

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

**COMMISSIONING TEAM**

**CONTRACT MONITORING REPORT**

**Name/Address of Provider:** The Regard Partnership, 6A The Uplands House Newbridge,

**Date of Visit:** Thursday 19th April 2018

**Visiting Officer(s):** Ceri Williams: Contract Monitoring Officer, Caerphilly CBC

**Present:** Ann Peebles: Manager, The Uplands House, The Regard Partnership

**1. Background**

- 1.1 The Uplands House is a large property situated at the top of Newbridge Town, and although it is not far from the town centre, it is acknowledged that individuals with impaired mobility could find the location difficult to navigate on their own.
- 1.2 At the time of the visit there were 3 people residing at The Uplands House, two had been placed by Caerphilly Social Services. There is one current vacancy.
- 1.3 Contract Monitoring Officers employ a variety of ways to gather and interpret information as part of monitoring visits, including observations of practice at the residence, examination of documentation and conversations with staff, residents and relatives.
- 1.4 A CSSIW inspection undertaken in July 2017 (report published September 2017) indicated that there were no areas of non-compliance or improvement identified.
- 1.5 The previous monitoring visit had been carried out on Thursday 19 January 2017 where **1** corrective action and **2** developmental actions were identified. The actions were reviewed during the visits and the findings are outlined in section 2 below.
- 1.6 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 etc), and developmental actions are those that are deemed good practice to be completed.

## **2. Previous Recommendations**

### **Corrective**

- 2.1 Supervision to take place with all staff every two months.  
**MET:** Met Supervision matrix provided by the manager evidenced that regular supervision sessions are taking place for all staff.

### **Developmental**

- 2.2 The service user register in the fire safety file was found to be out date, this was brought to the managers attention who advised they would update accordingly.  
**MET:** The fire safety file was viewed and contained all necessary up to date information.
- 2.3 Consider placing photographs of residents on medi-packs.  
**MET:** Photographs have been placed on residents Mar charts.

## **3. Findings from Visit**

### **3.1 Service Planning**

- 3.1.1 The Local Authority Care Plan was on file for both residents placed by CCBC and identified the areas of support required. The resultant service plans for each area (such as financial support and support with personal care) accurately reflected the Care Plan and was comprehensive in its detail. There was evidence that each area covered had been read and signed by all staff indicating a thorough knowledge of how to care for and support the resident.
- 3.1.2 The individual service plans were comprehensive and evidenced that the resident's have been involved in the planning of the support they receive. The plans had been signed by the resident along with the manager and all staff involved with supporting the resident.
- 3.1.3 The client files viewed also included extra information to build a picture of the person including personal preferences and well-being indicators such as life stories, likes and dislikes, sleep patterns and weight monitoring.
- 3.1.4 Monthly service user reviews were present on file and evidenced changes in needs and documented actions to be taken.
- 3.1.5 More in depth reviews are carried out every six months with service user and key worker.
- 3.1.6 The manager informed the CMO of recent changes to a resident's eating habits which are currently being medically investigated. The service plan

viewed on file was current and included the change in behaviour/needs and contained clear guidelines for staff on how to react should a situation occur.

### 3.2 Risk Assessments

3.2.1 Risk assessments form part of the Service Plan documentation and covered areas such as finance and nutrition. There is also a Positive Behaviour Support plan which is a comprehensive document, it includes a list of risks and guidelines for staff on how to manage them along with diagrams that follow Positive Behaviour escalation/de-escalation methods.

There was evidence that staff had read these from the signing sheet.

3.2.2 A risk assessment for absconding for one of the residents was found to have clear directions for staff and included a missing person's profile for the resident with photograph and emergency contact telephone numbers all at the front of the file for staff to access easily in an emergency.

### 3.3 Documentation

3.3.1 There was evidence in the resident's file of regular referrals to other professionals including referrals to the GP and Chiropodist.

