

CAERPHILLY COUNTY BOROUGH COUNCIL, DIRECTORATE OF SOCIAL SERVICES

COMMISSIONING TEAM

Contract Monitoring Report

Name/Address of provider: Ty Parc Residential Home, Bargoed

Date/Time of visit: Friday 25th November 2022 (Announced)

Visiting Officer(s): Caroline Roberts, Contract Monitoring officer
Present: Jason Forster, Responsible Individual/Registered Manager

1 Background

- 1.1 Ty Parc is a residential home that offers support for 10 individuals, 17+ years who have learning disabilities, including those who may be on the autistic spectrum.
- 1.2 Mr Jason Forster is the Responsible Individual (RI) and Registered Manager and is supported in this role by Ms Zoe Love. Ms Love was not present during this monitoring visit.
- 1.3 Ty Parc is situated in the town of Bargoed, close to numerous amenities and a number of travel links. The property is newly renovated and is of good-size. The home is registered with the Care Inspectorate Wales (CIW).
- 1.4 The property has CCTV situated outside and inside the property, with consent from the residents/representatives.
- 1.5 This is a relatively new registered provider, which opened its doors in 2021 and this is the first monitoring visit to be undertaken by the Local Authority.
- 1.6 The Directorate of Social Services have received no complaints or safeguarding referrals in relation to Ty Parc in the last 12 months.
- 1.7 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. At the time of the visit, no residents conversed in the medium of Welsh. However, the RI advised that communication is discussed with the Social Worker and the individual prior to moving in. The home currently has one Senior who can communicate in Welsh, should a resident chose to do so.
- 1.8 During the visits to the property, the monitoring officer met with the RI/RM, the staff team and all of the residents.
- 1.9 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), and developmental actions are good practice recommendations.

2

Findings

2.1

Documentation

2.1.2

At the time of visit, there were six residents, four of which were Caerphilly residents. Whilst viewing the documentation, two files were viewed and verified as being Caerphilly placements.

2.1.3

All documentation was observed as being stored securely within the office and in a lockable cabinet.

2.1.4

Both files contained information on the individuals, outlining their likes and dislikes, their hobbies, family members, how they communicate etc. The information gives the reader some knowledge of the individual and this would assist any new carer in the employment of Ty Parc when assisting the residents.

2.1.5

Whilst viewing both files, one contained a pre-assessment, whilst one did not. When discussed with Mr Forester, it was noted that a pre-assessment had been completed and stored electronically. The monitoring officer viewed the documentation and was satisfied that both individuals had been pre-assessed prior to taking up their residency.

2.1.6

Both files contained a Caerphilly Borough Social Services Care Plan and all appropriate information had been transferred over to Ty Parc's Personal Plans.

2.1.7

All Personal Plans are to evidence that the resident and/or representative have assisted in its development. One file did not evidence this and, also contained information relating to another resident, this was discussed with Mr Forster. It was advised that should there not be a representative involved or if the resident is not able to understand or take part in the devising of such plan, then this is recorded.

2.1.8

The Personal Plans were detailed and outlined areas such as communication, personal care, oral care, medical conditions, rest/sleep, activities etc. They held outcomes/goals for individuals to achieve i.e., to promote choice via visual cards, to be involved in activities, maintain family relations, to make healthier food choices, to be able to use a computer, to do regular exercise for their wellbeing.

2.1.9

Whilst viewing the documentation, there was no formal agreement in place with relatives about being informed of incidents, this was discussed with the Senior and Mr Forster at the time of the visit as being good practice. However, from observation, the home has a good relationship with family members/representatives.

2.1.10

Appropriate Risk Assessments were observed i.e., road safety, breathing, diabetes, mental health, falls, travelling, home environment etc. Such assessments are put in place to aid staff and the resident who may not have insight into danger; therefore, appropriate support is required. Personal Plans

were observed to be reviewed every 3 months or earlier if any changes identified.

