

CAERPHILLY COUNTY BOROUGH COUNCIL DIRECTORATE OF SOCIAL SERVICES

COMMISSIONING TEAM

CONTRACT MONITORING REPORT

Name Of Provider: Hill View Care Home, Aberbargoed

Date(s) of Visit: Tuesday 27 August, 2019, a.m.
Wednesday 4 September, 2019, a.m.

Visiting Officer: Andrea Crahart, Contract Monitoring Officer

Present: Sarah Roach, Registered Manager

1. Background

- 1.1 Hill View Care Home is situated in Aberbargoed and accommodates people living with a dementia. The Home is situated close to local amenities (shops, schools etc.), and is registered to provide dementia residential care to 34 people. At the time of the second visit date there was 1 vacancy available.
- 1.2 The Home is large and split on 3 levels. People are carefully matched to live on floors at a similar point in their experience of living with a dementia, in order to reduce any stress experienced and encourage a sense of well being.
- 1.3 The Manager is registered with Social Care Wales (workforce regulatory body).
- 1.4 The 'Annual Care Home Awards' recognises the top 20 most recommended care homes in each region of the UK, and during 2019 Hill View Care Home were successful in achieving a 'Top Award' out of 20, with a score of 9.7 out of 10.
- 1.5 The Dementia Care Matters 'feelings based' approach to care was introduced in Hill View when the home first opened. This ethos promotes a 'person centred' model of dementia care that breaks down traditional notions of care, and staff continue to promote this approach and have been committed to Dementia Care Matters training to further their knowledge in this.
- 1.6 Regular feedback is received within the CCBC Commissioning Team from visiting professionals regarding their observations of care. Although some issues have occurred over previous months the Manager has always acted appropriately in liaising with health professionals/other colleagues and ensuring the needs of individuals are met with dignity and respect.
- 1.7 The CIW (Care Inspectorate Wales) undertook an inspection which was published in November, 2018. This was a very positive inspection with only 2 areas identified of non-compliance. There was also 1 recommendation for improvement.
- 1.8 Dependent 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); developmental actions are good practice recommendations.

2. Previous monitoring visit

- 2.1 A Contract Monitoring visit was undertaken in 2018 which highlighted many areas of good practice/development. There were a small number of corrective actions/developmental actions for the provider to address. These were re-visited as follows:-

Corrective Actions

- 2.1.1 CCTV consent forms to be signed up to by relatives and stored securely **Timescale: Within 3 months.** (RISCA Reg. 43). **Action met.**
- 2.1.2 Incident forms to be located for two gents and filed on individual's files. **Timescale: Within 1 week.** **Action met.**
- 2.1.3 Policies/Procedures to be available in relation to staff discipline and infection control. **Timescale: Within 1 month.** (RISCA Reg. 79). **Action met.**
- 2.1.4 Contract of Employment to be signed up to by TM. **Timescale: Within 1 month.** (RISCA Reg. 35). **Action met.**

Developmental Actions

- 2.1.5 Supervision matrix to include all dates when supervision sessions have taken place. **Timescale: Within 3 months.** (RISCA Reg. 36). **Action met.**

3. Responsible Individual

- 3.1 The service had re-registered with CIW in December, 2018 in order to meet the registration requirements of the new regulations i.e. Regulation and Inspection (Wales) Act 2016 (RISCA) which came into force in April 2018.
- 3.2 The Responsible Individual (RI) for the service is Mr. M. Ali. There is an expectation within RISCA that the service will be visited, at least on a quarterly basis in order to have an oversight of the service and provide written reports on the Home's performance and quality. It was evident that reports had been compiled over previous months. The most recent report was viewed and evidenced that feedback had been sought from residents and staff, and that other areas had been examined (the environmental, incidents, complaints with actions included).
- 3.3 The Home's Statement of Purpose had been revised in December, 2018. The Contract Monitoring Officer was made aware that this document was largely up to date, with only minor amendments needed to bring it up to date.
- 3.4 The Service User's Guide was viewed and at the time was un-dated, therefore it was difficult to gauge how up to date the document was.
- 3.5 If/when the RI and Registered Manager are unavailable, the contingency plan would be for a senior officer to cover in their absence.
- 3.6 The Home's Policies and Procedures were viewed to ensure that the key/mandatory policies were present and had recently been reviewed to ensure they remain accurate and

up to date. At the time of the visit the vast majority of policies had been reviewed however the medication policy remains under review due to some queries which are being worked through with Aneurin Bevan Health Board (ABuHB).