3.3.2 The contract monitoring officer viewed a Personal Outcomes Plan for a resident, which incorporates both the daily record and the service plan; this documentation eases completion by the carers and is easy to follow. It was pleasing to see that evidence of the residents likes, dislikes and routines triggers (low mood, poor sleep, aggression) were mentioned in the documents which showed a good understanding of the resident in question.

3.3.3 Regard use a combination of tick list and free writing for daily record completion. This information is then fed into monthly reviews which list outcomes identified and if these have been achieved using a scoring system. This paperwork includes reasons for shortfalls and actions taken.

### 3.4 Approach to Care

3.4.1 Independence is promoted by encouraging residents to do as much as possible with due regard to their abilities. Residents are supported to try and undertake household tasks such as preparing a snack or a drink, washing up and laundry, maintaining existing skills and encouraging the development of other skills wherever possible. All residents are involved in going shopping for food for the home.

3.4.2 Review meetings are held on a monthly basis to obtain feedback from residents and to involve them in any decision-making, either about the home or about themselves.

3.4.3 Families are involved as much as possible and are encouraged to attend any meetings with the Social Worker. If they are unable to attend, they have the opportunity to feedback verbally. Annual surveys are also sent out to give

residents, relatives and stakeholders chance to give their views and any suggestions on how the service might be improved.

### 3.5 Complaints and Compliments

- 3.5.1 The complaint file was viewed and it was pleasing to see that no complaints had been received since the last monitoring visit. Complaints (if received) are fed back to staff through team meetings.
- 3.5.2 Comments were viewed from visiting professionals who very complimentary of the home.
- 3.5.3 One professional commented that 'service plans were very good with plenty of information' and felt that they knew the resident without even meeting them.
- 3.5.4 There had been no complaints received by Social services within the last 12 months.
- 3.5.5 Feedback received from care management staff at CCBC was very positive.

### 3.6 Service User and Stakeholder Feedback

- 3.6.1 Feedback from residents is obtained in a number of ways including holding monthly reviews with their allocated key worker, three monthly resident meetings and also 'my opinion' surveys.
- 3.6.2 Examples of changes being made from the residents feedback include changes to activities and the changes to the décor of the home.
- 3.6.3 Satisfaction surveys are also sent out to family/friends and external professionals annually.
- 3.6.4 The annual QA report details the involvement of the residents in putting forward their views and suggestions. The report covers areas such as quality of life, quality of staffing and quality of the environment. The report is then published and is available at the home for families and residents to read.

### 3.7 Induction and Training

- 3.7.1 The training matrix and e-learning matrix were provided to the Contract Monitoring Officer. All mandatory training was up to date for all staff.
- 3.7.2 It was pleasing to note that staff had also received non-mandatory training in areas such as Dementia, Mental Health and Epilepsy in order to have a better understanding of the residents they support.

### 3.8 Supervision and Appraisal

- 3.8.1 Appraisals are carried out annually and evidence was seen of all staff having received an appraisal.
- 3.8.2 Supervision sessions are regular and take place more frequently than required by regulations.
- 3.8.3 The supervision matrix provided evidenced group, one to one supervision and observations being carried out with staff.

### 3.9 Staffing

- 3.9.1 There are 10 staff employed at the home including the manager.
- 3.9.2 Staff rota's for 4 weeks were forwarded to the Contract Monitoring Officer. The rota's evidenced that there are 2 support workers daily and also the manager Monday – Friday. There was no evidence of any staff working more than 48 hours.
- 3.9.3 The manager advised that one new member of staff have been recruited over the last 12 months replacing one staff member who had left.
- 3.9.4 The manager confirmed that agency staff are not used as current staff are flexible and will cover extra shifts when needed.
- 3.9.5 Two staff files were viewed during the visit. Both files contained proof of I.D. and included photographs, current DBS check, full employment history and two references.

