

CAERPHILLY COUNTY BOROUGH COUNCIL DIRECTORATE OF SOCIAL SERVICES
COMMISSIONING TEAM

CONTRACT MONITORING REPORT

Name/Address of Provider: (My Choice Healthcare) Victoria House Gordon Road,
Blackwood, Caerphilly, NP12 1DS

Date of Visit: Wednesday 7th September 2022

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

Present: Matthew Harris: Manager
Clare Thomas: Deputy manager

1. Background

- 1.1 Victoria House is a residential home for people with a learning disability located in Blackwood. It is owned and run by My Choice Healthcare, who are a registered provider within Caerphilly borough.
- 1.2 The property is a large dormer bungalow, in a quiet residential area of Blackwood. At the time of the visit there were three residents: one funded by CCBC, and two funded by a neighbouring local authority.
- 1.3 It was noted that the building had three bedrooms and therefore had no vacancies at the time of the visit. It was explained that the company are considering increasing it to four bedrooms, and this would require changes to the layout of the property.
- 1.4 The home was inspected by Care Inspectorate Wales on 30th May 2022 and there were no non-compliance notices issued, or any recommendations for improvement. Due to the restrictions implemented during the Covid pandemic, this is the first visit completed by the commissioning team since the 13th August 2018, and at this time there were three corrective and three developmental actions identified. Previous actions were reviewed, and the findings are outlined in section 2 below.
- 1.5 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 The home Manager to complete and forward a notification 60 to the Local Authority should an incident / event affect a person's well-being i.e., hospitalisation. RISCA version 2 (April 2019) regulation 60

Partly met. No regulation 60 notifications have been received by the commissioning team since the previous visit. It was noted that since the home was purchased by My choice healthcare, all necessary notifications had been shared with the regulator. It was agreed that any future notifications would be shared with the commissioning team inbox..

2.2 For all staff to be up to date on Infection Control Training and Epilepsy. RISCA version 2 (April 2019) regulation 36

Met. The training matrix was shared with the contract monitoring officer, and this demonstrated that all staff had completed their infection control and epilepsy training in 2022 except for 3 staff who had completed epilepsy training in 2021.

2.3 For files to be more organised. RISCA version 2 (April 2019) regulation 59.

Met. All files seen during the visit were better organised than at the time of the previous visit, however, it was difficult to locate some of the information and it was suggested that dividers be used that can be seen when the documentation is in poly pockets with a clear index at the front. The contract monitoring officer was told, following the visit that this had been actioned.

2.4 For ageing and death wishes information to be updated.

Met. The manager explained this had been implemented for all three residents. The file was viewed for the gentleman placed by Caerphilly CBC and this evidenced that his next of kin had recorded the wishes following the death of the resident and there was also detail around a funeral plan that had been organised by a relative.

2.5 Poor quality of photographs on staff members file to updated.

Not met. These were not seen on the two staff files viewed during the visit.

2.6 For staff to attend training on GDPR.

Met. The training matrix evidenced that all staff had completed this training, except one due to long term sickness.

3. Findings from Visit

3.1. Training

3.1.1 The training matrix provided was easy to follow, up to date and evidenced that all mandatory training such as safeguarding, fire safety, first aid, medication, infection control and food hygiene had been completed by all current staff as required. There was just one member of staff that hadn't been able to attend due to long term absence.

3.1.2 There was nothing on the matrix to show any training had been undertaken in relation to communication or dementia. It is recommended that the manager investigate this to support both the staff team and residents.

3.1.3 It was mentioned by a member of staff that they can identify their own training needs and discuss this during supervision and/or annual appraisal. They stated that they would benefit from completing an IT course such as the International Certification of Digital Literacy (ICDL) which has replaced the previous European Computer Driving

Licence. The contract monitoring officer felt this would support their role within the company.

- 3.1.4 The quality of the training being provided is assessed by the manager taking part in the same courses. The training provider is called Atlas and the home manager can see how long it has taken each employee to complete the course rather than just rushing through the contents. There was no training delivered internally at the time of the visit.
- 3.1.5 Because the manager is regularly working on the floor directly with the staff and residents, he has opportunity to observe practice and ensure the training is being appropriately implemented. It was also noted that the 2 staff files contained evidence that the carers were registered with social care Wales.

