

# LONDON BOROUGH OF CROYDON

## Older People Physical Disability and Sensory Impairment Team

*Annual contract monitoring review for  
Accredited Residential/Nursing Home*

**Name of Home :**

***Jean Garwood House***

**Type of Home/Services**

**Physical Disability under 65 year**

**Name of Monitoring Officers :**

**Pauline Laming & Nena Okoro**

**Date of monitoring visit :**

**11th February 2014.**

Croydon Council's Social Services Mission Statement is:

“Croydon Social Services – safe, quality services which aim to Promote independence, empower people and improve their lives”

## **WHY PERFORM CARE HOME CONTRACT MONITORING**

Contract Monitoring is a method utilised by Local Authorities to ensure that each Service purchased by the Council is performed by a Service Provider to the required Service Standard.

Care Home Contract Monitoring is specifically performed by London Borough of Croydon to ensure that the Council meets the following objectives:

- To ensure that Service User's are receiving Care in accordance with Terms and Conditions of Contract.
- Ensure that the Council's Duty of Care to Service Users is recorded and assessed using a uniformed methodology and standardised criteria.
- To ensure that Service Providers are compliant with the Standard Terms and Conditions for the Provision of Care and accompanying Service Specification.
- To ensure that the Council receives Best Value from Service Providers.

## **CARE HOME CONTRACT MONITORING PROGRAMME**

Care Home Contract Monitoring is a vital function performed by the Council's Social Services and aims to ensure that all Care Homes located within the London Borough of Croydon provide Service Users with Care and Support in accordance with the Council's Standard Terms and Conditions for the Provision of Care.

Croydon Social Services will monitor Care Homes located within London Borough of Croydon using the clauses contained within the Standard Terms and Conditions of Care and accompanying Service Specification, and Compliance Assessment Levels as the framework to record the performance of each Care Home.

## **PERFORMANCE LEVELS**

The Council has developed a new monitoring process which assesses the performance of each home through evidencing practices/policy and procedures based on information given in relation to the following areas:

Physical Environment  
Choice and Control  
Privacy  
Independence  
Physical Health and Wellbeing  
Activities/ Community Integration  
Balanced and Varied Diet  
Cultural Competence  
Key Worker System  
Care Planning/ Records  
Staffing (Recruitment/Experience, Qualifications)  
Leadership/ Management

As part of the Monitoring visit, the Monitoring Officer will grade each of the above areas with a performance level, which will indicate to the council how well that particular home is performing and areas where they may be shortfalls in the services provided.

Performance Levels are not intended to be punitive or stifle innovation/emerging good practices, it is intended to ensure consistency in the way services are monitored and delivered across the borough and identify where input may be needed to improve the service. This may be through the Contract Monitoring Unit, Safe Guarding Adults or the Support team for Care Homes.

There are four Performance Levels which the Monitoring Officer can use to indicate the Care Homes Performance for a particular area monitored and the overall performance of the home. The Performance Levels are as follows:

Level	Summary	Description
4	Excellent	The Care Home shows excellence in the Monitored Area, and continues to strive for continuous improvement. Feedback from Service Users evidence that they are delighted with the Service provided by the Care Home, and Care Home Staff are extremely positive in their approach to delivering care to Service Users.
3	Good	The Care Home shows good practice and services at this level and should be working towards achieving Performance Level 4. Feedback evidences that Service Users are satisfied with the Service provided by the Care Home.
2	Minimum Requirement	<p>The Care Home meets the required minimum standards expected in the Contract, Service Specification and Individual Placement Agreement, but there is scope for improvement. Feedback evidences that the majority of Service Users are satisfied with the Service provided by the Care Home.</p> <p>In the course of Contract Monitoring, Care Homes achieving Performance Level 2 are required to agree with the Council a timetable for working towards (at least) Performance Level 3. In some cases the timetable will extend until the next Monitoring Visit; in other cases it will be much shorter depending on the particular issues raised during the Monitoring Visit.</p> <p><b>All Care Homes are expected to be compliant with this Performance Level.</b></p>
1	Service Shortfalls	<p>Level 1 is below the minimum requirements for Care Homes expected by the Council and the home is operating at an unacceptable level. Immediate action may be required by the Care Home to improve its services to meets the requirement of Performance Level 2.</p> <p>The Care Home must agree and implement an Action Plan to achieve at least Performance Level 2 within the minimum feasible timescale. Failure to do this will result in the Care Home being in breach of the Council's Contract / Service Specification.</p> <p>Feedback indicates that the majority of Service Users are dissatisfied with the Service provided by the Care Home and express this directly to the Monitoring Officers. Care Home Staff (including Management) are unaware of basic Service requirements to address Service shortfalls.</p>