### 3.10 Interests and Activities

- 3.10.1 Residents are encouraged to participate in external and internal activities based on their particular preferences and ability level. Suggested activities are incorporated in the residents Personal Development Plan's. There is no activities 'schedule' within the home with activities taking place on a more ad hoc basis depending on resident's wishes and choices on any given day.
- 3.10.2 Residents are able to verbally inform staff of activities they wish to participate in. For those resident's that are non verbal staff members monitor facial expressions, noises and gestures to determine what they have enjoyed previously.
- 3.10.3 Evidence was seen in daily records of staff engaging residents in activities both out in the community and within the home. Residents have also been supported on holidays. There was also evidence of staff actively finding a specific activity that a resident wished to take part in.

### 3.11 Health and Fire Safety

3.11.1 Fire drills are carried out at the property quarterly and all staff had attended a fire drill in the last 12 months.

3.11.2 The accident file was viewed and a recent incident had been correctly documented and recorded. Risk Assessments and service user plan had all been updated following the incident and staff given actions to follow.

### 3.12 Aids & Equipment

3.12.1 This was not covered during the monitoring visit as no CCBC residents use any aids or equipment.

### 3.13 Home Environment

3.13.1 All areas of the home were well maintained and kept clean and tidy with no malodorous smells. The resident's rooms were clean and clutter free and included evidence of personalisation.

3.13.2 There is no lockable storage in one resident's bedroom as they have declined, this has been recorded in the client's file.

3.13.3 A new front door has been fitted and improvements made to the outside gate to make more secure.

### 3.14 Nutrition

3.14.1 The residents are given choices and actively take part in menu planning and purchasing the shopping for the home.

3.14.2 A healthy diet is encouraged however, residents likes and dislikes are taken into consideration. The residents are encouraged to and do help with food preparation and cooking and can also help themselves to snacks whenever they require them.

3.14.3 The Manager informed the contract monitoring officer that healthcare professionals are consulted if there are any nutritional concerns and there was evidence of resident's weight being monitored monthly.

### 3.15 Medication

3.15.1 There have been four medication errors since the last monitoring visit.

3.15.2 All documentation viewed regarding medication was up to date and reviewed monthly.

3.15.3 Weekly medication audits are completed by a staff member and signed off by a manager.

3.15.4 All staff were up to date with medication training and the manager also carries out observations of staff administering medication regularly.

3.15.5 Despite the manager putting in place robust policies and procedures for the administration of medication unfortunately, medication errors continue to occur. It is recommended that all staff attend CCBC Safe Administration of Medication training.

### 3.16 Staff Questions

3.16.1 No staff member was spoken to during the visit as they were out in the community supporting residents.

### 3.17 Manager Questions

3.17.1 The manager informed us that they have a knowledgeable and experienced team of staff supporting residents.

3.17.2 The manager was clear regarding their roles and responsibilities to staff and the residents and was aware of actions to take should any complaints, minor incidents or any incidents affecting the well-being of the residents should occur.

3.17.3 Residents are encouraged to participate in community activities and the home has held themed events in the upgraded garden areas including picnic and Hawaiian parties. There are also parties at birthdays and Christmas and family and friends are always invited to join and are even offered to be picked up and returned home.

### 3.18 Residents Questions

3.18.1 No residents were spoken to during the visit as they were accessing the community.

## 4. Corrective / Developmental Actions

### 4.1 Corrective Actions

4.1.1 There were no corrective actions identified.

## 4.2 Developmental Actions

- 4.2.1 All staff to attend Caerphilly County Borough Council Safe Administration of Medication training.

## 5. Conclusion

- 5.1 The home is relaxed and welcoming. The staff are experienced and the residents well settled within the home.
- 5.2 The care is provided to a high standard with residents being supported to make informed choices and maintain their independence wherever possible.
- 5.3 It was pleasing to note that all the actions from the previous report had been met.
- 5.4 The Contract Monitoring Officer would like to take this opportunity to thank that staff and the resident's for their time and hospitality during the visit.

**Author:** Ceri Williams  
**Designation:** Contract Monitoring Officer  
**Date:** 16 May 2018