3.2. Staffing

- 3.2.1 It was explained that if the registered manager and responsible individual were unexpectedly absent for a period, the provider would inform CIW and the commissioning team. It was explained that the head of care would be able to support the home in the role of area manager along with the deputy manager who has completed her level 4 RMA.
- 3.2.2 Staffing levels at the time of the visit were two staff during the day and one waking night staff in the evening. It was reported that the manager is allocated two admin days a week to complete administrative work. Staff absences are covered by the staff team and the contract monitoring officer was told they do not use agency staff.
- 3.2.3 All staff attend a formal 1:1 supervision session every other month. Supervision sessions are completed by the manager or deputy manager if needed. There were no outstanding supervisions at the time of the visit. The contract monitoring officer noted the supervision sessions were detailed two-way discussions which give the staff member the opportunity to assess their own work.
- 3.2.4 It was stated that appraisals are completed every year, however, as there were new starters, there were some that were not yet due although there were end of induction reviews seen on file.
- 3.2.5 All staff have responsibility for arranging activities. There is an activities timetable in place at the property in the activities room, but it was explained these are more to outline individual preferences and suggestions rather than being set in stone. It was highlighted that the residents enjoy walking, cafes, arts and crafts, libraries, bus journeys, animals (although one resident particularly likes horses), cinemas and listening to music.

3.3. File and documentation audit

- 3.3.1 The file was seen for the individual that was helped to move to Victoria house by Caerphilly CBC. There was no initial assessment on file, but it was acknowledged that the gentleman had moved in 8 years ago and the manager said this would be completed for any new residents.

- 3.3.2** It was noted that the personal plan around eating did not provide much detail around what foods he enjoys/dislikes. The meal times appeared very structured in the plan, although the manager said this wasn't necessarily the case, as this would depend on activities, what their plans for the day are or if they are having a meal out. It was not evident if the individual had any allergies or intolerances that any new staff would need to be aware of. There was no evidence of involvement from the gentleman or any representative in the compilation of the person plan or review. The manager must ensure the personal plans are comprehensive and as person centred as possible to include what the individual can do independently.
- 3.3.3** It was noted that there was little in the personal plan around agreed goals or ambitions for the resident to aim for: this could be visiting a particular place, undertaking an activity such as a theatre show in London, making a meal, horse riding or smaller goals such as changing their bed, going to the cinema within the next month or undertaking their personal care with minimal support from staff.
- 3.3.4** There was evidence of the provider making appropriate referrals to outside medical professionals when needed: on the file seen, a GP had been contacted in March 2022 and antibiotics were prescribed which treated the condition.
- 3.3.5** The contract monitoring officer complimented the manager on the quality of the life history information. There was a document on file called 'My story so far' and this was incredibly detailed and gave an important insight into how important his family are to him. It outlined family holidays to the Mediterranean and although his sister lives abroad, still stays in close contact and is involved in his life.

3.4. Quality assurance

- 3.4.1** Three compliments had been recorded for 2022: A window fitter that had carried out work at the property stated 'staff here do an amazing job giving their time to help enhance the lives of the residents'. On the 22nd March a shop lady in Cwmbran had complimented one of the residents on their lovely manners. It was recorded on the 12th March that the out of hours GP commented that the staff were kind, caring and so dedicated to their work.
- 3.4.2** The residents guide was provided during the visit and this had been reviewed in May 2022. It was also noted that the manager was registered with social care Wales.
- 3.4.3** No concerns or complaints had been received in relation to this provider over the previous 12 months. The only issue raised had been in relation to a staff member outside of their professional role, and this had been appropriately referred and investigated.
- 3.4.4** It was acknowledged by the contract monitoring officer that one resident had gone to the library on the morning of the visit, another resident had gone for a walk and been shopping in a local supermarket and the other had been doing arts and crafts at the home and was going out with the manager in the afternoon.
- 3.4.5** Following the visit, the manager shared the most recent six-monthly quality of care report which had been completed by the responsible individual on the 12th September

2022. This summarised a positive visit, during which the residents appeared happy. Only three suggestions for improvement were made and these were around processes for staff at the home.

3.5. Staff feedback

- 3.5.1** The staff member spoken to was aware of where all the files, personal plans and risk assessments were held and was able to access these when needed. It was highlighted the manager spends time walking around the home and engages with residents and staff members.
- 3.5.2** It was highlighted that the activities taking place and accessing the community can sometime depend on the weather. During the day, there are 2 support staff for 3 residents, so they take it in turns to take the residents out. The staff member told the contract monitoring officer they had opportunity to sit and chat with the people being supported and they were able to be flexible in their role.
- 3.5.3** If there was a quiet moment and there wasn't much going on, the member of staff said they might do a puzzle with the residents, or they might read to them, play a game of connect 4, or use some flash cards. It was explained that the residents have communication difficulties, but they can understand what is being said and staff have worked with them to develop methods of communication, e.g., one resident uses Makaton, and they also use pictures and gestures, or by taking the carer to show them what they want.
- 3.5.4** Staff are encouraged to offer suggestions about ways to improve the quality of life for the people they support, and this would generally be raised in staff meetings or handover meetings. It was highlighted there is also a group chat for staff working at the home which can also be used to make recommendations.
- 3.5.5** The member of staff demonstrated a thorough knowledge and understanding of the support needs and preferences of the gentleman placed by Caerphilly CBC. It was explained they had known him for 18 years and explained what his preferences were and pertinent information new starters would need to know if they were working with him.

