



## North Wales Pre-Placement Agreement for Care Homes / Care Homes with Nursing for Adults

### Quality Monitoring Framework & Report

Name of Establishment: Plas Gwyn

Date of Report: 05/11/14

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## 1. Basic Information

<b>Name of Establishment:</b>	Plas Gwyn
<b>Address:</b>	Pentrefelin, Criccieth, LL52 0PT
<b>Registered Owner:</b>	Mrs Mair Hughes
<b>Registered Manager:</b>	Mrs Susan M. Fryatt
<b>Local Authority:</b>	Gwynedd
<b>Name of Monitoring Officer:</b>	Nia Pritchard Griffith
<b>Name of most Senior Member of Staff present:</b>	Sue Fryatt
<b>Summary of Placements during monitoring visit:</b>	37 (14 Gwynedd funded)
<b>Number of Registered beds:</b>	38 (including 1 double room)
<b>Date &amp; Time of Monitoring Visit:</b>	1 October 2014, 13:30 – 15:00 6 October 2014 09:45 – 14:00

## 2. Purpose of Quality Monitoring

Quality Monitoring aims provide a structured evaluation of service delivery as a whole and to ensure that a service is meeting the identified outcomes of service users and is compliant with national minimum standards and the North Wales Pre Placement Agreement and specifications.

The principal of this approach to quality monitoring is to work in partnership with providers and commissioners. It aims to provide a structured, standardised and efficient approach for gathering qualitative and quantitative evidence from a range of stakeholders in relation to each Service Provider's performance, minimising duplication and disruption where possible.

Quality Monitoring aims to recognise good quality of service and will also be used to inform and support decision making, ensuring risk and performance are managed appropriately.

It should be noted that this monitoring exercise is based on the North Wales' Commissioning Hub's Quality Monitoring Framework. This would have been the first time Plas Gwyn was monitored against this Framework. The Framework is based on the 9 outcomes listed in the body of this report, and a judgement is made based on the findings of a monitoring episode against the outcome and process measures.

### 3. Summary of Pre-Monitoring Visit Information Received

<b>Registered Manager Details:</b>	Mrs Susan M. Fryatt
<b>Changes to the management structure/ registration or ownership in the last 12 months:</b>	None
<b>Regulatory Body Inspections / notifications and non-compliance notices:</b>	CSSIW Inspection report published on the 21 January 2014. No areas of non-compliance identified.
<b>Reasons given for staff leaving:</b>	No significant areas of concern for staff turnover.
<b>Use of agency / bank staff:</b>	Not used.
<b>Rates of pay for senior care / nursing / care staff:</b>	Not sought as part of this monitoring exercise.
<b>Professionals and other departments feedback:</b>	None received prior to monitoring visit.
<b>Service User / Family Member / Advocate Feedback:</b>	Resident/representative feedback was not sought prior to the visit.
<b>Care / Nursing staff feedback:</b>	A number of questionnaires were returned prior to the visit. A range of positive and encouraging comments received.

### 4. Welsh Language

<b>Evaluation of the Welsh Language Policy:</b>			
	<b>Read</b>	<b>Write</b>	<b>Speak</b>
<b>Number of staff who are able to communicate through the medium of Welsh</b>	42	41	42

