

CAERPHILLY COUNTY BOROUGH COUNCIL DIRECTORATE OF SOCIAL SERVICES
COMMISSIONING TEAM

CONTRACT MONITORING REPORT

Name/Address Of Provider: Woodland Lodge, Fleur de Lys, Blackwood

Date/Time Of Visit: 2nd & 7th August 2018

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

Present: Karen Lashbrook, Home Manager

1. Background

- 1.1 Woodland Lodge is a small residential home for individuals with learning disabilities, which is owned by Gillian Burgwyn who is a registered provider within the Caerphilly borough. Karen Lashbrook manages the home. There is a sister home, also within the Caerphilly borough, and both managers have regular contact with each other and provide mutual support.
- 1.2 Woodland Lodge is situated in Fleur de Llys, in a detached bungalow. The property has a large garden, which the residents enjoy, weather permitting. The registration covers four adults, three with a learning disability and one with a mental health issue. At the time of the visit there were three residents, all of which are funded by the Local Authority.
- 1.3 Social Services have not received any complaints in respect of the service and there have also been no safeguarding referrals in the last year.
- 1.4 On the day of the visits, the monitoring officer met with the Manager, care staff and chatted to all three people residing at Woodland Lodge.
- 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 that must be completed (as governed by legislation), and developmental actions are good practice recommendations.

2. Previous Recommendations

2.1 Corrective actions

- 2.1.1 Non mandatory training, especially in respect of Epilepsy, staff are advised to attend refresher course as soon as possible. If courses cannot be sought through the local authority's training department, other avenues may be explored. (NMS 26.1) **Timescale:** Within six months from the date of this report. **Findings: Not Met** Discussion have taken place with the Blaenau Gwent & Caerphilly Workforce Development Team in order that they may assist with requirements.

- 2.1.2 Staff files to contain proof of identity including a recent photograph. (Care Homes (Wales) Regulations 2002, Schedule 2, point 1.) **Timescale:** Immediately and ongoing. **Findings: Met** Staff photographs were observed on both files viewed.
- 2.1.3 Staff to receive timely supervision and for it to be formally recorded. (NMS 24) **Timescale:** Immediately and ongoing. **Findings: Met** Staff are now receiving timely supervision.
- 2.1.4 Quality Assurance to be more effective in obtaining detailed feedback from residents, relatives and stake holders (i.e. District Nurses, GPs, other professionals involved). (NMS 28) **Timescale:** Immediately and ongoing. **Findings: Not Met.** A Quality Assurance was distributed in July 2018, with questionnaires being distributed to family, nurses and reviewing officers. A report had not been completed at the time of the visit.
- 2.1.5 Service Plans to evidence involvement from the residents and / or their family representatives. Appropriate signatures to evidence involvement. (NMS 6.5) **Timescale:** Immediately and ongoing. **Findings: Not Met.** See main body of report.
- 2.1.6 Woodland Lodge to undertake more activities with residents in order to provide stimulation (NMS 14.1) **Timescale:** Immediately and on going **Findings: Met.** See main body of report.

2.2 Developmental actions

- 2.2.1 Any compliments received are kept for quality assurance purposes, and verbal compliments recorded to also feed into this process. **Findings: Not Met.** See main body of report.

3. Findings

3.1 Documentation

- 3.1.1 All documentation was found to be stored securely.
- 3.1.2 As part of the monitoring process, three resident's files were examined.
- 3.1.3 The files held detailed Personal Plans, which described an individual's communication, sleep patterns, self and personal care etc. (what can be done by the individuals or what requires prompting/assistance). They outlined what an individual enjoys, their likes/dislikes. Whilst the plans contained detailed information, there was no evidence to support that the individuals or representatives had assisted with the development of the plans.
- 3.1.4 Pre-admission assessments were not observed on file; however, two of the individuals residing at Woodland Lodge have been there since 1999 and one since 2015.

- 3.1.5 Risk Assessments were observed and for one gentleman, staff were informed of what triggers to look for when certain behaviours are displayed and what action staff are to undertake in order to minimise any distress/anxiety.
- 3.1.6 Reviews are undertaken in a timely manner, with the last reviews being undertaken in June 2018. Appropriate changes in care needs are recorded i.e. changes to slings being used, changes to bathing and pad changes.
- 3.1.7 The daily records completed by staff reflected the areas set out in the personal plans; therefore, evidencing that residents are being supported to meet their needs. The records demonstrate that personal care is undertaken in a way that meet individual needs i.e. oral care, how staff respond to behaviour being displayed, hoisting.
- 3.1.8 There are outcomes/goals that people aim for such as ensuring that an individual develops their interpersonal skills and accessing the community.
- 3.1.9 The files evidenced that staff at Woodland Lodge make appropriate referrals to outside agencies that may be in a position to assist the individuals or staff. Referrals to the GP, Chiropodist, Dentist, Consultant Psychiatrist, ABuHB re. Epilepsy and Diabetes.
- 3.1.10 Not all files contained a written agreement with family/representatives to be contacted in case of an emergency. This was discussed with the Manager who advised that only one person had this in place as their relative resides in Scotland. However, the Manager was advised to obtain agreement for the other two residents.
- 3.1.11 Personal Emergency Evacuation Plans were in place for all three residents.