- 2.1.11 Daily records were found to be detailed, breaking the day down into sections. The records noted the mood of the individual and the activities undertaken i.e., playing cards, daily walks in the community and chatting to the local residents, shopping, board games. The records also note the daily dietary intake and personal care provided.
- 2.1.12 Records indicated that staff at Ty Parc make appropriate contact with outside agencies in order to support the residents i.e., District Nurse, Dentist, Social Worker, Occupational Therapist, Chiropodist, Consultant Psychiatrist etc.
- 2.1.13 Reviews were observed to be undertaken on a 3 monthly basis. As with the devising of Personal Plans, evidence should be included to demonstrate that the reviewing officer has held discussions with the individual and or representatives, taken feedback from the daily records and, also conversations held with the allocated social worker.
- 2.1.14 Whilst viewing the documentation the monitoring officer noted there was no evidence of 'Do Not Attempt Cardiac Pulmonary Resuscitation' (DNACPR) on one file and one that had expired on the second. This was discussed during the monitoring visit and whilst it is acknowledged and appreciated that this is a very sensitive area; every effort should be made to gain the wishes relating to DNACPR.
- 2.1.15 Both files held Personal Emergency Evacuation Plans (PEEPS).
- 2.1.16 Deprivation of Liberty Safeguards (DOLs) applications have been submitted in a timely manner.

2.2 Activities

- 2.2.1 The home employs an Activities Co-ordinator, who is also the Chef. The staff member works full time, and this includes the weekend.
- 2.2.2 Individuals are encouraged to undertake activities which they enjoy. Whilst reading the daily records, it was positive to read the activities the individuals undertake daily. The majority of individuals are able to communicate their wishes and feelings and therefore, the staff endeavour to undertake the activities the residents wish to undertake.
- 2.2.3 One individual attends college, another enjoys singing and drama group. Visits to the local Church Hall to play bingo and arts and crafts is also popular and staff advise that the residents are now getting to know more people in the community.
- 2.2.4 As previously referenced, the home's chef will involve individuals in baking sessions.
- 2.2.5 Photographs are displayed whereby residents can be seen enjoying various activities.

2.2.6 Mr Forster advised that all the Directors, staff and residents are to attend a Christmas meal together. Something that all the residents are looking forward to.

2.2.7 The home has its own vehicle for the residents to access for day trips out or to visit local amenities.

2.3 Health and Safety

2.3.1 The accident book was viewed, and it was observed that one individual was prone to falls. The individual is a Type 2 diabetic, and it was noted that their blood sugar levels would drop and when getting out of bed, the individual would fall to the floor. An Occupational Therapist visited, and it was agreed, for safety, a small bedrail would be provided.

2.3.2 Fire drills are undertaken, and appropriate records maintained

2.3.3 A Fire Risk Assessment was undertaken in February 2022 by 5Steps.

2.4 Mobility Aids and Equipment

2.4.1 One individual residing at the home utilises a wheelchair, a hoist and slings. These were recently serviced, and all staff members have responsibility to ensure that all equipment is in working and if not, to report any problems urgently for servicing.

2.5 Medication

2.5.1 Medication was observed to be stored correctly in a lockable cabinet and any controlled drugs are double locked. Ms Love undertakes a monthly audit of the medication and at the time of the monitoring visit, no individual was receiving covert medication.

2.5.2 Staff are BOOTS trained in medication and medication is generally administered via a Senior Carer.

2.6 Managing residents' money

2.6.1 The Manager advised that the money that goes in and out of the home, requires 1 staff members' signature; however, the monitoring officer suggested that 2 staff members sign money in/out. The records and receipts were verified by the visiting officer.

2.7 The Home Environment

2.7.1 The home is spacious and welcoming. It comprises of a good-sized kitchen, situated just off the dining/lounge area.

2.7.2 The lounge area is an open, inviting space that consists of two sofas, and a large, wall mounted, T.V. on which, one of the Directors and a couple of the

male residents were watching the World Cup. On display in the lounge area, are photographs of the residents enjoying activities indoors and out.

- 2.7.3 Each resident has their own bedroom and are decorated to the individual's personal taste. The rooms consist of personal belongings such as family photographs, posters of their favourite pop groups/films, ornaments; therefore, providing a personal area for the individuals to relax in. All rooms are of a very good size, providing lots of room for relaxation.
- 2.7.4 Upstairs is another relaxation room, which families tend to meet their relatives. This room offers a balcony, which provides an enjoyable view of the valley surrounding the home.
- 2.7.5 Just alongside of the building, is a garden area, where the residents may enjoy outdoor activities i.e., BBQs.
- 2.7.6 The visiting officer was informed that no resident smokes; however, staff are permitted to smoke outside only.