Monitoring Officer will base their findings on evidence produced and use their judgement when necessary to ascertain the performance level of the monitored area. For example: Where Performance Level four and three are awarded for the same findings in a monitored area, the Monitoring Officer will use judgement and knowledge of good practice to award the Performance Level

### CARE HOME DETAILS

Name of Home:	Jean Garwood	Email:	Garwood-frank@btconnect.com		
Address of Home:	25 Bramley Hill	Tel No:			
	Croydon	Fax No:			
Post Code	CR2 6LX	Web Address:			
CQC Registration	Care home PD	Date of Last CQC inspection/Quality Questionnaire	October 2013		
Name of responsible individual	Jean Garwood Foundation				
Who is the Manager	Katherine.O'Flynn	Qualification			
Who is the Deputy Manager	In process of recruiting	Qualification			
Who would run this service in the absence of both the Manager and Deputy Manager	Not discussed	Qualification			
		Qualification			
How many care staff are employed:	13	Number of staff with NVQ2 & Number of staff with NVQ3			
How many staff member have left during the last 6 months	One	How many staff member have recruited during the last 6	One		
what is your staff to service user ratio per shift:	MORNING	2:1	AFTERNOON	2	NIGHT 2

NO OF CROYDON RESIDENTS:		NO OF CROYDON FUNDED RESIDENT		FEES CURRENTLY		NUMBER OF VACANCIES:	2
Are there individual placements for all Croydon Residents? Yes				Are all payments up to date? Yes			

## PERFORMANCE LEVEL RATING

The table below is a summary of the overall performance level for each area monitored during the inspection. The overall score for each area is based on the average of that area (all scores added together and then divided by 4)

<b>MONITORED AREA</b>	<b>PERFORMANCE LEVEL</b>
<b>Physical Environment</b>	<b>4</b>
<b>Choice and Control</b>	<b>3</b>
<b>Privacy</b>	<b>4</b>
<b>Physical Health and Wellbeing</b>	<b>4</b>
<b>Activities/community Integration</b>	<b>4</b>
<b>Balance and Varied Diet</b>	<b>4</b>
<b>Cultural competence</b>	<b>4</b>
<b>Care Planning/Records</b>	<b>4</b>
<b>Keyworker</b>	<b>4</b>
<b>Staffing (Recruitment/Experience/Qualification)</b>	<b>4</b>
<b>Leadership/Management</b>	<b>4</b>
<b>OVERALL PERFORMANCE LEVEL</b>	<b>4</b>

PHYSICAL ENVIRONMENT	OVERALL PERFORMANCE SCORE:
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The Care Home should be a homely building with pleasant surroundings, accessible garden. The following should be reviewed and reported on:  
 The state of repair and quality decor of the building, Service Users rooms and communal areas. The size and layout of building including the number of floors lift access to floors. The Care Home should be free from any unpleasant odours in all areas. The Care Home should be adequately heated and ventilated, and the temperature appropriate for the time of year. All notice boards should be well maintained and up to date. Fire doors should be closed and not obstructed and appropriate fire notices and extinguishers are in place.