3.2 Quality assurance

- 3.2.1 A copy of the Quality Assurance Report for 2017/2018 was shared with the monitoring officer and the report outlined staff training, outcomes from the surveys distributed, complaints etc.

3.3 Staffing and training

- 3.3.1 The home has excellent staff retention, with the Manager advising that one member of staff has recently returned after taking a short absence for personal reasons.
- 3.3.2 There were areas of concern with regard to sick leave. On occasions when staff take sickness absence, their shifts are covered by other staff members. The home has never used agency staff.
- 3.3.3 Two staff members' files were viewed, both contained 2 written references, Terms & Conditions, detailed application form; however, neither file contained an interview record. One file had a current photograph of the member of staff, whilst the second didn't.

- 3.3.4 Both files contained a current DBS, with one requiring renewal at the end of August 2018. Training certificates were also observed on the files viewed.
- 3.3.5 Staff receive 1:1 supervision and this is held on a 3 monthly basis.
- 3.3.6 Staff have recently attended a workshop with nurses in respect of brain injury and also a Visual Impairment Training session held by the Local Authority's Rehabilitation Worker, from the Physical Disability and Sensory Impairment Team.
- 3.3.7 The visiting officer viewed the Training Matrix and observed that 3 members of staff require refresher courses on Medication, Infection Control and Epilepsy. However, as previously reported, training on Epilepsy is currently being discussed.

3.4 Life at the home

- 3.4.1 During the previous Monitoring visit, undertaken in 2017, life within and outside the home was discussed at length. The Manager reported to the monitoring officer that the people who live there enjoy a large range of both fun and practical activities. The Manager advised that individuals go out shopping, help around the house and garden, go on trips and holidays. However, whilst undertaking the Monitoring visit in 2017, there was little evidence that activities were undertaken with the residents and this was discussed with the Manager at the time.
- 3.4.2 Whilst some of the residents were assisting with the weekly menu, some domestic chores and food preparation, more stimulation was required for the residents.
- 3.4.3 During the recent monitoring visit, it was positive to note that the residents are doing more in the way of activities and that staff are not appropriately recording such activities. One gentleman now has his own adapted vehicle, which means that his relatives are now finding it easier to take the individual out in the community. It also allows the three residents to go out at the same, whilst using the homes adapted vehicle.
- 3.4.4 During the visit, whilst briefly chatting to all three residents, one gentleman was waiting to be taken out in the car. Daily activity sheets are now being completed by staff, where they are recording outings to the local parks (Cwm Darren and Bryn Bach Park), visits to Cardiff, Asda, relaxation/sensory bubble baths, singing/dancing, manicures, assisting with domestic chores, arts & crafts etc.
- 3.4.5 Photographs are displayed in the kitchen area and within photo albums, which illustrate the activities the individuals have taken part in.
- 3.4.6 Individuals are offered a choice of food and are offered alternatives should the individual not wish to have what is on the menu. The home has a four weekly menu and staff have knowledge of what individuals like/dislike. All residents have the opportunity to assist with choosing the food that goes on the shopping list.
- 3.4.7 There are no concerns at the time of reporting, with any individual's diet. One individual enjoys a salad and finger food and also enjoys stronger flavouring food

i.e. gherkins, salami. All individuals enjoy fruit and therefore, enjoy a well balanced diet.

- 3.4.8 The property enjoys a lovely garden and is surrounded by friendly neighbours and the Manager described the local community as being friendly.
- 3.4.9 One male resident gave consent for the monitoring officer to view his bedroom. The room was clean, with no malodour and decorated to the individuals taste. The room was found to be personalised with small model cars etc. something that the individual enjoys.
- 3.4.10 The Manager reported that the families of people living at Woodland Lodge have as much input into people's lives as they want. The home has an open door policy and therefore, visitors are welcomed any time and there is no restriction on numbers.
- 3.4.11 The home currently has no individual that communicates in the medium of Welsh. When asked how the Active Offer is being implemented, the Manager advised that whilst she has attended training in respect of the "Active Offer", consistent care in the medium of Welsh, would not be possible at present.
- 3.4.12 Woodland Lodge continues to hold the Food Hygiene rating as four (last inspected 2017).