2.8 Nutrition

- 2.8.1 There is a 4-week meal planner, which can be located in each of the bedrooms. During the visit, individuals were observed be sat together, enjoying homemade food (pasta bake with garlic bread) and enjoying each other's company. Staff also eat with the residents, giving it a more homely feel to the experience.
- 2.8.2 Individuals likes and dislikes are recorded, and the chef prepares meals in accordance with the individual's preferences.
- 2.8.3 Residents enjoy a healthy and well-balanced diet with fruit available and vegetables incorporated into the meals. Snacks boxes are also made available to the residents.
- 2.8.4 Some of the residents enjoy baking with the chef and on the day of visiting, homemade cupcakes were available, which had been baked the day before and some of the residents were looking forward to making shortbread biscuits later that day.
- 2.8.5 Food orders are placed online; however, residents will visit the local or surrounding supermarkets should they wish to purchase any items themselves.

2.9 Quality Assurance

- 2.9.1 All policies and procedures are up-to-date and are reviewed annually, sooner should there be any changes. The next review is scheduled for February 2023.
- 2.9.2 Mr Forster advised that the business utilise the services of external consultants that visit the service as per Regulation 73, to give an independent quality monitoring report. However, the Registered RI/Manager works from the service Monday to Friday and is therefore, readily available to provide any assistance that may be required. Monthly/Bi-monthly Managers/Directors' meetings are also held to discuss any issues or concerns.

2.9.3 The monitoring officer viewed the latest Quality Report, dated September 2022, which was undertaken by Consulting Care Ltd. The report covers the environment, leadership and management, staffing, Care Plans and recording, Risk Assessments, resident feedback and staff feedback. Recommendations are recorded and discussed with Mr Forster.

2.10 Staffing

2.10.1 Should the RI/Manager be absent, Ms Love will oversee the service; however, if both managers are absent, the contingency plan is that the Managing Director would assist.

2.10.2 The home operates with 3 care staff and one senior during the day, with the same for the afternoon. For the night, the home operates with one carer and one senior.

2.10.3 The monitoring officer observed the training matrix, and noted that staff have undertaken mandatory training i.e., Safeguarding, Medication, Health & Safety, Food Hygiene, Infection Control, Moving and Handling, First Aid. It was positive to note that additional training has been undertaken in order to meet the needs of the individuals being supported at Ty Parc i.e., communication difficulties, Dementia Awareness, Skin integrity and many others.

2.10.4 The Supervision /Appraisal matrix was viewed, and it was evident that supervision is held every two – three months. Appraisals were also observed to have either been undertaken or planned for 2023.

2.10.5 The supervision template allows both parties (supervisor and supervisee) to discuss such matters as objectives, strengths, areas for development, training, any concerns etc.

2.10.6 Whilst viewing two staff files, it was noted that each file contained a detailed application form (gaps in employment were observed for one staff member), an interview record (with scenarios and a scoring system used), 2 references, a Job Description, signed Contract of Employment, a copy of birth certificates, passport, DBS and training certificates.

2.10.7 Whilst viewing the references, it was noted that one applicant had referenced 2 individuals, both managers, who work for the same organisation. This was discussed with Mr Forster, and it was suggested that going forward, references from different employers/personal referees were obtained.

2.10.8 Whilst viewing one of the DBS', it was noted that it was out of date. This was brought to Mr Forster's immediate attention.

2.10.9 The 48-hour working directive has been issued to staff and signed, should they wish to opt out.

2.11 Staff Questions

2.11.1 During the visit, the monitoring officer had opportunity to speak with a Senior to ask some questions about how the home is run and if they had any concerns.

