

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

**CONTRACT MONITORING REPORT**

**Name/Address of Provider:** Forest House Residential Home (Learning Disabilities)  
**Date/Time of Visit:** 18.03.15.  
**Visiting Officer(s):** Andrew Davies, Contract Monitoring Officer  
**Present:** Dean Hunt, Owner/Manager

**1. Background**

- 1.1 Forest House is a Residential Home for individuals with Learning Disabilities which is owned and managed by Dean Hunt, who is a registered provider within Caerphilly borough.
- 1.2 Forest House is situated in Wattsville, in a large end of terrace house which is surrounded by woods and has a pleasant outlook. The registration covers three adults with a learning disability. At the time of the visit there were two residents, one funded by Caerphilly, and one funded by another nearby local authority. Both residents have lived at the home for several years.
- 1.3 On the day of the visit, the monitoring officer was able to meet with the Manager, two members of staff and both service users. Paperwork was examined, and all parts of the home were seen.
- 1.4 Dependant on the findings within the report, corrective and developmental actions will be given to the provider to complete. Corrective actions are those which must be completed (as governed by legislation), and developmental actions are good practice recommendations.

**2. Previous Recommendations**

- 2.1 Proof of service user involvement in compiling the service plan is documented. (*National Minimum Standards, 6.6*) **Findings:** The Manager advised that the residents had been involved with the formulation of the service plans, and it was noted that they have now signed a section of the service plan to show this. **Met**
- 2.2 Service plans should be signed and dated by the author. (*National Minimum Standards, 32.3*). **Findings:** The service plans are now signed and dated. **Met**
- 2.3 Forest House are encouraged to accurately record and review progress towards agreed outcomes, in the daily records, and service plan reviews. **Findings:**

Outcomes were recorded in the service plan, and progress towards achieving the outcomes are now recorded on a monthly review sheet. **Met.**

### **3. Findings**

#### **3.1 Service Planning**

- 3.1.1 The service plans were seen to be very detailed and personalised, and gave clear instructions on how care was to be provided. There was plenty of detail regarding routines, likes and dislikes, and it was clear what the resident could do independently and what support was required in each area.
- 3.1.2 It appeared that all necessary service plans were in place as identified on the CCBC care plan
- 3.1.3 It was positive to note that each section of the service plan showed what outcomes were to be achieved, and progress towards achieving these outcomes were also recorded in the monthly reviews..
- 3.1.4 The service plans are reviewed on a monthly basis, and these give a good summary of what has happened each month, such as family involvement, updates on any changes in medical conditions, or changes to activities.

#### **3.2 Risk Assessments**

- 3.2.1 Detailed risk assessments were in place for various risks such as moving and handling, falls, and pressure areas. The assessments gave information to assist staff in how to manage these risks. The risk assessments had all been reviewed within the last 12 months as required.

#### **3.3 Documentation**

- 3.3.1 All files are kept securely in a lockable filing cabinet in the office, which also doubles as a dining room (as it is open plan).
- 3.3.2 Daily reports were generally seen to be of good detail and they reflected most, or all aspects within the service plans, including updates on what the resident spent the day doing.
- 3.3.3 It was noted that the service plans were signed by the author, and the service users, to show they were involved in compiling the service plan together.
- 3.3.4 All documentation seen was presented in a clear format, and in chronological order (where applicable), and was well presented.

#### **3.4 Approach to care**

- 3.4.1 The Manager advised that the home has a flexible approach, and encourages the residents to make decisions about what they want to do each day. The residents,

well as the staff, are very much involved in decisions that are made about the home. This was confirmed while speaking to one of the residents during the visit.

- 3.4.2 It is clear that independence and choice is encouraged, and the Manager was able to describe how residents had become much more independent, and how their health had improved, since moving into the home.

### **3.5 Complaints and compliments**

- 3.5.1 The Manager advised that the home has not received any complaints for around 5 years.
- 3.5.2 The home has a policy in place to deal with complaints and this is made available to staff, residents and their families.
- 3.5.3 The Manager stated that compliments are received regularly from visitors; however they are not formally recorded.
- 3.5.4 The Manager advised that advocacy services are not currently used by any of the residents as their families support them with any decisions, although the Manager was aware how to access advocacy services if required.

### **3.6 Service user and stakeholder feedback**

- 3.6.1 Feedback on the service is gathered on a daily basis from speaking to the residents. The residents are also involved in completing an annual quality assurance questionnaire, with help from their families.
- 3.6.2 The results of the last annual quality assurance survey (December 2014) was seen, it was apparent that all feedback received from residents and visitors was very positive in all areas, including the friendliness of staff, the activities, the meals, cleanliness of the home, and the quality of care.