Area's for Contract Monitoring Officer to focus	Score for each area
1. The home is clean (in all areas) and free from offensive odours and provides access to sufficient heat, light and ventilation	4
2. All furniture (e.g. chairs, tables, fittings), and adaptations are clean are free from any	4
3. Staircases have railings to support Service Users when going up / down stairs	4
4. All toilets are clean / hygienic (e.g. clean floors without stains or odours). There are facilities for hand washing, is hand sanitizer and paper towels available to staff and visitors.	4
6. All lifts are in working order and accessible to Service Users, who can access all floors	4
7. All notice boards contain up to date information and the Display Notice issued to the Care Home as part of this Monitoring Visit is placed on all notice boards (Staff & Service Users)	4
8. Fire Doors are closed, clearly labelled and free from any obstruction. There are appropriate fire notices and extinguishers. When was last fire evacuation?	4
9. The Lounge Area should be arranged to allow maximum Service User interaction (e.g. chairs should not be located against the walls of the Lounge).	4
10. The Kitchen / Meal preparation Area(s) are clean (e.g. no wet floors, clean surfaces and sinks).	4

**OBSERVATION:**  
 This service provides accommodation and personal support for up to 14 adults with physical disabilities. The home also caters for those

with additional learning disabilities and sensory impairments. There are eleven single bedrooms on the ground floor and the first floor has been converted into a semi-independent living unit for three people serviced by a working lift.

It is owned by The Garwood Foundation and shares the same grounds with The Bramley Hill Day Centre. Most of the Jean Garwood residents utilise The Bramley Hill Day Centre for their daily activity programmes. The home is situated in a quiet residential corner within the heart of Croydon area. On the day of this monitoring visit, the CMO evidenced the home to be clean, nicely decorated and well managed to provide a homely, friendly and relaxed atmosphere for all the residents.

Notice boards contained up to date information, lounge areas are set out with sofas with appropriate access for wheelchair users, and there are additional seating areas, conservatory and a summerhouse. Kitchen area was clean and included a part adapted area to enable residents to prepare their own snacks and drinks. All bedrooms on the ground floor have the use of a common bath, shower or wet room facilities according to their preference, there are additional disabled toilets and adapted bathrooms.

Jean Garwood is undergoing refurbishment, currently all residents have their own I pads and there is a communal computer which is in the conservatory.

Fire doors were closed and clearly labelled, there were appropriate fire notices and extinguishers, fire exits free from obstruction on the day of the monitoring visit. The last fire evacuation drill was early morning on the day of the 11<sup>th</sup> February 2014.

**RECOMMENDATIONS/GOOD PRACTICE:**

**None**



**CHOICE AND CONTROL****OVERALL PERFORMANCE SCORE:**

All Service Users in the Care Home enjoy living there; Service Users rights are valued and respected; they have control over what happens in the Care Home and can express choice to the maximum of their potential. Choice/control in individual routines, meals, decor, single room option, keys, clothes, money. Information such as access to complaints, and residents meetings should be recorded.

**CMO to check date of the last residents meetings, whether they are consistent, minuted and issues discussed resolved**

Area's for Contract Monitoring Officer to focus	Score for each area
1. There are creative and appropriate mechanisms in place to facilitate Service Users' involvement. (CMO to check if there are on going residents meetings)	3
2. Minutes of Service User (Residents) meetings demonstrate how Service Users views have been taken into account. (CMO to evidence minutes of meeting ad whether issues highlighted have been addressed)	3
3. The Care Home has a Statement of Rights & Responsibilities/ service user guide and this is updated and included in the welcome pack to the home that is fully implemented in the Care Home. This should include a complaints policy.	4
4. Additional Forums and opportunities are available that enable Service Users to come together, to share experiences and determine what will meet their needs.	4
5. There are on-going relatives meetings that minuted. (CMO to evidence minutes and meeting dates)	3

**OBSERVATION:**

On the day of this monitoring visit, it was evidenced that the residents of the Jean Garwood Home are involved in an on-going quarterly SU meetings which enables them to discuss and identify any areas of concerns. The meeting is led by the Social Worker who is one of the employees at The Bramley Hill Day Centre. That allows the residents the fair opportunity to be open and share any personal concerns without any fear of intimidation. The meeting minutes are also taken by the Social Worker. The CMO evidenced that the meeting minutes are yet to be updated to reflect the number of meetings had in the last three months.

