager and deputy work 50% of their time at Bryncelyn and 50% at the sister property in Fleur-De-Lys.

**3.2.2** The provider employs a group of floating support staff to cover any absences which negates the need to use agency staff. If the responsible individual was absent for a longer period, it was stated that the other managers would divide the responsibilities between them and one of the owners would also be able to assist. The responsible individual also mentioned that a new member of admin staff had started recently which would help with a lot of the office-based work.

**3.2.3** The responsible individual explained that no staff regularly work more than 48 hours a week and the most would be the floating night warden who is contracted for 40 hours. As previously mentioned, the registered manager and deputy manager work across 2 properties and the time is divided as equally as possible between both. It was explained that the responsible individual (also the managing director) is very involved with the service and offers a lot of support to the staff team and visits are normally carried out unannounced.

### **3.3** File and documentation audit

**3.3.1** There was evidence on the file seen of referrals being made to professionals such as the district nurse, GP, SALT, and the optician. It was discussed that no referrals had been needed for several months for the individual placed by Caerphilly CBC and the last recorded date for any referral was for a podiatry appointment on the 31<sup>st</sup> August 2018.

**3.3.2** The personal plan was person centred and contained information around their preferences and highlighted detail such as they like the crust to be cut off their sandwiches and doesn't like food with a sticky consistency. It was noted that

neither the resident or her sister had signed the document and there was nothing documented to explain why this wasn't possible. In order to evidence the involvement of the individual being supported and/or their representative, it is good practice to obtain their signature on the relevant documentation.

- 3.3.3** The agreed outcomes were noted in the 'keeping track' record and this stated that the aim was for the resident to go to the cinema once a month, a show every 2 months and to be supported to the arcades twice a month.
- 3.3.4** It was acknowledged that there was no DNACPR form on file or evidence that this had been discussed with the resident and/or their next of kin. There was a hospital information record available that had been reviewed 08.04.22 but where it stated medical interventions? It documented 'Not known'. Although this can often be an emotive topic, it is good practice to gain the views of the people supported of what action they would like to be taken in the event of a medical emergency.
- 3.3.5** There was no agreement on file outlining how the next of kin wanted to be informed about any incidents: there can sometimes be a number of relatives and it should be agreed who the main contact would be and in what situation they would want to be contacted, i.e. they would want to be contacted in serious situations regardless of day or night such as hospital admission or fall, or would they want to be notified of any medication error, temperature, cough etc. during the next phone call update? It is good practice to note exactly what the expectations are of all parties.

### **3.4** Quality assurance

- 3.4.1** There were 2 compliments noted in the compliments book: 1 was dated May/June 2019 where the niece of 1 resident provided positive feedback and was very happy with the support provided and being kept updated. The second comment was dated 05.10.21 where the care manager said she couldn't praise the home enough for the care given to the resident.
- 3.4.2** A copy of the most recent regulation 73 report was provided which had been carried out by the responsible individual 07.02.22. This covered areas such as service user daily files, accidents and incidents, financial recordings, quality assurance file, safeguarding issues, service user welfare, service user participation in activities etc. The report identified there were outstanding issues predominantly in relation to the aesthetics of the property and fire safety. It was documented that this will be addressed as soon as possible, and this was reiterated in the conversation with the manager which highlighted the difficulties in securing a contractor to carry out the work<sup>3</sup>
- 3.4.3** A copy of the service user guide was provided, and this had been revised 31<sup>st</sup> January 2022 and the statement of purpose had been reviewed 28.01.2022 and had not required any changes at this time.
- 3.4.4** The responsible individual explained that in a situation where a complaint was received, that he would phone the complainant in the first instance to clarify the

details and agree on any actions (if required) and this would then be followed up with a letter to ensure there is a clear audit trail.

**3.4.5** If a complaint were received, this would be raised with staff at a team meeting and if required and involved a specific member of staff, this would be dealt with in-line with the disciplinary procedure. There have not needed to be any changes to the service as a result of any feedback received.