## **5. Service Outcomes**

### **Outcome 1: Service users live as independently as possible**

<b>1.1</b>	<b>Service users are encouraged to maintain and develop their independence</b>
	<p>Plas Gwyn uses a range of generic care plans. The standard plans are fully functional in their standard format; however they can be amended as per resident's needs. The CO could see how the plans are amended to reflect the differing needs of the residents.</p> <p>Residents are consulted and involved as far as practically possible regarding the outcomes they wish to achieve.</p> <p>Care plans and associated documents are not routinely signed by the resident or their named representative. However, the 'Care plan Review Form' is completed during each multi agency review which seeks confirmation by either resident or representative that care plans are current and acceptable.</p> <p>Care plans are reviewed on a monthly basis or sooner if required. . Multi agency reviews are also conducted periodically which assess the delivery and outcomes against specified care plan requirements.</p> <p>The home makes a conscious effort to maintain the resident's sense of individuality. There is some evidence of a person centred approach in the resident's files; however the approach was more apparent in the CO's observations of the home's environment. Each resident has been given an opportunity to create a life collage to both capture and share a sense of who they are. The collages are displayed in the resident's rooms. Whilst the majority of residents have embraced this approach, some residents have declined and their wishes respected.</p> <p>Residents' sense of individuality is also captured in the paintings and drawings produced as part of the home's programme of activities, evidence of which is displayed across the home.</p>
<b>1.2</b>	<b>Risk enablement / positive risk approaches support service users to take</b>

	<b>manageable risks to enable them to live independently</b>		
	<p>Risk assessments are carried out and amended accordingly. The Risk Assessments seen demonstrate that service users are supported to take manageable risks.</p> <p>Examples were discussed where residents have been supported to take manageable risks, e.g. one lady who wanted privacy when wanting to use the bathroom, despite being at high risk of falls if not assisted. A compromise was reached between the resident and staff.</p>		
<b>1.3</b>	<b>Service users are supported through life transitions</b>		
	<p>Plas Gwyn supports the residents in the variety of transitions and changes faced. A range of examples were discussed including a recent new admission; a resident's deterioration in mobility and how one resident is embracing new technology.</p> <p>Plas Gwyn also is proactive in terms of end of life planning. Plans are completed where required and where the resident has consented to do so. End of life planning is handled sensitively, but will not be instigated until the trust of and rapport with the resident is established. An example was described of how one resident had recently completed her own end of life plan with the assistance of the Manager.</p>		
	<p>Comments Summary: (How have you have arrived at your judgement)</p> <p>The Contracts Officer saw how the home appreciates the individuality of each resident. A person centered approach could be seen in the body of the home more so than within the resident's files. Numerous examples discussed also demonstrated that the home can support positive risk approaches.</p>		
	<b>Exemplar</b>	<b>Good</b>	<b>Requires Improvement</b>
		✓	

**Outcome 2: Service users have control over their lives by being able to make choices**

<b>2.1</b>	<b>Each service user will have a service delivery plan which is outcome focussed and has been developed in conjunction with the service user</b>
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	<p>As stated in 1.1 the home use a generic set of care plans which can be tailored according to a resident's individual requirements. Evidence that care plans are tailored to include specific outcomes was seen in the sample viewed during the visit. Care plans are not signed and dated individually by the resident and/or representative. However, as noted in 1.2 above, the Care Plan Review Form is completed at each multi agency discussion by either resident or representative who confirms that the care plans are understood and accepted by all concerned. A completed Care Plan Review form was found in the each resident file viewed.</p> <p>The link between the assessed needs and actual execution of the plan is clear. Allocation of duties and tasks and the relevance to the residents is made explicitly clear via various methods such as the Daily Workbook, Staff allocation sheets, and fluid and food charts.</p> <p>The CO saw evidence that a resident's needs do change and that corresponding care plans amended accordingly. One example was discussed concerned a gentleman who's change in mobility was clearly reflected in all associated care plans. Changes and additional requirements are also recorded in the daily workbook which forms the basis of the daily service delivery with numerous entries in the daily workbooks under the heading 'Additional Daily Care'.</p>
<p><b>2.2</b></p>	<p><b>Service users are enabled to make, or participate in making, decisions relating to their care and are enabled to be involved in how the service is run</b></p>
	<p>Residents are supported to make decisions as to how their support is delivered as far as practically possible. However there are some limitations, e.g. capacity, overriding health factors. Several examples were discussed whereby the resident's wishes were respected and addressed.</p> <p>In discussing the extent to which residents are supported to make informed choices even where there are risks involved, the Manager gave a recent example where this was done. A resident at high risk of falls was insisting on wanting privacy when using the bathroom. A compromise was reached where the resident agreed that carers could wait outside maintaining verbal communication so that they could be assured of her safety (see also 1.2).</p> <p>Examples were discussed where the home has given information to the residents on choices options available to them concerning their care, the most recent being the flu vaccination that is being offered. Take up of the vaccination will be for the residents to decide.</p> <p>The home is aware of the independent advocacy services. However none of Plas Gwyn's residents have required the services.</p> <p>Whilst there is no current requirement for the provision of written communication in alternative formats, the home would readily accommodate</p>

