

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

**CONTRACT MONITORING REPORT**

**Name/Address of Provider:** Cartrefi Cwtch, Woodland Lodge, Fleur de Lys,  
Blackwood

**Date/Time of Visit:** Monday 10 October 2022

**Visiting Officer(s):** Caroline Roberts, Contract Monitoring Officer,  
CCBC

**Present:** Clare Williams, Home Manager  
Nichola Evans, Responsible Individual (RI)  
Morgan Thomas, Activity Co-ordinator

**1 Background**

- 1.1 Woodland Lodge is a small residential home for individuals with learning disabilities, which was taken over by Cartrefi Cwtch in January 2022. There is a sister home, also within the Caerphilly borough, and both homes are managed by Ms Williams.
- 1.2 Woodland Lodge is situated in the small village of Fleur de Llys and is a detached bungalow, that can accommodate 4 individuals. At the time of the visit, the home was at full occupancy.
- 1.3 Since January 2022, Social Services have received one anonymous complaint in respect of the service and this was investigated by both the Local Authority and Care inspectorate Wales (CIW), with the findings being unfounded. One safeguarding referral has been received since January 2022. Matters were addressed via the safeguarding and disciplinary process.
- 1.4 On the day of the visits, the monitoring officer met with the Home Manager, the RI, the Activity Co-ordinator, care staff and chatted to all three people residing at the home. One individual was in hospital at the time of the visit and was expected home later that day.
- 1.5 Monitoring of this service has not been undertaken since 2018. Whilst during the Covid 19 pandemic, for infection control purposes, no face-to-face monitoring was undertaken. However, weekly telephone contact was made with the previous 2 Home Managers.
- 1.6 Cartrefi Cwtch purchased the business in January 2022 and therefore, this was their first Local Authority monitoring visit. To date, the provider has not been inspected by CIW.

- 1.7 Dependant on the findings within the report, corrective and developmental actions will be given to the provider to complete. Corrective actions are those that must be completed (as governed by legislation), and developmental actions are good practice recommendations.

## **2 Findings**

### **2.1 Documentation**

- 2.1.1 All documentation was found to be stored securely.
- 2.1.2 As part of the monitoring process, two resident's files were examined.
- 2.1.3 The files held new, detailed Personal Plans, undertaken by the new owners, which consisted of information outlined within the CCBC Care Plan. The Personal Plans are detailed enough to assist the staff to provide appropriate assistance and support to the individuals residing at Woodland Lodge. However, whilst the plans contained detailed information and stated that the social worker and activity co-ordinator had assisted in its development, there was no evidence to support this i.e. signatures.
- 2.1.4 Pre-admission assessments were not observed on either file; however both placements were made whilst under the previous owners and one individual has been residing at the home since 1999. Going forward, Cartrefi Cwtch will be required to undertake a pre-admission assessment prior to accommodating any new individuals at either home.
- 2.1.5 Within the Personal Plans, reference to risks were outlined, with information to evidence slow and fast triggers and resolution. However, no individual Risk Assessment for each risk was present. When discussed with the Home Manager, the visiting officer was advised that both the Home Manager and the Activity Co-ordinator were undertaking IOSH (Institution of Occupational Safety and Health) training in this area and once completed, will work through each individual file and compile detailed Risk Assessments.
- 2.1.6 Reviews are undertaken monthly. The Home Manager and the Activity Co-ordinator examine the months daily records and as a result review all aspects of the Personal Plan. The Home Manager has worked closely with professionals during the reviewing process; however, this requires evidence in the form of a signature if possible.
- 2.1.7 The daily records completed by staff reflected the areas set out in the personal plans. The records observed were signed by staff and recorded how individuals are supported to meet their needs. Recordings were made in respect of mood, medication, health issues, skin integrity, any visitors i.e. professionals, family. Staff are also

recording outings/activities that the individuals undertake i.e. shopping visiting restaurants, petting animals at farms, going to the cinema.

- 2.1.8 There are outcomes/goals that people aim for such as ensuring that an individual develops their interpersonal skills and accessing the community.
- 2.1.9 The files evidenced that staff at Woodland Lodge make appropriate referrals to outside agencies i.e. referrals to the GP, Opticians and recently emergency services were contacted for assistance.
- 2.1.10 Not all files contained a written agreement with family/representatives to be contacted in case of an emergency. However, it is to be noted that some of the residents do not have immediate family that offer support and assistance and therefore, the responsibility rests with the provider to undertake appropriate action should an emergency occur.
- 2.1.11 Personal Emergency Evacuation Plans were observed.

