

**MONMOUTHSHIRE SOCIAL & HOUSING SERVICES**

**ANNUAL REPORT FOR: PARADE HOUSE**

**JULY 2010**

Please note unless otherwise stated, the information provided in this Annual Report has been taken from The Self Assessment Annual Monitoring Form and information provided by the Registered Manager or Assistant Manager. This information will be considered as current and therefore considered as still valid for contractual purposes. The Registered Persons and Registered Manager will be held accountable for ensuring no changes have occurred that are not stated in the Self Assessment Form. Failure to comply will be taken as a breach of contractual agreement.

Providers will be expected to be able to evidence any information that has been submitted in their Self Assessment Form.

Date of Monitoring Visit – 12<sup>th</sup> July 2010

Name of Local Authority officer/s who undertook the Contract Compliance

Monitoring Visit – Christine Butler Tel: 01873 735685

Also Present – Maureen Rayner, Manager/Owner

- Sara Marsh, Assistant Manager

Date of Report – 19<sup>th</sup> July 2010

## GENERAL COMMENTS and OBSERVATIONS

### Observations and Comments

Parade House is based in Monmouth Town and is within walking distance of Monmouth town centre which makes it easily accessible for the more mobile residents of the home. Parade House has 18 bedrooms of which 9 have en-suite facilities and can accommodate up to 18 residents.

The second floor which used to be the home owner's flat has now been refurbished to create 3 new bedrooms. These have yet to be allocated to residents. There is also a kitchen on the second floor although the cooker has been disconnected, the fridge and freezer are still usable and there are facilities to make tea and coffee. The intention is to move the more able bodied residents to the second floor and then use the vacated bedrooms for other uses, one of which will be to create a wet room bathroom on the ground floor.

There is one very large lounge in which residents are able to meet with other residents to chat, watch TV, read or entertain guests. The lounge is decorated to a very high standard. Previous to this visit, the lounge was separated into two; one end was a seating area with the TV and the other end a dining area. This has now been opened up fully as a lounge, which at one end has seating arranged for residents to read or entertain guests and at the other the residents can watch TV or chat. However, as the residents are all fairly mobile, the TV is rarely used during the day unless they are having a film afternoon. The dining room has been moved into the unused quiet lounge.

When I arrived at the home, the dining room had been laid ready for lunch. Each table was set with matching cutlery, cotton napkins, napkin rings, flowers and condiments and looked very nice. I was advised that residents regularly have a small glass of sherry or wine with their lunch. During the world cup football, the gentlemen at the home enjoyed having a glass of beer in the afternoon or evening whilst watching the football.

Lunch for the day of the visit was a Rack of Lamb with vegetables and Apricot & Rosemary stuffing or a second option of Stir Fry with Spinach, Cabbage and Sugar Snap Peas. I observed the residents dining, and noted that everyone was very much enjoying their meals and that it appeared to be more of a social event than just lunch. The Cook also provided home made strawberry shortbread with a fruit compote, which I had the pleasure of sampling. There are no residents at the home that require assistance with eating.

The garden has been very well maintained with a gazebo, seating areas with tables and chairs and beds of well established shrubs and flowers most of which were in bloom. Access to the garden can be via the dining room or via the conservatory. Access to the hairdressing salon is also gained via the garden.

During my visit at least four service users were making use of the garden to read their newspapers or just to enjoy the sunshine. Two ladies were making use of the hairdressing service and several of the resident's had made their way into town to do a little shopping.

I was advised that when a new resident arrives at Parade House, the owner has the room decorated to the specifications of the resident. The owner also ensures that there is a welcome card and fresh flowers in the allocated room for when the resident arrives.

If a service user has been to the home for a period of respite, when they return to their own home the owner will write a letter to the ex resident thanking them for staying at Parade House.

The home has an open visiting policy where relatives are able to visit at whatever time they wish (within reason). Residents can entertain their guests in the lounge, their own rooms, the conservatory or the garden.

The Home has two cats and it was observed that the residents were gaining a lot of pleasure out of playing with and stroking them in the garden.

It was noted that the CSSIW report required the home to amend the home's Statement of Purpose. The Manager evidenced that this has taken place. The report went on to request that the residents' needs and preferences must be evidenced by documentation. The Manager was able to show that this has been done. The Manager also advised that the CSSIW inspector had since been back to the home to check that this action had been carried out and was satisfied with the results.

### Action Points

**Please provide MCC a copy of the Home's Statement of Purpose**

### Timeframe for Completion

**12<sup>th</sup> August 2010**

## 1. POLICIES AND PROCEDURES

### Observations and Comments

The home has most of the required policies and procedures with the exception of DNAR, Key Holding, Managing Challenging Behaviour and Incontinence in Older People.