**RECOMMENDATIONS/GOOD PRACTICE:**

Responsible person to ensure that the quarterly residents' meetings are carried out and the minutes are up to date.

<b>PRIVACY</b>	<b>OVERALL PERFORMANCE SCORE:</b>
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Personal Care is delivered in the least intrusive manner. Staff should not remain with Service Users when the Service User is capable of undertaking elements of personal care tasks. Staff should not enter Service Users room without consent whether Service Users are present or not. Only the Service User invites visitors to their room. Service Users personal possessions are not removed from their rooms. Service Users have facilitated access to information held about them by the Care Home.

**Area's for Contract Monitoring Officer to focus**

**Score for each area**

1. The health and personal care of service users are maintained and appropriately recorded	4
2. The Care Home respects the Privacy & Dignity of service users at all times. (CMO to check if the home has a dignity champion). It is observed that Staff knock on doors.	4
3. The Care Home respects the service user's right to be visited by their relatives or friends in comfort and private and there are designated areas outside of their rooms for meeting. CMO to observe on tour of home	4

**OBSERVATION:**

The home was observed during this visit to respect the privacy of the residents. The staff did knock on room doors and wait for permission before going into the rooms, there are also additional seating areas for residents to use. The residents' are enabled as much as possible to carry out own personal tasks such as: shopping, cooking, bathing and going out with basic support as required. The home is yet to appoint a Dignity Champion and the home's manager might be appointed to fill that role.

**RECOMMENDATIONS/GOOD PRACTICE:**

None.

INDEPENDENCE		OVERALL PERFORMANCE SCORE:
<p>Service Users should be given the opportunity to think and act independently. Service Users should feel that every effort is made to encourage, enhance and maintain their independence. The Care Home and their staff support and enable Service Users who wish to maintain their links with family, supporters and communities.</p>		
<b>Area's for Contract Monitoring Officer to focus</b>		<b>Score for each area</b>
1. Adaptations & Equipment are regularly serviced, correctly labelled and stored appropriately		4
2. The Care Home and their staff support and enable Service Users who wish to maintain their links with family, supporters and communities.		4
3. Care Plans (or other records) indicate that Service Users are encouraged to take reasonable risk in developing their independence.		4
<p><b>OBSERVATION:</b>            The CMO evidenced that the home takes appropriate steps to enable the independence of the residents. The care plans and the risk assessments were all person centred and involves the individual residents in identifying and devising a care plan that addresses their needs. There was in evidence, a regular service and maintenance of the home's equipment, The Hoists and Baths are serviced once a year, the electric wiring is tested every 5years and the Gas Safety checked last July 2009. The last CQC inspection was carried out last October 2013. The Fire Brigade has designated a separate Fire Evacuation point for every area of the home and the last Fire Inspection was carried out in June 2013. Legionella test was done in November 2012. The residents' relatives are allowed to visit when they choose and there is a lounge and other designated area for that purpose.            Residents attending the attached The Bramley Hill Day Centre were there are 17 paid staff and 15 volunteers are able to access a Physio 3 times a week, specially adapted Gym equipment and walking aids, heating swimming pool, volunteer run training kitchen, activity groups, woodwork groups and a social worker.</p>		
<p><b>RECOMMENDATIONS/GOOD PRACTICE:</b>  None.</p>		