### **3.5** Staff feedback

**3.5.1** One member of staff was spoken to as part of the monitoring process, and they explained that they knew where the personal plans and risk assessments were held and made aware if any changes had been made.

**3.5.2** It was evident that staff had a thorough understanding of the needs and preferences of the people they support: it was explained that one of the tenants had refused to change out of his pyjamas and they were seen to be damp with saliva, however, if forced to change this could act as a trigger and be distressing: staff therefore can continue to prompt and encourage until they were ready.

**3.5.3** During the conversation it was explained that another tenant enjoys going out for walks in their wheelchair, amusement arcades and meals out with their sister. The staff member said that tenants will normally go out for 2-3 hours a day depending on how they are feeling, what the weather is like, if there are any medical appointments etc.

**3.5.4** The staff member stated that they felt encouraged to offer suggestions in ways to improve the quality of life for the tenants and the contract monitoring officer was told the house meetings are always client focussed. Manager's meetings are also held regularly which keeps the staff team informed about the general running of the home and any planned changes. I was also highlighted that the member of staff was aware of the whistleblowing policy and would be confident to raise any concerns if necessary.

### **3.6** Resident feedback

**3.6.1** It was not possible to speak to the resident placed by Caerphilly CBC as she was asleep for much of the visit and is unable to communicate verbally. The other tenants also have complex communication difficulties.

### **3.7** Relative feedback

**3.7.1** One relative was spoken to over the phone in order to obtain their views of the service: The feedback was really positive, and they said they felt their relative was very well looked after and spoilt by staff. The contract monitoring officer was told that the individual had lived at Bryncelyn for 4 years and was taken out regularly for fresh air and to access the community.

3.7.2 When the tenant is able to go out staff will often support her to a church service on a Sunday and then go for lunch with her sister. It was also fed back that

3.7.2 The relative explained there wasn't anything they could think of that would improve the service. When asked, they said they were very happy with the support and were confident in raising any concerns with the managerial team if necessary.

### 3.8 General observations

3.8.1 The tenants were generally well presented, and it has been mentioned earlier in the report that 1 gentleman had chosen not to get dressed.

3.8.2 It was stated that one of the gentlemen was having a customised desk made that was taking 2 months to be built and delivered: it was evident that he was excited for this to arrive. All rooms were nicely decorated and there was evidence of personalisation i.e. photos, light shades, pictures that 1 tenant had painted and rug that another tenant had made, sensory lamps and fidget balls.

3.8.3 There was damage to some of the doors, door frames and skirting boards that needed repair and this had already been noted and recorded by the manager and managing director. There was also work needing to be completed to the hallway ceiling in relation to fire safety and this was being looked into, but this was being held up by trying to find a reliable contractor

## 4. Corrective / Developmental Actions

### 4.1 Corrective actions

4.1.1 When a personal plan is being revised it is co-produced with the individual receiving care and support, the placing authority (if applicable) or any representative. The easiest way of evidencing this is to obtain signatures from those involved. **RISCA version 2 (April 2019) Regulation 15**

### 4.2 Developmental actions

4.2.1 Consideration to be given around how to document the wishes of the individual in the event of a medical emergency.

4.2.2 It is good practice to document an agreement of how relatives are to be notified of any incidents.

## 5. Conclusion

5.1 There were no concerns raised in relation to the support provided at the home and staff demonstrated a thorough knowledge and understanding of the needs of the residents living at the home. It was pleasing to see the compliments recorded from a relative and care manager and to receive the positive comments from the sister of one resident.

- 5.2** The resident file seen was clear and well presented and the information was easy to locate. There were some corrective actions identified for the discussion and consideration of the managerial team.
- 5.3** There is work planned to be carried out on the aesthetics of the property as outlined in the body of the report which will be completed as soon as a suitable contractor can be sourced. The contract monitoring officer requests an update as soon as a date has been arranged.
- 5.4** Thanks are passed to everyone involved in the monitoring process for their time and hospitality.

**Author:** Amelia Tyler  
**Designation:** Contract Monitoring Officer  
**Date:** 27<sup>th</sup> April 2022