**DNAR** – The home does not have a specific DNAR policy but use a form entitled ‘Special Final Wishes’. This form details the residents’ instructions relating to how they would like things handled should they pass away whilst at the home.

**Key Holding** – Keys are not issued to the residents as there is always a member of staff available to let residents in and out of the home. This also allows the staff to monitor where each resident is at any particular time.

**Managing Challenging Behaviour** – The home has no issues with Challenging Behaviour.

**Incontinence in Older People** – The home has no problems with incontinence except for the occasional mishap which is quite rare.

It was evidenced that all policies are signed and dated by the Manager when reviewed. The CSSIW requested that the Registered person ensures that a PoVA policy is implemented which reflects current local guidelines and all staff have access to this document. Evidence was provided by the Manager that this has been done.

The Manager advised that staff are allocated time during induction and training to read the policies and procedures and are encouraged to ask questions to maximise their understanding of the contents of the policies available.

### Action Points

### Timeframe for Completion

None

## 2. STAFFING

### Observations and Comments

The staff on duty during my visit were well presented with clean, pressed uniforms and very little jewellery. It was observed that the interaction between staff and residents was very good and that the care staff were polite and respectful towards the residents.

During my visit I managed to speak to two of the staff on duty and was advised that they were very happy at the home. The residents are quite ‘low maintenance’, which afforded the staff time to chat with the residents during their shift.

Staff files- I took the opportunity to look at the files of three members of staff. All files contained a photograph, CRB number and expiry date, application form, job description, two references, including one from their previous employment, induction paperwork, training certificates, supervision notes and identification. Within the staff files, each area was clearly marked making it easier to find documents. It was evidenced that supervision is carried out every two months for each member of staff.

Staff members at the home are split into 4 different shifts which are broken down as follows:

7 am start - 3 carers, 2 domestic’s, 1 cook, the Manager and Deputy Manager.

Lunch time start - 3 carers, 2 domestic’s, 1 cook, the Manager and Deputy Manager.

Tea time 5.00 pm start – 2 carers and the Manager or Deputy Manager.

Night shift 8.00 pm– 2 carers and both the Manager and Deputy Manager on call.

During each shift change, the residents are discussed and any issues, problems or concerns are passed to the following shift. The daily record sheets are completed by each shift and read by the following shift. This ensures that the records are completed on time each day.

The CSSIW report advised that the off duty rota did not contain the full names of staff employed in the home and that this had to be rectified immediately. The Manager evidenced that this has been done.

I handed out 4 staff monitoring forms to 4 separate members of the care staff during the course of the day and received 4 back. The length of employment of the staff varied from 10 months to 5 years. After reading the completed forms it was noted that they all gave differing answers but were all positive.

It was evident from the questions answered by the carers that they have received a good cross section of training and that the staff felt confident enough to request training in areas of interest relating to the job.

Whilst not required at present it was noted that the 3 care staff whose files were looked at, have attended training in Dementia Awareness.

### Action Points

### Timeframe for Completion

None

### 3. INDUCTION AND TRAINING & 4. TRAINING NEEDS ANALYSIS

#### Observations and Comments

Staff induction is carried out by an organisation called Regis over a 12 week period and cover the following areas:

- Understanding the principles of care.
- Understanding the organisation and the role of the worker.
- Maintaining safety at work.
- How to communicate effectively.
- Recognise and respond to abuse & neglect.
- Develop as a worker.

These induction standards are based around and lead on to the NVQ Level II in Care. Other areas of induction are carried out in house with two companies Ashfield Care Agency and Social Care Consultants Ltd. Training has also been carried out with Monmouthshire County Council's training department. Details of the induction and further training were evidenced at the visit. The Assistant Manager advised that when a member of staff completes their NVQ, the Manager recognises this achievement with a monetary gift. The staff at the home also try to ensure that they have one evening out each month to socialise with each other. This helps instil a good working relationship and team spirit. The Manager also purchases a gift for staff members' birthdays and also at Christmas.

INDUCTION TRAINING	
26	Have completed and induction period
CORE TRAINING	
Number Taken	Course Title
15	Health & Safety
18	Manual Handling
18	PoVA (Via Social Care Consultants)
24	Infection Control
24	Basic Food Hygiene
25	COSHH
25	First Aid
26	Deprivation of Liberties
1	Risk Assessment
NVQ Levels II & III	
15	Have achieved NVQ Level II
4	Are in the process of taking NVQ Level II
3	Have achieved NVQ Level III
1	Is in the process of taking NVQ Level III
1	The Manager has achieved NVQ Level IV
1	The Assistant Manager has achieved NVQ Level V in Home Management
<b>Details were evidenced by the certificates in each staff members file.</b>	

Training in recognising Dementia and onset of Alzheimer's has been arranged for the end of July for those staff who have not already taken the course. Certificates for all training are kept in the staff members' files. Any other training needs are identified during supervision. The Manager has provided a matrix of upcoming training needs that had previously been requested by CSSIW.