PHYSICAL HEALTH/ WELLBEING	OVERALL PERFORMANCE SCORE:
<p>Residents are physically well cared for and groomed and dressed appropriately. Physical/Health needs are identified and responded to. The Care Home should have an Adult Protection policy / procedure in place and all Care Home staff should be aware of this policy. Service Users should be aware of all potential hazards within the Care Home, and must be aware of the Fire Evacuation procedure. Hygiene and infection measures should be place. Laundry facilities should be clean, clothing and soiled linen should not be mixed. Protective clothing used e.g. gloves and aprons to avoid transfer of infection. Sanitary areas to be kept clean. Facilities for hand washing. Facilities for disposal of incontinence waste (yellow bags)</p>	
Area's for Contract Monitoring Officer to focus	Score for each area
1. The Care Home has Access to Health Care Services and ensures service users are providing with suitable health care options. i.e. GP Services, chiropodist, pharmacist	4
2. The Care Home looks after the welfare of the service users.	4
3. The Care has a safe guarding policy and procedure (CMO to check when this was last updated)	4
4. Are service users well cared for and groomed and dressed appropriately for the time of the year.	4
5. Last training for hygiene and infection. Is there a yellow waste bin and bag system.	4
6. Where is protective equipment kept? Is laundry room clean and not cluttered, is there a facility for soiled and unsoiled laundry is there a box labelled with service users name.	4
<p><b>OBSERVATION:</b>  The homes uses the services of local GP's surgeries, however, residents if they wish to do so can keep their own GP. It was evidenced in the care plan that residents are seen by the doctor regularly. The home also uses the services of a private chiropodist plus a NHS chiropodist.  During the visit, residents were observed to be dressed appropriately for the time of year on the day of the monitoring visits. The home has a safeguarding policy and procedure and this refers to the Pan London guidelines. There is also a complaints policy which is displayed in the ground floor main entrance.  Some carers could benefit with updated infection control training and this was discussed with the Manager who will ensure that this is carried out.  Protective equipment is stored in the laundry room which was uncluttered and had individual areas for residents washing.</p>	
<p><b>RECOMMENDATIONS/GOOD PRACTICE:</b>  Updated training for some carers in infection control</p>	

ACTIVITIES/COMMUNITY INTEGRATION	OVERALL PERFORMANCE SCORE:
<p>Service users are supported to develop/maintain links and activities in local community work, leisure, education. Individualised as well as group opportunities. Service users should be able to exercise daily control over their Activities and make choices within the constraints of their care plan or other service user's needs. The Care Home should have a clear policy statement relating to Activities and an Activity Programme which is promoted and accessible to all service users. The Care Home should identify the likes, dislikes of service users, and encourages the development of the Activities Programme.</p>	
<p><b>Area's for Contract Monitoring Officer to focus</b></p>	<p><b>Score for each area</b></p>
<p>1. The Home plan and take into consideration the Daily Living condition of service users and activities to engage them</p>	<p>4</p>
<p>2. Is there an activities coordinator</p>	<p>4</p>
<p>3. The Care Home encourages and provides Links With Local Community</p>	<p>4</p>
<p>4. The Care Home has an activities programme displayed on all Service User notice boards.</p>	<p>4</p>
<p>5. The Monitoring Officers observe Care Home Staff engaging in Service User activities</p>	<p>4</p>
<p>6. Service Users have access to transport and/or telephones in order to make their own arrangements</p>	<p>4</p>
<p>7. Records exist in the Care Home to indicate the participation in events or activities.</p>	<p>4</p>
<p><b>OBSERVATION:</b>  The CMO evidenced that the home supported residents to experience a variety of activities and events that met their social and physical needs and interests. Residents had a range of specialist equipment such as adapted wheelchairs to enable them to move around the home and in the community. The residents can choose to attend The Bramley Hill Day Centre which is fully equipped and facilitated to cater for individuals with physical disability needs. Sometimes they can choose to go to the movies, eating out, shopping or whatever activities that suits them. The home has a wheelchair adapted Citroen and there are a number of minibuses at the Bramley Hill Centre which the home can borrow to enable residents to participate in outings. There is also specially adapted Caravan which is also used during the Summer for holidays. All the residents individual participation in activities is recorded and filed in a separate folder. A few residents have a mobile phone but all residents are aware that they can make private calls from the office phone. There is an activities coordinator who currently talks to each resident every 6 weeks and is devising activities to their needs.</p>	
<p><b>RECOMMENDATIONS/GOOD PRACTICE:</b>  None</p>	