	<p>should the need arise. A 'loop' system is installed in the home. One resident is aphasic and uses the appropriate resources in her day to day communication.</p> <p>Plas Gwyn's Manager has received training on the Mental Capacity Act/Deprivation of Liberty Safeguards. As a consequence the home is fully aware of the requirements of the Deprivation of Liberty Safeguards and that a number of residents will require an assessment. The home is in discussion with Gwynedd Council Adult Services' colleagues regarding the prioritising of assessments.</p> <p>Resident opinions are sought formally via annual questionnaires and informally on a day to day basis via general interaction within the home. The Manager makes a conscious effort to supervise all aspects of the running of the home on a daily basis which provides her with a valuable insight into the care provided and equally of the resident's impressions.</p> <p>Residents are encouraged to share their opinions on menus and décor. The home's cook is encouraged to speak to residents on a daily basis to seek their opinions on the food that is prepared. Resident rooms seen during the visits were individualised. Naturally, some rooms were more personalised than others given individual choice and preferences.</p>
<b>2.3</b>	<b>Service user's rights are promoted and upheld</b>
	<p>Resident files viewed during the visits documented all relevant cultural information. However, none of the current residents require the home to plan specifically around specific equality or diversity issues.</p> <p>The home has a Welsh language policy. All residents are free to communicate in the language of their choice. Whilst not all staff are fluent in Welsh, residents whose first language is Welsh can be certain that they can access Welsh speaking staff at all times. Rotas and shift patterns are organised to ensure this level of cover.</p>
<b>2.4</b>	<b>Care staff will have full understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS)</b>
	<p>As noted in 2.2.7, not all staff have received the necessary training for them to describe the implications of the Mental Capacity Act and DoLS. However, the home is fully aware of the requirements of the Deprivation of Liberty Safeguards. One urgent DoLS assessment was completed recently and the remainder requiring an assessment will be addressed in consultation Gwynedd Council's Adult Service (see also 2.2).</p>
<b>2.5</b>	<b>Service Users have flexibility in all aspects of daily living within the Home and are aware of their rights and responsibilities</b>



	<p>The home's information brochure is made available for residents and relatives providing information on their rights and responsibilities.</p> <p>There are no restrictions in terms of visiting times. Friends and relatives are welcome to visit at any time. All visitors seen during the CO's visit were given a warm welcome, and the visitor's room is homely and welcoming.</p> <p>Meals are generally served at regular intervals; however the home will accommodate any resident wishing to have a meal at a time of their choice.</p>		
<p>Comments Summary: (How have you arrived at your judgement)</p> <p>Personal choices are documented for residents. As noted in outcome 1, the person centered approach is noticeable in the body of the home, but not as clearly interpreted in resident files. The CO acknowledges that health and mobility factors do restrict some resident's freedom to express their independence. However, from the Care Plans viewed, the CO saw that they were supported and enabled in so far as possible. It should also be noted that the home is being pro-active in responding to Deprivation of Liberty Safeguards requirements.</p>			
Exemplar	Good	Requires Improvement	Poor
	✓		

**Outcome 3: Service users are full citizens, enjoying the same rights and responsibilities as others and are encouraged to build and maintain relationships with positive interactions**