3.6. Resident feedback

- 3.6.1** Due to the communication difficulties and lack of capacity, the contract monitoring officer spoke to the social worker and advocate on behalf of the residents to get their views of the service: both were happy with the support provided and were complimentary about the staff at Victoria house.
- 3.6.2** The social worker explained that some new staff can sometimes be a bit nervous of taking the gentleman placed by Caerphilly CBC out in the community due to the risk assessments in place and the potential hazards. However, this was something that experience, and managerial support will help to resolve. There were no concerns raised and it was commented that the individual is very settled at the property.
- 3.6.3** An advocate from Mental Health First Aid Wales was spoken to following the visit and they explained that it was always a pleasure to visit the home. They highlighted that staff

are responsive to any recommendations made and the atmosphere is always calm and cheerful when she has visited.

- 3.6.4** It was mentioned during the conversation that the property is always clean and tidy and there had never been any concerns raised over the appearance of the residents: it was explained that staff take him to the hairdressers when needed and assist with his shaving. They reported they had never been required to make a complaint and there was nothing that could be done to improve the service.

3.7. Relative feedback

- 3.7.1** The contract monitoring officer had a phone conversation with a relative following the visit: it was stated that the individual being supported was very settled at Victoria house and appeared happy and relaxed around the members of staff.
- 3.7.2** There is good communication with the home and the relative is kept informed on any review meetings, medical appointments or any changes to the care being provided. The relative said they were confident in the staff team and they knew the resident well and what he does and doesn't like.
- 3.7.3** It was highlighted that the relative has a caravan locally and she regularly takes him up to stay with her. The resident enjoys going to the library and getting out and about in the community and the staff working at the home give him the choice and involve him in any decision making.
- 3.7.4** No concerns were raised and the relative believed that the gentleman had a good rapport with the staff and the other people living there. There was nothing highlighted that could improve the quality of the care being provided.

3.8. General observations

- 3.8.1** All areas of the home that were seen were clean and tidy and well maintained.
- 3.8.2** The three residents appeared content and they were all well presented and were interacting well with the staff members on shift who explained who the contract monitoring officer was and why they were visiting.
- 3.8.3** There was evidence throughout the home of personalisation such as photos, books, wallpaper made to look like a library, soft animals etc. This assisted in making the home feel welcoming.
- 3.8.4** During the previous 12 months, the contract monitoring officer was told there had been new thermostatic monitoring valves installed to regulate the temperature of the water coming through the taps. There had also been a new boiler, a new radiator in one of the bedrooms, a new kitchen floor, newly painted walls in the kitchen and lounge, a sensory garden, new double-glazed windows in the kitchen and activity room and new fire doors put in.

4. Corrective / Developmental Actions

4.1. Corrective actions (all actions to be completed within 3 months of the date of this report)

4.1.1 Poor quality of photograph on staff members file to updated. **RISCA version 2 (April 2019) schedule 1, regulation 35, part 1 (1).**

4.1.2 Training to be sourced around dementia care and for communication. **RISCA version 2 (April 2019) regulation 36.**

4.1.3 Personal plans to incorporate more person-centred detail such as preferences, dislikes, independent tasks and outcomes. Additional information to be incorporated around what the person can do independently and focus on any agreed goals. **RISCA version 2 (April 2019) regulations 14 and 15.**

4.2. Developmental actions

4.2.1 The manager to contemplate booking relevant staff onto the International Certification of Digital Literacy

5. Conclusion

5.1 Victoria house was seen to deliver a caring, supportive service to the people living at the home. Staff were helpful and welcoming, and it was evident that they knew, understood and were fond of each of the residents.

5.2 Feedback from all parties was positive and this supported the findings of the visit.

5.3 There were no issues or concerns raised during the monitoring process and it was pleasing that there was only 1 of the actions from the previous visit that couldn't be at least partly completed. The contract monitoring officer would like to thank everyone involved in the process for their help, time, and hospitality. Unless deemed necessary to be moved forward, the next visit will be in approx. 12 months.

Author: Amelia Tyler

Designation: Contract monitoring officer

Date: 28th September 2022 (amended 18th October 2022)