BALANCED AND VARIED DIET	OVERALL PERFORMANCE SCORE:
<p>Service Users shall be provided with adequate quantities of suitably prepared food having regard to their needs and wishes and have the opportunity to shop and prepare their own meals. Menus should include the provision of fresh fruit and vegetables. Food should be well cooked / presented, and served at the appropriate temperature. Menus should be regularly reviewed and in consultation with Service Users. Service Users should have the opportunity to eat comfortably alone or with the same gender.</p> <p><b><u>CMO to week menu for the next four weeks observe meal time and evidence the choice given to service users.</u></b></p>	
Area's for Contract Monitoring Officer to focus	Score for each area
1. The Care Home plan menus to include food that is wholesome and nutritional	4
2. The Care Home has a 7-day menu providing a minimum of three meals per day, which consists of fresh fruit and vegetables.	4
3. Meals are provided at the right temperature and are appetising for Service Users. CMO to check temperature books for freezer/fridge and hot food.	4
4. Meals are provided at flexible times during the day / night (if required).	4
5. Hot and Cold snacks are available at all times throughout the day and offered regularly.	4
6. Service Users should be asked for menu ideas? Can S.U's eat in their rooms	4
7. How are the choices of food taken from the Service User and the service user's likes and dislikes.	4
<p><b>OBSERVATION:</b>            Jean Garwood residents do participate in choosing and devising a weekly menu and this forms part of the meeting agenda. For those who choose, they can do their own food shopping and participate in the meal preparation with the appropriate support. The kitchen is adapted to suit that purpose and the physical ability of the individual users. The meals are served at the right temperature and there are snacks available throughout the day and adequate support for those who need it. The home has two dining areas, with a lounge and the residents can have their meals in their rooms if they so choose.</p>	
<p><b>RECOMMENDATIONS/GOOD PRACTICE:</b>            None</p>	

<b>CULTURAL COMPETENCE</b>		<b>OVERALL PERFORMANCE SCORE:</b>
<p>Service User's cultural, religious needs recognised and understood and provided for. Promotion of awareness of and positive attitudes to cultural diversity. Food, hair/skin care, festivals/holidays, religious services. Staff will be aware of the significance of a Service User's faith, cultural and racial background in respect of clothes and personal items. The Care Home, where possible and with their agreement, discusses death with Service Users and/or their Representative, supporting their facing up to it, and recording any arrangements that they wish to make in accordance with their religious beliefs and or cultural traditions.</p>		
<b>Area's for Contract Monitoring Officer to focus</b>		<b>Score for each area</b>
1. The Care Home has a diverse range of Staff from various ethnic minority groups to enable Service Users cultural preferences to be catered for		<b>4</b>
2. Service Users have access to places of worship. This may be appropriate space on the premises or at local churches, mosques etc. Where travelling is necessary, the service offers assistance to those service users who need it.		<b>4</b>
8. How is staffs trained to be aware of the significance of a service users faith, cultural and racial background in respect of clothes and personal items.		<b>4</b>
<p><b>OBSERVATION:</b>  The CMO evidenced that the cultural and religious needs of the residents are recognised during their assessments and the devising of the care plan. The SU are enabled to identify and discuss their individual requirements in this area and the type of support needed. A resident attends the church every other Sunday and the fellow church members provide the necessary support. The manager stated that for any of the residents who so wish all the necessary support would be made available so as to meet the required need.</p>		
<p><b>RECOMMENDATIONS/GOOD PRACTICE:</b>  None.</p>		