4. Registered Manager

- 4.1 The Manager was asked a number of questions to ascertain the current situation with a number of aspects of the Home, as below. The Manager is responsible for running Hill View Care Home only.
- 4.2 The Care Home operates a CCTV system (surveillance system) which covers all communal areas (lounges, hallways) only. The Manager had sought to gain consent from relatives through signed consent forms.
- 4.3 The temperature in individual bedrooms is able to be adjusted via the radiator thermostats to ensure that people do not become too warm or too cold. In addition, during times of hot weather electric fans and air conditioning units are available.
- 4.4 The Manager is very pro-active in forwarding Regulation 60 documents (a mechanism to report on incidences that have occurred e.g. outbreaks of infectious diseases, illnesses experienced, falls etc.).
- 4.5 The Home actively engage with professionals (GP's, Community Psychiatric Nurses etc.) to ensure that people's health needs are met in a timely way. The GP calls to the Home on a weekly basis to review people's health needs. The feedback received from a CPN whilst at the Home was very positive.
- 4.6 Deprivation of Liberty Safeguards (DoLS) applications are submitted for people who lack capacity to make decisions for themselves. The Manager confirmed that all, except 1 person has a DoLS application in place, however there are legitimate reasons for this at this time.

5. Training

- 5.1 Hill View have a training matrix which is completed to record when staff have attended training and when training is due to expire. Training courses are accessed via external training providers (namely, Langfords and New Directions) who provide a range of courses. In addition to training via ABuHB and the Caerphilly Mental Health Team e.g. oral health care, sepsis awareness, MUST screening, Behaviour Support etc. Much of the training is class room based where staff benefit from being part of a group session.
- 5.2 The staff team continue to benefit from access to a large range of courses (both mandatory and non-mandatory) e.g. First Aid, Manual Handling, Safeguarding, Fire Awareness, Medication, Falls in older people, Deprivation of Liberty Safeguards, Medication, Oral Care etc.
- 5.3 'The Active Offer – More than Just Words' (revised Welsh Language Act) requires providers of social care to provide communication in welsh without the person asking for this. Hill View are aware of the requirements of the Act and are implementing this in ways that are suitable i.e. basic welsh words/phrases are displayed on the walls in communal

areas to remind staff of some basic phrases. There is also an individual living at the Home who is a Welsh speaker and her needs/wishes are accommodated.

- 5.4 More than half of the staff team have achieved an NVQ/QCF Level 2 or 3 in Health and Social Care, with a large number of staff working towards one of these qualifications at the present time. This was agreed to be positive in terms of staff training, but also in terms of the requirement for care home staff to register in 2022 with Social Care Wales.

6. Staffing

- 6.1 As part of the Dementia Care Matters ethos, the Home continue to adopt a 'non uniform' ethos, which promotes a more 'homely' feel, and avoids the barriers that can exist when a uniform is worn.
- 6.2 Two staff member files were examined to determine if robust recruitment processes are in place. Staff files were very organised and information easy to find. Files contained a detailed application form, references, Contracts of Employment, a photograph of the staff member and identification. Training certificates were present for many courses undertaken. Although an interview record could be seen for 1 file the other was absent from the file. This was brought to the attention of the Manager at the time of the visit who confirmed she would be able to locate this record.
- 6.3 It was evident from the 2 files viewed that supervisions had been undertaken on a quarterly basis. These sessions covered e.g. personal achievements since the previous session, challenges/difficulties experienced, learning and development, targets to be set etc. Reference had also been made to previous incidences where reflections of practice have been discussed.
- 6.4 All care staff take part in activities as part of their duties to ensure that people are stimulated and that people's days are occupied in a meaningful way. A 'House Mother' (senior staff member) is employed at the current time and takes the lead in this area. The Manager has also made links with a local support provider who is providing staff on a voluntary basis to support with activities, and will have mutual benefits for the employees also.
- 6.5 Staff retention continues to be an issue, however the management team are exploring ways to improve this area, in addition to improving sickness levels. Agency staff are preferred not to be used, alternatively short falls are covered by the existing staff team.
- 6.6 At the present time the Manager is seeking to recruit an administrator who will be able to support the Manager, in addition to having appointed a Senior Team Leader.