### **3.7 Induction and training**

- 3.7.1 Forest House uses an induction pack formulated by Mulberry House which is broadly similar to the Care Council for Wales Framework., although the induction pack has not been used recently.
- 3.7.2 The Manager advised that he uses CCBC training wherever possible, and also uses other training providers where necessary.
- 3.7.3 All staff have received mandatory training, and updates when required. There is a range of non mandatory training on offer, including autism, dementia, and diet & nutrition. It was noted that some staff are due for refresher training in manual handling and POVA.

### **3.8 Supervision and appraisal**

- 3.8.1 Supervision sessions take place every 2 months, and there was evidence on file to document the sessions. Staff also receive an annual appraisal.
- 3.8.2 The supervision template includes a section for staff to bring up any issues, in order to encourage a two way discussion

### **3.9 Staffing**

- 3.9.1 The home continues to have excellent staff retention, there have been no changes since the last visit, and the Manager advised that no staff have left or joined for over 5 years.
- 3.9.2 The staff at the home have good sickness records and there were no members of staff on sickness absence at the time of the visit. When sickness absence occurs the shifts are covered by other staff members, the home does not use agency staff.
- 3.9.3 The staffing levels are decided on an ongoing basis depending on the dependencies of the residents, number of residents, and any activities that are taking place. There are generally 2 members of staff during the day, and one at night. On the day of the visit there 2 members of staff including the Manager.
- 3.9.4 The Manager advised that all staff all had CRB/DBS checks before starting work at the home, and these are repeated every 3 years. Evidence of recent a DBS check was present on the staff file seen.

### **3.10 Interests / activities**

- 3.10.1 The residents continue to enjoy a range of different activities and are involved in choosing what they want to do each day. The Manager gave examples of some activities, which included trips to the cinema, shopping, attending local events and a pantomime at Christmas. There are some regular weekly activities, but these can be changed at short notice if the resident wishes.
- 3.10.2 The Manager confirmed that all service users have been offered the choice about attending church services or practicing their religious beliefs in other ways, but both have chosen not to.
- 3.10.3 One of the residents said that she was looking forward to going shopping later that afternoon.
- 3.10.4 The Manager advised that he started a wildflower garden last year with one of the residents which he enjoyed, and they would be doing this again in the coming months.

### **3.11 Health and fire safety**

- 3.11.1 The home arranges fire drills on a 6 monthly basis The home has a grab file in place which details relevant contact details for next of kin as well as how to safely

evacuate the residents of Forest House. Arrangements have been made with local establishments to assist with temporary overnight accommodation in the event of a fire, and their details are also on the file.

3.11.2 There have not been any recent accidents at the home, however the home has appropriate procedures to follow in the event of an accident.

3.11.3 The home keeps a maintenance file which records any checks undertaken on the fire alarms, electricity etc.

### **3.12 Mobility aids and equipment**

3.12.1 Forest House has several items of equipment, such as wheelchair, zimmer frame, all of which are serviced regularly. Staff check the equipment regularly and contact the manufacturer if there any issues or repairs required. When any manufacturer is contacted a record is kept, as well as recording of any servicing that takes place.

3.12.2 Wheelchairs in use are fitted with footplates and safety belts.

### **3.13 The home environment**

3.13.1 All service users' individual rooms are well maintained, and personalised. The home itself was clean and tidy, with good quality furnishings.

3.13.2 All service users have keys for their bedrooms, which can be locked. There are also locks on bathroom doors. In addition, service users have lockable cabinets in their rooms.

3.13.3 There are two lounges at Forest House for service users to use. One of the residents spent most of the morning in one of the lounges alone watching television, while the other resident spent most of the time in his room.

### **3.14 Nutrition**

3.14.1 The service users are supported to decide the menu, and regularly accompany staff to the supermarket to choose what they want.

3.14.2 The staff try to encourage healthy diet for the service users but recognise that they are able to make their own choices. The staff have attended recent nutrition and diet training.

3.14.3 The resident's help with preparing meals, and one resident has been supported to gain independence in this area and is now able to prepare some snacks and drinks.

### **3.15 Service User Questions**

3.15.1 One of the service users gave positive feedback on all aspects of living at the home. She spoke very positively about the Manager and it was clear that there was a good relationship between her and the staff. She said that she was looking

forward to going out later, and said that she is able to choose what she wants to do each day.

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

##### **4.1 Corrective actions**

4.1.1 Manager to ensure that staff receive manual handling every 3 years with annual refresher training. (*National Minimum Standards, 23.1*) Timescale: Immediately and ongoing.

4.1.2 POVA training to be refreshed for all staff every 3 years (*Wales Interim Policy for the Protection of vulnerable Adults,*) Timescale: Immediately and ongoing.

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

4.2.1 None.

#### **5. Conclusion**

5.1 The home continues to provide a very good standard of care to the residents, who are at the centre of everything that goes on at the home. The staff team remains stable, with no changes at the home since the last visit. The feedback from the residents and family members was once again very positive. The home is encouraged to maintain the current high standards of care, and to also proactively seek to improve practices even further

**Author:** Andrew Davies

**Date:** 06.05.15

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