Action Points	Timeframe for Completion
None	

### 5. CARE MANAGEMENT & SERVICE USER PLANNING

#### Observations and Comments

It was noted that all the residents were very smartly dressed with the ladies having had their hair styled, a little make up applied and wearing jewellery. Some of the gentlemen were wearing a shirt and tie along with a jacket. The remaining gentlemen were smartly dressed in casual clothing.

It was evidenced that all clothing is marked with the names of the residents so they will not get mixed during laundering. The ironing is carried out by the night staff during the night when all the residents are asleep. There are no residents that need turning during the night so there were no turn charts.

Residents' rooms are decorated to a very high standard with matching bedding, curtains, towels and chair upholstery. Before admission to the home a discussion takes place with the resident and family members to find out how the resident would like their room decorated. This ensures that the room is fresh and clean for their arrival. All of the residents have

brought personal items and pieces of furniture with them when entering the home. All of the rooms were different in décor, size and shape but all are large enough for wheelchair or walking frame use. Currently there are no residents who have the need to use a wheelchair.

Residents are served breakfast in their rooms between 7.00am and 9.00am. This is due to the majority of residents having different times that they like to be woken in the morning. Coffee is served in the lounge at 11.00am, lunch is at 1.00pm served in the dining room, afternoon tea is at 4.00pm served in the lounge and supper is at 6.00pm served in the dining room. Any time between these hours, the cook will provide home made biscuits, cakes or sandwiches if requested. All details of food preferences are noted in the resident's file. Whilst talking to the residents I was advised that the food was of an excellent standard.

The Assistant Manager provided me with four weekly menus, which show a selection of meals. It was noted from the menus provided that the residents have a varied diet which incorporates all required elements of "The Healthy Eating Guide". I was advised by the Manager that the cook meets with the residents on a weekly basis to discuss the menu for the week. Although not noted on the menu, there are two options for lunch. The residents are provided three hot meals a day; breakfast, lunch and supper. Residents have a choice of a cooked breakfast or cereals, toast and fruit juice.

Mrs Rayner purchases birthday, Christmas, Mother's Day and Father's Day cards and gifts for the residents whilst they are residing at Parade house. Certain days for example St David's Day, Halloween, Easter, and Christmas are always made special with residents dressing up and making hats; the cook will also cook dishes that reflect that specific day.

It was noted in the CSSIW report that the service user guide needed to be amended. The Manager evidenced that this had been carried out and provided me with a copy. It was also noted that the care plan documentation required developing to include all of the identified risks and subsequent referral to the specialist agencies. The Manager evidenced that they have changed their computer software to Blue Parrot which has all the required elements to complete a care plan and different assessments.

At this point I took the opportunity to take a look at four of the residents' files which contained:

- Front Sheet Index detailing the contents of the file
- Admission form containing all personal information e.g.
  - Next of kin
  - GP
  - Preferred name to be called
  - Medication requirements
  - Medical history
  - Allergies
  - Mobility
  - religion
  - life story and more information relating to that resident. Also found in the files were-
- Mental Health Assessment
- End of Life Care Plan which is filled in with the resident and details how they would like to be cared for when their health starts to fail. The form also requests details about resuscitation if needed.
- Mini Geriatric Depression Score.
- Mini 6 point Cognitive Assessment.
- Medication Review.
- Individual Personal Centred Care Plan detailing how the resident would like to be treated during their stay. This is completed in large print so that the service users can read it and have their own personal input. This document also enables new or bank staff to know exactly how the resident wants to be cared for and their likes and dislikes. Also included on the sheet is what they like to do during the day, medication information and normal routines.
- Current Medication Usage
- Resident's Risk Assessment covering general health, mobility and personal care requirements.
- Waterlow Risk Assessment
- Weight Chart
- Medical Appointments
- GP calls register
- Hospital Assessments where required
- Bath Register
- Daily Record
- Care plan from MCC if the resident has been placed by MCC.
- Mobility assessment for residents with mobility issues.
- Any changes to a resident's needs are discussed during staff handovers.

It was noted from the CSSIW report that there were issues identified relating to care planning and the training needed in this area. It was acknowledged that due to the small size of the home, carers know the resident's needs and preferences well; however this must be evidenced by documentation. The Manager was asked to review all residents' files within 28 days and that evidence of that process would be reviewed by CSSIW at that point. The Manager evidenced that this has been done and advised that the CSSIW has been back to the home and were happy with the results.