3.1	<p><b>Service users are actively supported to maintain contact with family and friends and build new relationships within the home environment</b></p>
	<p>Resident files contained details of key family members and/or friends. The life collages referred to in 1.1. also provide an additional reminder for those providing care of whom and what has been important to the resident.</p> <p>As noted in 2.5, visiting times are flexible and the visitors' room provides space for relatives and friends to meet privately. The room is welcoming with visitors encouraged to make use of tea/coffee facilities. .</p> <p>The home supports and assists residents to maintain friendships both within and outside the home. One resident was seen during lunch accompanied by a friend who will join her for lunch several times a week. The home has installed wi-fi access across the premises so that friends and family wishing to make use of social media to maintain contact are enabled to do so.</p>
3.2	<p><b>Encourage and enable service users to be an active part of their community in appropriate settings</b></p>

	<p>The home has links with local churches. The CO was told that the relationship with the local Roman Catholic and Methodist churches is particularly good. They also have links with a retired vicar who will address any multi faith requirements.</p> <p>Residents wishing to vote during local and national elections do so using the postal vote facility. The home has not encountered any problems in facilitating this right.</p>		
<b>3.3</b>	<b>Service users are enabled to build positive relationships with staff.</b>		
	<p>The home does not operate a true key worker system. However, the method described to manage workflow and allocation is such that all staff operates as key workers. The 'additional daily care' entry option in the daily workbook provides the allocated carers with the most current information on each resident ranging from a new course of medication to a hairdressing appointment. This gives the carer a daily 'picture' of the resident to enable them to give the best care possible.</p>		
<p>Comments Summary: (How have you have arrived at your judgement)</p> <p>Residents were seen to be supported to maintain contact with family, friends and the wider community within the home environment. There is obvious flexibility in how contact is supported.</p>			
<b>Exemplar</b>	<b>Good</b>	<b>Requires Improvement</b>	<b>Poor</b>
	✓		

**Outcome 4: Service users have opportunities to fulfil their ambitions, maintain, learn and improve skills**

<b>4.1/4.2</b>	<p><b>There is an enabling approach to all activities of daily living within the Home, goals and ambitions are known and responded to</b></p> <p><b>Service users are able to access meaningful activities</b></p>		
	<p>The circumstances of a number of residents will limit opportunities available to residents in terms of learning new skills and experiences. However, activities are encouraged and the CO saw how the home does encourage residents whenever possible. A dedicated activities co-ordinator was present during both visits. A varied programme is offered, from exercise to crafts. The CO witnessed this range of activities during both visits.</p> <p>Hobbies and interests are encouraged within the home, e.g. knitting (which is known to the home as being a big part of one lady's life).</p> <p>The CO was told how one resident had purchased her own tablet, and how</p>		

	she had developed her skill and use of the new gadget. The resident concerned was seen using the tablet on both the CO's visits. This has prompted the home to purchase its own tablets in anticipation that more residents will want to follow suit.		
Comments Summary:			
This outcome can be challenging to evidence against the criteria given the nature of placement and of residents. However, during both visits the Contracts Officer saw how residents were encouraged to partake in activities. There is genuine rapport and affection between activities co-ordinator and it is also encouraging to see that consideration is also given to other means, e.g. technology.			
<b>Exemplar</b>	<b>Good</b>	<b>Requires Improvement</b>	<b>Poor</b>
✓			

### Outcome 5: Service users are supported to maintain or improve their health

<b>5.1</b>	<b>Service users are supported to access health professionals as required</b>
	<p>Transfer of care documentation was complete in all service user files seen by the CO during the visit.</p> <p>The care files viewed contained residents' medical histories, details of medications prescribed and records of visits made by all healthcare professionals. The Multi Disciplinary details were fully documented with a consistency in its approach.</p>
<b>5.2</b>	<b>Service users will receive a seamless transition between the Home and health services</b>
	<p>From the sample of resident files seen by the CO, the appropriate documentation could be provided on hospital admission / return and when attending appointments.</p> <p>The Home routinely completes transfer to hospital documentation.</p>
<b>5.3</b>	<b>Service users are encouraged to maintain healthy lifestyles</b>