**KEY WORKER SYSTEMS****OVERALL PERFORMANCE SCORE:**

Service Users have an identified key worker who takes a lead in understanding their needs and wants and advocating on their behalf and ensuring the promotion of their health and well-being. Service Users must be aware of their named key worker. A key worker or similar system, which enables care staff to maintain continuity of care and develop relationships with and knowledge about individual Service Users, shall be used. The working patterns of key workers shall ensure that they have regular contact with the Service Users that they

**Area's for Contract Monitoring Officer to focus****Score for each area**

1. Service User files inspected by the Monitoring Officers contain a named Key Worker.

**4**

2. Monitoring Officers can evidence that there is a named Key Worker identified in each room or located in the office

**4**

3. How service users are made aware of their named key worker.

**4**

4. What responsibilities does a key worker have

**4****OBSERVATION:**

There is a key worker system in operation in the home which involves a list of all the named key workers placed on the wall in the office. Individual files have details of keyworkers as they sign the care plan with the resident. The residents do have a knowledge and an understanding of their named key worker. They are responsible for providing the extra support needs of the residents such as: outing, shopping, GP visits, Saloons, sorting out the laundries and recording the activities and involvement of the SU.

**RECOMMENDATIONS/GOOD PRACTICE:**

None



**CARE PLANNING/RECORDS****OVERALL PERFORMANCE SCORE:**

Comprehensive procedures and documentation which is holistic and Service User led. A Care Plan must be in place for all Service Users and should be updated monthly. Individual Placement Agreements (IPA's) should be in place for all Service Users and should be signed and dated by all parties as appropriate. The Complaints log should detail all complaints and appropriate resolution. The Accident record should display any accident suffered by a Service User with all relevant details accounted. An appropriate Certificate of Insurance should be maintained in the Care Home and should be placed in a conspicuous position. Records of fire drills should be up to date and fire points should be tested on a weekly basis. Records should be maintained in accordance with the Data Protection Act 1998 e.g. stored in lockable cabinets, and password protected (if held on a computer).

<b>Area's for Contract Monitoring Officer to focus</b>	<b>Score for each area</b>
1. Care Plans must be reviewed monthly and signed as appropriate. The reviews should demonstrate clear links between changing need, revised Service User outcomes and Care Plans.	4
2. Where appropriate Care Plans evidence Service Users' involvement.	4
3. Daily record sheets must be up to date with no unexplained interruptions	4
4. Care Plans incorporate specific intended outcomes which have been agreed with Service Users and, if appropriate, carers, relatives or other advocates.	4
5. Care Plans should evidence as much information about the Service User (e.g. medical history, likes / dislikes, current weight, age etc).	4
6. Care Plans should indicate a Key Worker	4
7. Care Plans files are index and appropriately maintained.	4
8. The Care Home maintains copies of Service User's Individual Placement Agreements in the respective Service User's file.	4

5. The care plan contains a completed end of life form or is Death discussed with service user and/or their representative, is this recorded in their care plan.

4

**OBSERVATION:**

CMO's looked at residents care records. Each care plan was written in a person centred way, which included likes, dislikes and what was important to someone. Illustrated with photos and clear language, the support plans reflected a person's capabilities, and what support they need to achieve their personal goals in life. There were also guidelines in respect of meeting individual needs such as mobility, communication and eating and drinking. Where support was required with personal physical care, guidance was available on how specific tasks should be undertaken such as manipulation and correct resting positions for the people who used wheelchairs. Records indicated that the home made sure residents care plans were regularly checked and updated where necessary. Daily records contained detailed notes of what residents did each day, and how they were feeling. We saw that there were on-going reviews of residents care needs and that plans had been amended to reflect any changed needs. Care and treatment was planned and delivered in a way that was intended to ensure residents safety and welfare. Information about personal health care needs was recorded. Each resident had a health passport. This contained detailed information about how staff should communicate with the individual concerned along with medical and personal information. This document could then be taken to the hospital or the GP to make sure that all professionals were aware of resident's individual's needs. Evidenced that staff had made timely referrals for health and social care support when they identified concerns in resident's wellbeing. Records showed that staff had followed the advice and guidance provided by visiting health and social care professionals.