I was advised by the Assistant Manager that during the night when a carer checks on a resident, it activates a log which details the time the room was entered and for how long. This enables the Manager and Assistant Manager to monitor the movements of the night staff.

Action Points	Timeframe for Completion
None.	

## 6. COMPLAINTS AND COMPLIMENTS

### Observations and Comments

It was evidenced via the complaints book that Parade House has not received a complaint within the last 12 months. However, it was explained that should they receive a complaint that it would be dealt with within a 28 day period as required. Sara Marsh, Assistant Manager of the home advised that Parade House has only received 1 complaint since 1987.

Details of how to make a complaint can be found in the Service User's contract which is discussed on admission. Complaints can be entered in to the complaints book or placed in the complaints box.

Action Points	Timeframe for Completion
None.	

## 7. QUALITY ASSURANCE

### Observations and Comments

Parade House is currently in contact with the Information Commissioner for guidance regarding registration.

Action Points	Timeframe for Completion
Please advise when registered with the Information Commissioner and forward to MCC a copy of the registration certificate.	When received

## 8. SERVICE USERS & 10. STAKEHOLDER FEEDBACK

### Observations and Comments

Parade House provides each resident with an information pack which includes – Emergency Contact Details, Summary Statement of Purpose, Complaints Procedure, Change of Staff, Gifts, Keys, Risk Assessments, Smoking, Drugs and Medicine, Resident's Money, Confidentiality, Pets and Auditing of Finances. This can be provided in large print format for the residents. Details of the pack are also discussed with the relatives of residents during admission to the home.

It was evidenced that the home carries out regular quality reviews via speaking with the residents, postal questionnaires to CSSIW, telephone monitoring to relatives and personal visits to residents who stay at Parade House for periods of respite.

Action Points	Timeframe for Completion
Please include MCC in your next Quality Review.	During next review

## 9. SERVICE USER MEDICATION

### Observations and Comments

Residents' medication is kept within a Drugs Trolley and Locked Cupboard which is bolted to the wall. The key is carried by the senior member of staff on each shift.

There is only 1 resident who self medicates and she has a locked cupboard within her room to keep her medication safe. Evidence was provided to show that this resident has been risk assessed on her ability and safety whilst taking her medicines.

Action Points	Timeframe for Completion
None.	

## 11. HEALTH & SAFETY

### Observations and Comments

I was advised that the Health and Safety performance is regularly reviewed via Peninsula by way of Health & Safety Audits, Statistics or Accident Analysis, Management System Reviews, Planned or ad hoc Safety Inspections.

There have been no accidents that are reportable under RIDDOR 1995 for over 3 years and evidence was provided by an empty accident book. The home has 25 members of staff trained in First Aid. This enables the home to have at least 2 First Aiders on duty at any time.

Action Points	Timeframe for Completion
None	

## 12. TRANSPORT

### Observations and Comments

The majority of residents at Parade House are mobile and can easily make the walk into town, however, when the residents are going on a trip further than the town centre the home will use JMC Taxis who provide a minibus. If JMC are unable to provide a mini bus then two cars owned by the Manager/Staff at the home will be used. All staff required to drive residents has been risk assessed and have the correct insurance as set out in the home's transport policy.

Action Points	Timeframe for Completion
None	

## 13 FINAL OBSERVATIONS AND ATTACHMENTS

### Observations and Comments

Weekly activity sheets are posted on the notice board for the residents to see. Activities vary from craft sessions and theatre visits to coffee and shopping. Residents are actively encouraged to take part in all activities.

The home also has regular weekly visits from a Hairdresser and a Masseuse. It was observed that on the day of the visit, the hairdresser was at the home and that several ladies had been booked in to see her.

Finally I would like to extend my sincere thanks to the Manager, Assistant Manager, Staff and especially the Residents for affording me the time to carry out my monitoring visit.

### Attachments Received

List of Employees working on Monmouthshire CC Contracts  
Copy of the Home's Induction Checklist  
4 Weekly Menus  
3 Weekly Activity Sheets  
Whistle Blowing Policy and Procedure  
Copy of Employers Liability Insurance (expires September 2010)  
Copy of the Home's Training Matrix  
Training Records for 2010  
Complaints Process  
Service User's Guide  
Copy of Staff Handling of Medication Assessment  
Copy of Staff Supervision/Staff Assessment

### Attachments Outstanding

Statement of Purpose  
Business Continuity Plan  
Public Liability Insurance Certificate

Action Points	Timeframe for Completion
Please provide copies of the outstanding attachments	12 <sup>th</sup> August 2010

Report prepared by Christine Butler 19<sup>th</sup> July 2010

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Please respond to this report by 12<sup>th</sup> August with requested actions and attachments.