

CAERPHILLY
COUNTY BOROUGH COUNCIL, DIRECTORATE OF SOCIAL SERVICES

COMMISSIONING TEAM

CONTRACT MONITORING REPORT

Name/Address Of Provider: Ty Gwilym, Court Road, Energlyn, Caerphilly, CF83 2LU

Date Of Visit: Friday 28th March 2017

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

Present: Gaynor Mazurczak, Manager Ty Gwilym

1. Background

- 1.1** Ty Gwilym is a large bungalow that is situated on the outskirts of Caerphilly town. The home is registered to provide respite care for up to 4 individuals with a learning disability at any one time. The service is available for people between 18 - 65 years of age.
- 1.2** The last monitoring visit was carried out on the 16 March 2016 and at this time there were 5 Corrective Actions and 3 Developmental actions identified. The purpose of this visit was to follow up on these actions and to complete the relevant actions of the monitoring tool.
- 1.3** The Contract Monitoring Officer was informed that there were currently 40 people accessing the service, with 1 person on introductory visits.

2. Previous Recommendations

2.1 Corrective Actions

- 2.1.2** All staff to undertake mandatory training in line with **NMS 26.1**
Met: All staff have achieved mandatory training.
- 2.1.3** Service plans to be Person Centred, and drawn up with the involvement of the individual, family, friends or advocates as appropriate in line with **NMS 6.6**
MET: New service plan's have been introduced and are person centered and include involvement from of the individual, family, friends or advocates as appropriate.
- 2.1.4** Service plans to be signed by individual and/or relative or reason as to why not appropriately documented. **NMS 6.6**
NOT MET: Of the three service plans viewed, only one was signed.

2.1.5 Annual Quality Assurance (QA) report to be completed and shared with all stakeholders. **NMS 30.4**
NOT MET: Annual QA report not as yet completed.

2.1.6 Individuals files to be presented in “good order” and contain current and relevant information to allow staff to access information quickly. **NMS 32.3**
MET: All files viewed were in good order with indices’ at the front of every file clearly labelled.

2.2 **Developmental**

2.2.1 Consideration given to developing a signing sheet for the “personal profile” documents to evidence that all staff have read it.
MET: New system introduced by manager, see body of report.

2.2.2 A copy of the next newsletter to be emailed to the commissioning team.
MET: Current copy of newsletter received by Commissioning.

3. **Findings from Visit**

3.1 **Reports from Agencies**

3.1.1 The last visit to the service from CSSIW was carried out on 23 February 2016 and was a focussed inspection.

3.1.2 This found that people using the service can be confident they are being cared for by competent staff who treat them with courtesy dignity and respect.

3.1.3 CSSIW recommended two actions to improve the service.

3.1.4 *Care Planning would benefit from being more personalised and person centered.*
All documentation used for care planning has been recently reviewed to reflect a more person centered service planning document

3.1.5 *Service user’s legal rights and civil rights are respected and protected.*
This action related to the lack of Deprivation of Liberty Safeguards (DoLS) in place for people using the service who lacked capacity to consent to care. The manager has now submitted applications, for all individuals accessing the service that this applies to.

3.1.6 There have been no complaints received since the last monitoring visit and no concerns raised by care managers or other advocates.

3.2 **Documentation**

3.2.1 Three individual’s files were viewed during the visit. Files are kept in a locked cabinet in an upstairs office. All files viewed were in good order with indices’ at the front of every file clearly labelled.

- 3.2.2** The service plans viewed were representative of the care plans. New service planning documentation has been introduced. The new documentation is more person centered and focusses on the what an individual can achieve independently and what they may need prompting/assistance with. It also details likes/dislikes and routines. Visual prompts are used for the different category's of the service plan i.e. nutrition, medication which enables ease of use for staff.
- 3.2.3** Of the 3 files viewed only one of the service plans had been signed by the individual or representative. It was explained by the manager that it is often difficult to obtain signatures from individual/representative as it is a respite service. It is recommended that the service plans could be completed and signed along with the 'Personal Profile' used by the service.
- 3.2.4** Also included in the documentation is a Personal Profile. This is completed before the individual accesses respite and is completed with the involvement of the individual and family members. It includes personal preferences, condition management and daily routines and is signed by the individual or a representative.
- 3.2.5** Medication is recorded on an inventory when received. Management and administration of medication is clearly set out in service planning documentation and all medication administration charts viewed were completed correctly.
- 3.2.6** The manager has introduced an 'Update File' which monitors any new Care Plans, Risk Assessments etc. received from care management staff. They are placed in the update file along with a staff signing sheet. Once all staff have read the information and, completed the signing to sheet to confirm they have read it, the information is then placed in the relevant individuals file.
- 3.2.7** Each file also contained pre stay, respite summary and after stay forms. After stay forms detailed follow up contact with individual or representative regarding their stay in respite.
- 3.2.8** Delivery of care details are recorded on daily record sheets, recording details such as meals eaten, personal care, activities enjoyed and medication administered. These records were detailed, person centered and informative.