	<p>Menus provided by the home offer a varied and nutritious diet. Individual dietary requirements are recorded in resident files and are communicated to those in charge of the kitchen. Lists displaying those requirements are also displayed clearly outside the kitchen area providing an extra means of communicating the requirements. Any deviation or ad-hoc requirement will be noted in the Additional Daily Care section of the Daily Workbook. In addition to formal supervisions undertaken with kitchen staff, informal discussions take place on a monthly basis to discuss any issues regarding day to day menu provision (a completed staff questionnaire confirmed that this takes place).</p> <p>The CO saw how nutritional issues or risk of dehydration is addressed. The example viewed made reference to a bedside assessment which resulted in a Multi Disciplinary Team review and subsequent referral to a dietician. This was also reflected in the care plan and the Daily Workbook.</p> <p>Residents able to do so are encouraged to maintain their mobility. The Contracts Officer saw the Activities Co-ordinator group taking part in a gentle chair based exercise routine. In addition, the Contracts Officer spoke to one resident who, on admission, was reliant on a wheelchair. She had improved to an extent that she could now mobilise with the assistance of a rollator.</p> <p>Smoking is not permitted within the home. Whilst none of the current residents are smokers, previous residents have been encouraged to reduce their dependency, e.g. through the use of nicotine patches.</p>
<b>5.4</b>	<b>Medication is safely administered</b>
	<p>GP notes and communication were evident in the sample of files viewed. Any deviation or additional requirement (such as an additional course of antibiotics) is recorded and specified accordingly in daily workbook which determines the tasks for that day.</p> <p>The training matrix notes that 4 out of 10 staff authorised to administer have had recent update on medication management training.</p>
<b>5.5</b>	<b>Where appropriate, service users are encouraged and supported to safely manage medication independently</b>
	<p>The home does not currently have any resident who wishes to administer his/her own medication. However, a policy is in place should the requirement arise (policy SU6 '<i>Self-administration of Medicines by Residents</i>').</p>
<p>Comments Summary:</p> <p>Residents have access to healthcare professionals when required. Appropriate documentation is completed on admission and kept up to date with relevant information. Processes are in place to ensure reviews and daily changes are logged and acted upon.</p> <p>Multi disciplinary intervention is clearly documented and easily accessed within</p>	

resident files.

Dietary needs are recorded and met. Personal preferences and choices are known and acted upon.

The Home promotes choice with food, and fluid intake is encouraged by staff.

The Training Matrix suggests that 6 members of authorised staff have not received required annual Medicine management. *(Plas Gwyn subsequently confirmed that medication management training is not required to be updated on a regular basis).*

Exemplar	Good	Requires Improvement	Poor
	✓		

### Outcome 6: Service users feel safe and secure with freedom from discrimination and harassment

6.1	Service users are protected from abuse or the risk of abuse.
	<p>The home has a specific policy on the Protection of Vulnerable Adults. The staff questionnaires completed prior to the visit confirmed that staff had received training on POVA. One staff had commented that she was aware of requirement to <i>'always report any concerns to matron or manager or nurse on duty .... Also been told that everything I report is confidential'</i>.</p> <p>An example was given when a carer had approached the Manager regarding a bruise that she had spotted on a resident's arm. The Manager was able to look into the matter and determine that there was no reason to be concerned.</p> <p>The Manager confirmed that training on POVA requirements is provided 'in-house' and is delivered by the company's Director. Training on POVA Adult Safeguarding is part of the induction training programme which all staff will have received. This consists of a Mulberry house DVD and test. In addition the home also has an in-house POVA training which is facilitated by the Director. The training consists of a presentation, case studies and a group exercise.</p> <p>The Manager made reference to occasional negative media coverage on residential care. She explained how she had called an impromptu staff meeting based on a recent BBC programme which had included footage gained from hidden cameras within a care home. The Manager saw this as an opportunity for an impromptu discussion on the topic and had called a staff meeting to hear and share people's thoughts.</p> <p>There have been no recent POVA referrals.</p> <p>A sample of staff files seen by the CO confirmed that DBS checks were in place and references sought in full.</p>