3.5 Equipment

- 3.5.1 All individuals residing at the home have access to and use of a hoist. There are currently 2 portable hoists and 1 ceiling track hoist used. Hoists are serviced every 6 months by Cymru Healthcare, whilst the wheelchairs used are serviced by the company that supplies them. Two residents will shortly be having new wheelchairs, whilst consideration is being given to the third resident having one.
- 3.5.2 The wheelchairs currently being used, all have foot plates and safety belts.
- 3.5.2 General internal checks are undertaken by the maintenance officer and local electricians undertake PAT testing. All appliances are insured and therefore, should any equipment become faulty, it is replaced.

3.6 Health and Safety

- 3.6.1 There were no accidents/incidents reported in the last month.
- 3.6.2 The last fire assessment was completed on 19th and 27th July 2018 with one recommendation being made; that being, that an extra smoke alarm be placed in the conservatory, which has been actioned.
- 3.6.3 Fire alarms are tested on a weekly basis.
- 3.6.4 Fire drills are undertaken along with competency checks and the Manager advised the visiting officer that the fire department were satisfied with the drills.

3.7 Complaints and Compliments

- 3.7.1 The home has not received any complaints in the last year and should one be received, there is a complaints policy in place. All staff would be made aware of the issue unless it involved an individual member of staff; the matter would then be discussed during supervision.
- 3.7.2 The Manager advised no compliments have been received within the last year. However, the Quality Assurance Report indicated that positive comments were received from family members/representatives in respect of the professionalism of the staff and the quality of care provided. The Manager was reminded to collate any compliments received and to share them with the Local Authority.

3.8 Manager and Staff Questions

- 3.8.1 During the monitoring visit, the visiting officer spoke with one member of staff and asked questions in respect of working at Woodland Lodge. The staff member was able to provide detailed information about all 3 residents residing at the home. The staff member had knowledge of how she knows when an individual is upset and how she deals with the situation i.e. removing them from a situation and offering reassurance/cwtches. One resident may become upset as a result of remembering an accident, so the member of staff reassures the person and as they enjoy singing, she encourages a sing-a-long and this generally lifts the individual's mood.
- 3.8.2 All three residents have communication difficulties and the member of staff explained what signs are looked for when communicating with the residents i.e. fluttering of eyes.
- 3.8.3 The visiting officer was informed that the Manager is "hands on" and will assist with duties being undertaken.
- 3.8.4 When asked what the member of staff would do should she have a spare five minutes; the visiting officer was informed that she would take the residents out into the garden, weather permitting, and offer them an ice lolly, or wash one of the individuals toys cars with him, as this is something he takes pride in and enjoys doing.
- 3.8.5 When asked how they would challenge a colleague if they felt their practice was poor, the member of staff advised that she would discuss her concerns with her colleague and report matters to the home Manager.
- 3.8.6 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.
- 3.8.7 The Manager is supported by her colleague who manages the sister home, along with the Registered Individual (RI). Whilst the RI does not reside locally, she offers support and guidance over the telephone or if required, will make the journey to the property. At the time of the monitoring visit, the Manager and the RI are in

discussion with regard to arranging future regulated visits. The last RI visit was undertaken in July 2018.

- 3.8.8 All DoLs (Deprivation of Liberty Safeguards) applications are up to date.
- 3.8.9 Should a new member of staff be employed, they are firstly invited for interview and are then introduced to the residents.
- 3.8.10 Policies and procedures were viewed by the visiting officer and all procedures were reviewed in March 2018; therefore, the next review will be undertaken in 2019. The policies will continue to be reviewed on an annual basis unless any changes are identified.

4. Corrective / Developmental Actions

4.1. Corrective actions

- 4.1.1 Risk Assessment for the use of bed rails **Timescale:** Immediately.
- 4.1.2 For individuals/representatives to take part in the development of Personal Plans and for signatures to be obtained to evidence participation **Timescale:** Within three months and on going
- 4.1.3 Family/representative agreement to be in place with regard to being contacted in case of an emergency **Timescale:** Within two months and on going
- 4.1.4 Interview records to be retained on staff file. **Timescale:** Immediate
- 4.1.5 Staff photographs to be retained on file. **Timescale:** Immediate
- 4.1.6 Gaps in employment to be filled, with a satisfactory written explanation of any gaps in employment. **Timescale:** Immediate

4.2.1 Developmental actions

- 4.2.1 DNACPR discussions to be held with individuals or family/representative.
- 4.2.2 The home is to share any compliments received in respect of the service delivery with the Local Authority.

5. Conclusion

- 5.1 The home environment and atmosphere at Woodland Lodge was warm, relaxed, and welcoming.
- 5.2 It was clear that there was a caring relationship between the staff and residents, and a very relaxed and pleasant atmosphere during the day. The Manager is continually looking for ways to improve the service they provide, and is accepting of any new ideas that may improve the quality of service provided to those that reside at Woodland Lodge.

5.3 Monitoring will continue as planned, and the monitoring officer would like to thank all involved for the welcome given at the home.

Author: Caroline Roberts
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Date: 21st August 2018

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