- 2.11.2 It was evident the staff member knew all the residents well and was seen to interact with them well.
- 2.11.3 The monitoring officer randomly selected a resident and requested that the staff member share some information about that resident. It was positive to note that the Senior had much insight into the individual and was able to share their likes/dislikes and what support is offered to that person.
- 2.11.4 The monitoring officer was informed that mornings are the busiest time of day, when assisting the residents with getting out of bed and undertaking their morning routine of personal care etc. However, once all the residents are up, the home is relaxed and then the activities commence.
- 2.11.5 The staff member was able to advise where documentation could be located and where online, information is stored. Senior carers oversee the handover at the end/beginning of each shift.
- 2.11.6 Management was described as “fully engaging” and are prepared to hear any suggestions staff may have, implementing the ideas if they will assist or improve the resident’s daily living. The staff member advised the monitoring officer that the Managers have an open-door policy.
- 2.11.7 The Senior advised that the residents are out every day and are known in the community. Some residents enjoy walking around the community, visiting the shops and visiting the local pubs for a pub lunch and/or a game of pool.
- 2.11.8 All staff members are able to identify their own training needs.
- 2.11.9 When asked about safeguarding, the staff member had a good knowledge of the process and provided examples of when a Duty To Report (DTR) should be completed and shared with the Local Authority.
- 2.11.10 On conclusion of the discussion, the staff member advised that this is the first service she had worked, where she felt the service was being run as a family. The staff member went on to explain that they will watch T.V. together, sit and have meals together and confirmed the Christmas meal activity that is planned.
- 2.11.11 There were no issues or concerns raised with the monitoring officer.

2.12 Residents Questions

- 2.12.1 During the visits, the monitoring officer spent some time speaking with the residents and also a resident’s parents.
- 2.12.2 One individual, with his parents, spoke about how he enjoyed residing at the home and the relatives advised that the staff were “great” “as is Jason”. Whilst this is only a temporary placement, it was evident from the conversation and the information shared with the monitoring officer, that Ty Parc had met the needs of the individual and had made a positive difference to both the resident and his parents.

- 2.12.3 The individual advised the visiting officer that they were very happy at the home.
- 2.12.4 One female resident was happy to show the visiting officer their room and it was clear that they enjoyed their personal space. The room was clean and clutter free and very personable to the individual.
- 2.12.5 All individuals were observed to be appropriately dressed for the time of year and the weather and all looked well and happy.

3 **General**

- 3.1 The home had a lovely warm atmosphere, and it was evident that the residents have a good relationship with each other and the staff team. Laughter and communication were observed between staff and the residents, evidencing a relaxed atmosphere. At one point of the day, staff could be heard playing Hide and Seek with a resident.
- 3.2 The main areas of the home were found to be clean and welcoming and whilst being invited into one of the bedrooms, it was evident that the residents decorate and fill their rooms to meet their own personal taste.
- 3.3 At the time of the visit, no hazards were viewed and there were no malodours.

4 **Corrective and Developmental Actions**

4.1 Corrective

- 4.1.1 For any gaps in employment to be fully explained and recorded. (RISCA Reg 35)
- 4.1.2 For up-to-date DBS records to be maintained. (RISCA Reg 35) – This has since been rectified by the RI and a certificate obtained.
- 4.1.3 To have 2 separate employment references ((RISCA Reg 35) – circumstances around the 2 references were discussed in full with the RI.
- 4.1.4 Evidence should be included to demonstrate that when reviews are undertaken, the reviewing officer has held discussions with the individual and/or representatives, taken feedback from the daily records and also conversations held with the allocated social worker. (RISCA Reg 16)

4.2 Developmental actions

- 4.2.1 Files to evidence consent to contact family in the event of an emergency.
- 4.2.2 For staff to hold conversations in respect of DNACPR. Such conversations to be documented even if resident/representatives decline to par-take in the conversation.

- 4.2.3 For staff to read through documentation and to avoid copying and pasting; therefore, avoiding the risk of transferring confidential information into another resident's documentation.
- 4.2.4 For all files to contain a Missing Person's document. – Since visiting, the RI has now implemented this and will be viewed during future monitoring visits.

5 **Conclusion**

- 5.1 The atmosphere at the home was found to be warm and welcoming, with plenty of smiles and laughter observed throughout the day. Positive feedback was received from the residents and the staff employed at the home.
- 5.2 Good interaction was observed with the residents, and staff demonstrating knowledge of the individuals residing at the home.
- 5.3 It was positive to focus this monitoring visit on how people live within the home, and this gave an insight into how the residents spend their days and how they are supported by staff to do so.
- 5.4 Routine monitoring will continue at Ty Parc, and the monitoring officer would like to thank all involved for their time, the information shared, and the hospitality shown during the visit.

Author: Caroline Roberts
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Date: December 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.