<b>6.2</b>	<b>Clear accurate and comprehensive records of incidents and accidents are kept</b>
	<p>Accidents and incidents are recorded in the home's Accident Book. The CO saw a sample of entries and saw that recording practice is detailed and consistent.</p> <p>The CO was told that there had not been any significant concerns to warrant any further action in terms of learning and the introduction of preventative measures.</p>
<b>6.3</b>	<b>Service users know how to make a complaint or comment without fear of retribution</b>
	<p>The home has not received any formal complaints over the last 12 months. The home strives to resolve any problem as swiftly and as close to the source of the problem as possible. The home's Information Brochure summarises the channels for raising a concern for both residents and/or representatives.</p> <p>In discussing complaints, both Manager and CO conceded that family and representatives are key in assisting or facilitating a concern or complaint in that residents will be far more likely to share their opinions with close friends or family regardless of how robust and effective a complaints procedure is in place. For that reason, the Manager stressed how important clear and honest communication can be with families and/or representatives so as to avoid any potential misunderstanding which may lead to a concern or a complaint.</p>
<b>6.4</b>	<b>Staff are supported to follow whistle blowing procedure and feel able to use it without fear of retribution</b>
	<p>The home has a Whistleblowing Policy in place. The staff questionnaires returned prior to the visit confirmed that staff are aware of what steps to take should they have concerns regarding a resident's welfare. The range of comments made included reference to the policy and the fact that that all information would be treated in confidence.</p>
<b>6.5</b>	<b>Deprivation of Liberty Safeguards protocol is used when it is in the best interests of the person who uses the service and in accordance with the Mental Capacity Act 2005</b>
	<p>Please refer to 2.4.</p>
<p>Comments Summary:</p> <p>Examples given establish that staff are aware of the steps that should be followed should they have any concerns. Completed staff questionnaires confirmed that staff are aware of what to do should they have a concern.</p> <p>It was encouraging to learn that ad hoc discussions are encouraged on the often</p>	

difficult and challenging subject of abuse.

It is encouraging to learn that the home appreciates and is committed to clear and open communication across all levels, i.e. between staff and management, home and resident, home and families.

As noted previously, the home is proactive in terms of the use of the Deprivation of Liberty Safeguards protocols.

Exemplar	Good	Requires Improvement	Poor
	✓		

### Outcome 7: Service users are treated with dignity and respect

<b>7.1</b>	<b>Dignity and respect is actively promoted in every aspect of daily living within the Home</b>
	<p>The CO saw that all residents were treated with dignity and respect during her time at the home.</p> <p>The maintaining of dignity and respect is a recurring theme of Plas Gwyn's information brochure.</p> <p>The responses to this subject in the staff questionnaire confirmed that staff were aware of how to preserve a resident's dignity, with several responses making reference to ensuring the doors were closed when providing personal care and how personal information should be treated in a confidential manner.</p> <p>The importance of dignity and respect is reflected in the home's staff induction provision.</p> <p>The Manager explained how she conducts regular 'spot supervisions' which provides valuable opportunities to see how the principles of dignity and respect is applied on a day to day basis. Any issue identified during these spot supervisions are followed up separately on a one to one basis.</p>
<b>7.2</b>	<b>Personal information is handled appropriately and personal confidences are respected</b>
	<p>The home has a confidentiality policy, and a completed staff questionnaire indicated an awareness of its requirements.</p> <p>Resident's files are kept securely and daily / active files remain in the nurses' office. At no point during the visits did the Contracts Officer see personal data compromised in any way.</p>
Comments Summary:	

It was apparent from discussion with the Manager that dignity and respect is a priority within the home and that pro-active measures are taken to ensure that both are maintained. Observations during both visits confirmed that the principles of the home are applied.