7. File and Documentation Audit

- 7.1 Two resident's files were examined as part of the monitoring process. Both files included a photograph, basic details, and Personal Plans (Service Plans) relating to each area of care (e.g. personal care, communication, nutrition etc.), suitable Risk Assessments (e.g. falls, bed rail, medication etc.) and a Professional visit log.

- 7.2 Personal Plans were very comprehensive and written in a person centred manner, reflecting the person's needs and wishes. Relatives had been involved in the compilation and review of these documents on any monthly basis, with any new actions being agreed also.
- 7.3 Daily Records contained much detail regarding the person's needs, and reflected the information contained within the Personal Plans.
- 7.4 It was evident from the Professional visit log that health professionals are regularly involved in the people's care, where e.g. CPN's (Community Psychiatric Nurses), GP's, social workers, chiropodists have documented that they have visited.
- 7.5 Both files contained a document named 'This is me' which has been developed by the Alzheimer's Society. This document enables information to be captured such as, the person's family background, important life events, people/places, preferences, routines and personality; the aim of which is to aid staff in supporting people to reduce any distress and meet their needs.
- 7.6 DNACPR (Do Not Attempt Resuscitation) documents were filed on the individual's files. This is a legal document which provides guidance for health professionals in the course of action if the person sustained a cardiac arrest. Careful consideration and consultation will have been undertaken between clinicians, the individual and their relatives to reach the decision.
- 7.7 A 'Personal Care checklist' was viewed which is used to document all the care that is being delivered on a daily basis. This was completed fully, although oral care was only being captured once a day, irrespective of whether this was occurring more frequently. The Manager agreed to add an extra column(s) to the checklist in order that oral care, and its frequency could be captured more fully.

8. Quality Assurance systems

- 8.1 Quality Assurance surveys had been undertaken this year, with feedback having been sought from residents, professionals, families and staff members. The Provider is aware that there is now a requirement for these to be undertaken on a 6 monthly basis. Information was illustrated in the form of graphs with the narrative captured also. The Quality Assurance process should also include an analysis of other information gathered about the service e.g. issues and lessons learnt in the analysis of complaints and any safeguarding matters, patterns/trends identified through significant events that may have occurred, outcomes of inspection reports/monitoring visits, audits etc.
- 8.2 Staff meetings had been held regularly with good attendance. Many subjects had been discussed, some of which included e.g. sickness levels, activities, the Dementia Care Matters approach, positive feedback received etc. Residents' meetings had previously been held, however they did not always fulfil the desired outcome.
- 8.3 House Mother's working hours are 7.00 a.m. to 3.00 p.m. and do not attend the daily handovers that take place at the start and beginning of each shift (6.00 a.m./6.00 p.m.). They read the handover log book upon commencement of their shift and are handed over any verbal information/instructions by the team leader or senior staff member upon

arrival. They also input/rely upon any information via the handover book/ team leader that needs to be shared back through the handover process.

Home Maintenance

- 8.5 In terms of Home maintenance, regular maintenance checks appear to be in place to ensure the Home's repairs are undertaken. Some of the areas covered include e.g. wheelchair maintenance, water temperatures, shower head cleaning. The documentation in relation to shower head cleaning would benefit from being more robust.
- 8.6 The lounge area has been re-painted during the previous year and the flat roof replaced.

Fire Safety/Health and Safety

- 8.7 The Home's most recent Fire Risk Assessment is dated July, 2018. Arrangements have been made for the Fire Officer to re-visit to update the risk assessment as these should be undertaken annually. A number of recommendations had previously been made as a result of the risk assessment which had been 80% completed during the visit in October, 2018. The Manager confirmed that all recommendations had now been met.
- 8.8 Fire drills had been undertaken on a regular monthly basis with good records having been retained. Records included the names of staff attended, actions taken at the time of the drill and a debrief of how the fire drill was.

Managing people's money

- 8.9 There are individual record sheets in place for all individuals who require money to purchase items and services (e.g. hair appointments, chiropody etc.). The file held includes individual sheets where transactions are recorded by 2 signatories. Individuals authorised to be signatories include the Manager/Senior staff member/RI.
- 8.10 Receipts could be seen to have been attached to the record sheets as proof of purchase.