## **2.2 Quality assurance**

- 2.2.1 The RI has responsibility of overseeing the adequacy of resources of the service and as such must produce a report on a quarterly basis (RISCA Reg 74). Also, the RI has a duty to ensure there is a system in place for monitoring, reviewing and improving the quality of care and support the service provides and should be reviewed as and when but at least every 6 months (RISCA Reg 80).
- 2.2.2 A copy of the Quality Assurance Report for July 2022 was observed. The report covers various aspects of the service and describes what the provider does best and areas that require improving.
- 2.2.3 The report incorporates feedback from Local Authority professionals that have worked with Cartrefi Cwtch.

## **2.3 Staffing and training**

- 2.3.1 The home has excellent staff retention, who are happy to work as a team and cover any absences.
- 2.3.2 In the last 9 months, 2 staff members have left the employment of the provider.
- 2.3.3 At the time of the visit, Cartrefi Cwtch had not employed any new members of staff at Woodland Lodge. The current staff group are made up of long-standing employees.
- 2.3.4 Two staff members' files were viewed, both contained 2 written references, Terms & Conditions, detailed application form; however, neither file contained an interview record. This had been raised with the

previous Home Manager and this is an area that the owners need to consider when employing new staff.

- 2.3.5 Both files contained a current DBS (Disclosure and Barring Service). Training certificates were also observed on the files viewed.
- 2.3.6 Staff receive 1:1 supervision and this is held on a 3 monthly basis. Appraisals have yet to be undertaken; however, the Home Manager advised these will be scheduled for November/December.
- 2.3.7 The visiting officer viewed the handwritten Training Matrix, which highlighted what training is required and when. It is recommended that a formal electronic training matrix is devised to assist the Home Manager and to assist future monitoring/inspections.

## **2.4 Life at the home**

- 2.4.1 On arriving at the property, the Home Manager received an order that she had placed for one of the individuals. It was a photograph book consisting of photographs of days out and holiday photos.
- 2.4.2 Staff were keen to talk about the individual's holiday, advising the monitoring officer of the journey there and back and how much fun the individual had. It is hoped that another holiday can be booked again for next year and the Home Manager spoke of another individual perhaps joining the holiday.
- 2.4.3 With one individual having their own adapted vehicle, it makes it easier for them to access amenities. The Home Manager advised that staff are now taking individuals out into the community more, and this is something the new owners are keen to encourage.
- 2.4.4 It was positive to observe one member of staff singing with an individual and holding their hand. Positive interaction was observed.
- 2.4.5 Activity Planners are in place; however, these are open to change. One individual can express what they would like to do. For individuals who are unable to communicate their wishes, sensory activities are undertaken and trips out in the car for a walk around the local park are enjoyed.
- 2.4.6 Individuals are offered a choice of food, which is ordered online, and are offered alternatives should the individual not wish to have what is on the weekly menu. However, the staff are required to offer a certain diet to those with food allergies. All meals are home cooked, and this was observed by the monitoring officer.
- 2.4.7 The residents assist with meal preparation and the monitoring officer was advised; they all enjoy the baking exercises.

- 2.4.8 As and when required, Dietician and SALT (Speech and Language Therapy) advice is sought.
- 2.4.9 The property enjoys a lovely garden and is surrounded by friendly neighbours.
- 2.4.10 All 4 bedrooms were observed, all of which were found to be clean and free of clutter. The rooms are decorated to individual taste and during the visit, there were no malodours or hazards observed.
- 2.4.11 The home currently has no individual that communicates in the medium of Welsh (the Active Offer). When asked how the Active Offer is being implemented, the Home Manager advised that they would learn basic Welsh language to communicate.
- 2.4.12 Woodland Lodge had their Food Hygiene inspection in May 2022 and were rated as three.

## **2.5 Equipment**

- 2.5.1 All individuals residing at the home have access to and use of a hoist, should this be required. Bath slings are insitu and all residents have been assessed for their use. Hoists are serviced every 6 months by Cymru Healthcare, wheelchairs are also serviced.
- 2.5.2 The wheelchairs currently being used all have foot plates and safety belts.
- 2.5.3 General internal checks are undertaken by the Home Manager and staff and local electricians undertake PAT testing. Appliances are insured and therefore, should any equipment become faulty, it is replaced.

## **2.6 Health and Safety**

- 2.6.1 There were no accidents/incidents reported in the last month.
- 2.6.2 The last fire assessment was completed on 31 August 2022 and recommendations were made, which the Home Manager and RI are working toward completing.
- 2.6.3 Fire drills are undertaken monthly.