Exemplar	Good	Requires Improvement	Poor
	✓		

### Outcome 8: Service users are protected from financial abuse

<b>8.1</b>	<b>Service users are supported to manage their own finances where appropriate, and have the capacity to do so</b>		
	Whilst this area was not explored or discussed in detail during the visits, the CO did happen to overhear a discussion between a resident and the Manager regarding correspondence that she had received from her bank.		
<b>8.2</b>	<b>Appropriate arrangements are in place to meet the needs of those service users who cannot manage their own finances</b>		
	This area was not discussed during the visit.		
Comments Summary:			
Whilst not explored in detail during the visit, it should be noted that appropriate policies and procedures are in place. Practice, albeit fleetingly, was seen to be put in practice.			
Exemplar	Good	Requires Improvement	Poor
	✓		

### Outcome 9: Service users receive high quality services

<b>9.1</b>	<b>Leadership</b>		
	<p>The registered manager has been in post since May 2004. The Manager is on duty 5 days a week and her usual working week is 37.5 hours. On the days she is not at the Home it is managed by a Senior Member of staff.</p> <p>All staff are supervised on a regular basis. The Manager explained the home's approach to supervision which including practical spot supervision which can inform further one to one discussion; peer support groups and group discussions. Appraisals are also carried out annually.</p>		
<b>9.2</b>	<b>There are sufficient and appropriately trained / supported staff to meet</b>		



	<b>individual needs</b>
	<p>The CO had previously had sight of personnel records which confirmed that relevant checks were in place for all employed staff. Staff files contained two references.</p> <p>The Home has a current and working training matrix in place. Staff training attainments are recorded on the matrix.</p> <p>As previously explained to the CO, a significant portion of training is delivered in-house. Directors are ‘Train the Trainer’ accredited and are in a fortunate position to be able to provide the training in-house. For training areas in which they are not able to deliver they use a local training company and health board provision.</p> <p>The home’s training matrix includes all training areas and topics and the frequency required (e.g. annually, every 2 years). The matrix provided confirmed that 96% of staff have received up to date training in manual handling and fire safety. Attainments in a number of other areas noted as requiring annual training appear from the matrix to fall below the 50% mark (e.g. tissue viability, documentation, ESBL, textured diets, Nutrition).</p> <p>The Home meets the minimum standard required in terms of NVQ attainment as evidenced in premonitory information.</p> <p>The home have allocated Link nurses in the following areas: Falls, Nutrition and Hydration, Tissue Viability, Continence, Dementia, Palliative Care, Infection Control and Manual Handling. However, it did not appear from the training matrix that nominated nurses had received current training in the following areas: Falls, Infection Control, Dementia, Nutrition and Continence</p>
<b>9.3</b>	<b>The quality of services provided are regularly assessed and monitored</b>
	<p>The home seeks feedback of residents and their families/representatives by way of an annual questionnaire. The questionnaire covers a number of aspects ranging from staff attitude to menu provision. The results and findings are compiled into an annual report.</p> <p>Further discussion on the topic with the Manager concluded however that informal feedback is if not more valuable than structured quality assurance arrangements. The Manager is firm in her belief that the home should be open and honest with families and representatives. She explained how the home will contact the next of kin as a matter of course in a variety of circumstances, e.g. when a resident is unwell or has required a visit by the GP or another primary care professional. This is carried out whether the next of kin has requested to be informed or not and is part of the way in which the home develops an open and constructive relationship between the resident, representative and the home.</p>