3.3 Service User & Stakeholder Feedback

- 3.3.1** The service uses an 'After Stay' questionnaire to gain feedback from families/individuals regarding their stay. All questionnaire's viewed contained positive feedback.
- 3.3.2** The contract monitoring officer was able to speak to a relative of someone who has regularly stayed at the home to obtain feedback. The relative was extremely complimentary regarding the home and the staff and commented that their relative always looked forward to their stay at the home. They stated that they had never had any cause to complain or raise any issues regarding the home.

3.3.3 The manager acknowledged that a Quality Assurance (QA) report for the service is yet to be completed but once this is done will be shared with individual/families to notify them of improvements within the service and welcome feedback from them.

3.4 Activities

3.4.1 The Manager told the Contract Monitoring Officer that a number of activities are carried out with people whilst they are staying at Ty Gwilym in line with their preferences and other factors on the day. Activities range from shopping and bowling, going to the cinema, eating out or visiting local areas.

3.4.2 Any changes to the activities that the person enjoys (or doesn't), are discussed as part of the pre-stay questionnaire, so that any new information can be obtained

3.4.3 There was evidence in daily records of a variety of activities enjoyed by the guests both in and out of the home. In addition because of a stable staff team, all guests are known to the staff and have knowledge of their likes and dislikes that has been built up over time.

3.5 The Home Environment / Nutrition

3.5.1 The home is pleasantly decorated, clean and tidy throughout.

3.5.2 As people staying at the home only stay for short periods of time they are encouraged to bring in personal items to make the rooms as personal as possible. In addition name plates are placed on bedroom doors throughout their stay. There are also photographs displayed in the living areas of the home of members of staff and people who access the service.

3.5.3 All guests have the option of choosing what to eat and when, taking into account likes and dislikes and nutritional value of food.

3.5.4 Guests staying at the home are also encouraged to help with food shopping, and preparation of meals to promote participation and independence.

3.6 Staffing

3.6.1 The manager advised that due to a number of reasons they have had the opportunity to recruit two members of staff over the last twelve months.

3.6.2 No agency workers are used by the home and shifts are covered using relief staff that work at the two CCBC respite homes. All staff are familiar with the people who stay at the home and are aware of their preferences, routines and support needs.

3.6.3 Two staff files were viewed during the visit. All necessary documents were present in the file and up to date.

- 3.6.4 The supervision matrix was made available to the contract monitoring officers. This evidenced regular staff supervisions in line with the National Minimum Standards.
- 3.6.5 There was no evidence of the staff receiving annual appraisals within the last twelve months. The manager advised that these were being planned in imminently.
- 3.6.6 A copy of the training matrix was provided and all mandatory training is carried out in line with the national minimum standards.
- 3.6.7 It was also noted from the training matrix that staff had undertaken an extensive range of additional training, ensuring staff can meet the needs of those accessing the service.

3.7 Health & Fire Safety

- 3.7.1 All staff have attended a fire drill within the last twelve months and these are practiced twice a year.
- 3.7.2 All individual files viewed contained Personal Evacuation Plans for individuals in the event of an emergency.
- 3.7.3 The accident book was viewed and there have been no accidents to report within the last twelve months.

4. Corrective / Developmental Actions

4.1 Corrective

- 4.1.1 Service plans to be signed by individual and/or relative or reason as to why not appropriately documented. **NMS 6.6**
- 4.1.2 Annual Quality Assurance (QA) report to be completed and shared with all stakeholders. **NMS 30.4**
- 4.1.3 Staff to receive annual appraisal with their line manager **NMS 27.6**

5. Conclusion

- 5.1 Although the visit identified a few areas for improvement, they are primarily in relation to documentation, and the feedback from relatives evidences the good quality of the care provided to guests at the home.
- 5.2 It was pleasing to note that previous recommendations had been met.
- 5.3 There have been some management changes in recent times and it is acknowledged that this has now stabilised and the home now has a new manager in place.

5.4 The Contract Monitoring Officer would like to take this opportunity to thank the Manager at Ty Gwilym for her time and hospitality.

Author: Ceri Williams
Designation: Contract Monitoring Officer
Date: 12th May 2017

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.