9. Residents'/Relatives' Feedback

- 9.1 A resident commented how much she enjoyed her lunch time meal and how nice and hot it was.
- 9.2 A relative confirmed that she was very pleased with the care her mother receives at Hillview, saying she could not fault the Home. Examples were also given of how her mother had been supported so well on her return from hospital late at night.

10. Observations

- 10.1 Areas of the Home were clean and fresh during the monitoring visits.
- 10.2 The interaction and engagement between staff and people cared for was seen to be very effective, with staff being relaxed, unhurried, warm and friendly. People looked settled, well cared for and well dressed. At the time of one of the visits people were having their hair done in a hairdresser boutique in the Home which is very inviting.

- 10.3 There continues to be a 'go with the flow' approach that is noticeable when you first walk into the home. The home is very comfortable, with sofas and chairs for people to use in the lounge area, and items of memorabilia to stimulate the senses and tactile items to touch. A map of the world was seen on a wall which included comments from people as to their favourite holiday destinations.
- 10.4 The Home have links with the local church, which holds a weekly craft class and the local primary/nursery schools who are actively involved in the life of the Home.
- 10.5 'Activity bags' have been created for relatives to use in order to have things to do with the person they are visiting e.g. puzzles, games etc.
- 10.6 People's bedrooms have been personalised according to people's preferences e.g. own photographs, personal belongings etc. and have been decorated and furnished to a high standard, with rooms looking very clean and well presented.
- 10.7 There is a small outside veranda area for people to use which has a seating area, canopy and is decorated with gardening items. A family member has developed this area further, having planted some vegetables, potted flower beds etc. The Contract Monitoring Officer was informed that people enjoy using this outside space.

Meal time observations

- 10.8 The meal time experience at Hill View is very welcoming, with invitations being offered to family members and the Contract Monitoring Officer to be part of this. It was evident that meals had been prepared beautifully. On one of the days people had the choice of fish and chips, peas and tartar sauce, or a salad. The fish and chips had been placed on grease proof newspapers to make it look like traditional fish and chips in their wrappers. People were heard making positive comments about their meals, saying 'this is lovely', and 'this is nice and hot'.
- 10.9 The meal time was undertaken in an unhurried manner, with care staff providing support, where required. A visiting family member was invited to be part of the mealtime and conversations were taking place, along with background music playing. Tables had been laid with table clothes, table mats, condiments, vases of flowers. Different flavoured drinks were available and being offered throughout the meal time.
- 10.10 A couple of comments were made by people cared for to the effect that sometimes they have to wait quite a while for their meal to arrive.

11. Actions

Corrective

- 11.1 Service User's Guide to be brought up to date (if required)/dated/review date inserted.
Timescale: Within 2 months. (RISCA Reg. 19)
- 11.2 Interview record for staff member HT to be added to the file. **Timescale: Within 2 months. (RISCA Reg. 35)**

- 11.3 Quality Assurance (Quality of Care Review) to include further analysis of the Home (e.g. lessons learnt, outcomes of inspection reports etc.) – see clause 8.1 above for further information and RISCA. **Timescale: Immediately and on going.** (RISCA Reg. 80)

Developmental

- 11.4 Personal Care checklist to be developed to include space for carers to record when oral care is being undertaken more than once a day. Alternatively, ABuHB Oral Care Monitoring forms to be used to capture this information. **Timescale: Within 2 months.**
- 11.5 Records to be maintained of each shower head that has been cleaned within the Home so that it is easily identifiable which have been cleaned. **Timescale: Within 2 months and ongoing.**

12. Conclusion

- 12.1 Hillview Care Home are to be commended for achieving the 'Top Award' out of 20 Care Homes in the UK, as this is a real achievement.
- 12.2 People continue to live in an environment which is stimulating, bright, inviting, well furnished and well maintained.
- 12.3 Resident's documentation is very detailed and person centred and staff files include the necessary information in order to make an appointment. Staff receive a wealth of training in order to equip them in their roles.
- 12.4 Although a number of issues have been highlighted over the year, the Manager continues to be open and transparent in informing the appropriate professionals, and any issues/concerns are always dealt with effectively, involve the relevant professionals and always have the resident's needs at the fore-front of decision making. Feedback received from visiting professionals and family members has been very positive.
- 12.5 The Monitoring Officer would like to thank the Manager and staff team for their time and hospitality during the monitoring visits.

Author: Andrea Crahart

Designation: Contract Monitoring Officer, Commissioning Team

Date: September, 2019

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.