	<p>The home conducts a number of internal audits (e.g. infection control, monthly bed rail checks) as part of its own quality monitoring process. Examples were seen by the Contracts Officer.</p>		
<b>9.4</b>	<b>The design and layout of the premises is suitable to meet the needs of service users</b>		
	<p>Residents were seen in all parts of the home. Some were more mobile than others. A range of aids were seen throughout the home, although not observed being used during the day. Hoists and assisted bathrooms looked fit for purpose although these were not seen to be used during the Contract's Officers visits.</p> <p>The home and residents benefit from the open and airy design of building. All furniture in communal areas and dining room were fit for purpose. A number of bedrooms were viewed. These were of ample size, all en-suite and varied in layout and décor. Personal touches, photos, belongings etc could be seen in all rooms viewed. At no point during the visit did Contracts Officer notice any distinguishing odours in the home.</p> <p>All communal areas seen were accessible. Staff were seen assisting those who required help moving from one area to another.</p> <p>Where doors were open, the CO had several glimpses of residents situated in their rooms due to choice or the nature of their condition. Those rooms were clean, light and airy.</p>		
<p>Comments Summary:</p> <p>The home is committed into providing high quality service for all of its residents. There is evidence of continuous investment into personnel, resources and the premises themselves.</p> <p>Clarification would be appreciated on the annual training attainments in the following areas:</p> <p>Care staff: tissue viability, documentation, ESBL, textured diets, Nutrition, POVA</p> <p>Trained staff/Link Nurses: Falls, Infection Control, Dementia, Nutrition and Continence</p>			
	<b>Exemplar</b>	<b>Good</b>	<b>Requires Improvement</b>
		✓	
			<b>Poor</b>

## 7. Closing Summary

The Contracts Officer can assure any reader of this report that Plas Gwyn is a comfortable and secure home. Commitment to the residents and the provision of high quality care was apparent during both visits, underlying everything that the home does on a daily basis.

As indicated in section 2 of the report, this was the first time Plas Gwyn was monitored against the revised Monitoring Framework. Whilst the new Framework is being utilised and established, the 'Good' judgement is being used by the Contracts Unit as a baseline finding in cases where the majority of outcome and process measures are being met by the home. Plas Gwyn comfortably met this judgement during this monitoring exercise and it is expected that they can demonstrate the exceeding of all outcome measures at the next monitoring exercise.

The Contracts Officer would like to thank the home and all staff concerned for the warm welcome and cooperation shown during both visits.

## 8. Recommendations / Actions

Outcome Area	Recommendation / Required action to be achieved by whom	Action to be achieved by when (date)
<b>Outcome 6</b>	Clarification on the status of 'formal' POVA training attainments.	31 January 2015  ACTION MET
<b>Outcome 9</b>	<p>Clarification on the annual training attainments in the following areas:</p> <p>Care staff: tissue viability, documentation, ESBL, textured diets, Nutrition</p> <p>Trained staff/Link Nurses: Falls, Infection Control, Dementia, Nutrition and Continence</p> <p><b>Comments subsequently provided by the provider:</b></p> <p><i>As link nurses, the RGN's take responsibility for particular areas of the nurses' daily tasks. There are currently only 2 areas where the link RGN's have not had recent training which are:</i></p> <p><i>Falls: Nominated RGN will attend training as soon as it becomes available</i></p> <p><i>Infection Control: Responsibility has been given to new Deputy Manager. She joined Plas Gwyn</i></p>	<p>31 January 2015</p> <p>ACTION MET</p>

	<p><i>at the end of November therefore has not had an opportunity to attend infection control training. However, she is a very experienced RGN and the knowledge (and training) acquired in her previous post is sufficient.</i></p>	
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**Additional information provided by the Provider**

The provider has amended the home’s training matrix and provided a current copy Having reviewed the previous matrix, the home considered the frequency at which staff were required to have training on certain topics was over ambitious, and ultimately unachievable. The current matrix has been revised accordingly. The amended matrix has also grouped some of the training under one topic. The provider has also confirmed that employee files have since been audited to make sure that all training has been recorded in file.

With regards to the the mandatory training which must be carried out annually the provider confirmed that from the 3 that did not attend Fire and Manual Handling training, 2 were on maternity leave and one on sickness leave

The provider has also confirmed that they are currently reviewing their induction process. This will become a 2 day training programme incorporating a range of topics including POVA, manual handling and infection control.