## **2.7 Complaints and Compliments**

- 2.7.1 Should individuals require external support to convey their wishes and feelings, the provider will request the appointment of an IMCA (Independent Mental Capacity Advocate).
- 2.7.2 The home has received only one complaint as previously noted at the beginning of the report.

- 2.7.3 The Manager advised that compliments have been received via a late resident's family and professionals i.e. Social Workers, Health professionals since becoming the owners. The Manager was reminded to collate any compliments received and to share them with the Local Authority.
- 2.7.4 Manager and Staff Questions
- 2.7.5 During the monitoring visit, the visiting officer spoke with three members of staff and asked questions in respect of working at Woodland Lodge. All staff members were able to provide detailed information about all 4 residents residing at the home. The staff members have worked at the property for a number of years and therefore, know the residents well.
- 2.7.6 All four residents have communication difficulties and all staff members explained that they know signs to look for when communicating with the residents.
- 2.7.7 The visiting officer was informed that the new owners are "very good" and listen to any suggestions the staff have. One member of staff informed the monitoring officer that once a month, the staff are treated by the owners i.e. in the hot summer months sun protection packs were provided, the staff have attended massage therapy, stress advice with a candle and podcast have also been given. It is evident that the management team are keen to promote health and wellbeing support for the staff team.
- 2.7.8 When asked how they would challenge a colleague if they felt practice was poor, staff members advised they would share the concerns with the home Manager.
- 2.7.9 The visiting officer also spent time with the Manager in order to discuss the running of the home. The Manager advised that the home does not have CCTV and that there were no concerns with regard to the property i.e. equipment being used (hoists), hot running water. All equipment was in good working order.
- 2.7.10 The Manager advised that as a result of their fire inspection, further work will be undertaken to the property to ensure that they meet the requirements set out in the inspection report. Progress with the implementation of the requirements will be continued to be monitored by the Monitoring Officer.
- 2.7.11 The owners have and continue to work on the property, without causing any major disruption to the residents. Since taking ownership of the business, Cartrefi Cwtch have replaced the fascias and guttering with new, residents bedrooms have been redecorated, new sofas and kitchen items purchased, a new medication fridge has been purchased and the owners continue to re-decorate the home and up-date it.

- 2.7.12 The Manager and the RI meet every Monday at Woodland Lodge and the RI will also visit the sister home on a regular basis.
- 2.7.13 All DoLs (Deprivation of Liberty Safeguards) renewal applications are up to date. However, it is acknowledged that there is currently a backlog of renewing applications.
- 2.7.14 Policies and procedures were viewed by the monitoring officer including the providers Statement of Purpose. However, all documentation was noted not to be dated and therefore, it is recommended that such documents have a date included to evidence date of review/updating.

### **3 Corrective / Developmental Actions**

#### **3.1 Corrective actions**

- 3.1.1 Appropriate Risk Assessment to be put in place (RISCA Reg 57) **Timescale:** Immediately.
- 3.1.2 Whilst the records indicated that a social worker had assisted with the development of Personal Plans, this must be evidence by the provider. Therefore, signatures are required to be obtained to evidence participation (RISCA Reg 15) **Timescale:** Within three months and on going.
- 3.1.3 For the Statement of Purpose and Policies and Procedures to include a review date. (RISCA Reg 7) **Timescale:** Within one month.

#### **3.2 Developmental actions**

- 3.2.1 For an electronic supervision and training matrix to be devised to assist the Home Manager and professionals inspecting the service.
- 3.2.2 Evidence that DNACPR discussions have been held with individuals or family/representative.
- 3.2.3 For individuals who have family/representatives supporting them, a written agreement is put in place regarding being contacted in case of an emergency.
- 3.2.4 The Home Manager to collate any compliments received and to share them with the Local Authority.
- 3.2.5 Any regulation 60 notifications submitted to the regulator to also be copied to CCBC Commissioning. (CCBC Contract).

#### **4      Conclusion**

- 4.1      The home environment and atmosphere at Woodland Lodge was warm, relaxed, and welcoming.
- 4.2      It was evident that the new owners have built up a good working relationship with professionals who also support those who reside at Woodland Lodge.
- 4.3      Staff were observed to interact well with the residents and all appeared to be relaxed in each other's company. A staff member was observed singing with a resident and spending quality time engaging in some one-to-one activities.
- 4.4      The Home Manager and RI demonstrated that will strive to continue looking for ways to improve the service the residents receive, and to improve the individual's quality of live.
- 4.5      Monitoring will continue to take as planned, and the monitoring officer would like to thank all involved for the welcome given at the home.

<b><u>Author:</u></b>	Caroline Roberts
<b><u>Designation:</u></b>	Contract Monitoring Officer
<b><u>Date:</u></b>	October 2022

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