Records showed that the risks residents may experience had been assessed. Risk plans were current, detailed and regularly reviewed. The information was personalised and covered risks that staff needed to be aware of to help keep residents safe. Examples included moving and handling, vulnerability in the community, eating and drinking and accessing the home / wider community. There were specific risk plans associated with resident's healthcare needs such as epilepsy, skin care and sensory impairment. This meant risks relating to residents health or welfare had been identified, assessed and managed.

Records also showed that a relevant healthcare professional undertook regular medication reviews for supporting each person's health and wellbeing. Medicines were kept safely. The home used a monitored dosage system with medication delivered by a local pharmacist once a month. Medication was kept in a locked cabinet which included a separate facility for storing controlled drugs. Medicines were prescribed and given to people appropriately. The home's policy required a minimum of two staff to administer medication which minimised the risk of error. Staff completed Medicine Administration Record (MAR) charts for each person. These charts had been prepared by a local pharmacy that delivered all medicines to the home. The records we checked were fully completed and showed that residents received their medicines as prescribed. The MAR charts included details of when PRN (as and when required medicine) should be given.

It also includes NOK, GP and the end of life instructions for those who so wish. The details of the key worker and the 2 monthly weight charts are documented in a separate file.

A resident has a hearing impairment and some staff used British Sign Language to communicate with them, other staff were in the process of learning how to sign.

A Certificate of Insurance was on display with the expiry date of 31.03.14.  
 Latest fire drill/evacuation was carried out early morning on the 11<sup>th</sup> February 2014.  
 Records are kept in a locked cabinet in a locked office, computer records are protected by a password.

**RECOMMENDATIONS/GOOD PRACTICE:**

<b>STAFFING (RECRUITMENT/EXPERIENCE/QUALIFICATION)</b>	<b>OVERALL PERFORMANCE SCORE:</b>
<p>The Care Home must maintain robust Recruitment procedures. All staff, permanent and agency, and volunteers, are recruited in accordance with current best practice and employment legislation. The Service Provider checks all references in a considered and consistent manner. Staff will provide a full employment history, including periods of unemployment and proof of qualification. Two written professional references are received prior to each permanent management and care staff appointment. Employer's references will be validated, Written references should be endorsed by a Company stamp or be on headed paper and be signed by an executive or other appropriate officer. All staff must have an enhanced Criminal Records Bureau (CRB) Police Check and POVA (Protection of Vulnerable Adults register) checks where applicable prior to their employment. The Monitoring Officer should request the CRB Certificate numbers and dates of issue for a minimum of 3 members of staff. All Staff should be aware of the Care Home's Adult Abuse, and Whistle Blowing Procedure.</p>	
<b>Area's for Contract Monitoring Officer to focus</b>	<b>Score for each area</b>
1. The Care Home has employed sufficient staff to meet the needs of the services users and ensure a good delivery of services	<b>4</b>
2. The Care Home has sufficient staff to service user ratio on all shifts.	<b>4</b>
3. The Care Home has a recruitment policy which staffs have undertaken in order to take up employment within the care home.	<b>4</b>
4. Staff training attended, recorded and up to date. 5. When was the last Adults Abuse/Whistle Blowing training?	<b>4</b>
<p><b>OBSERVATION:</b>            The home's recruitment procedure is evidenced to be well adhered to and there were adequate staff to cater for the number of the residents. The service ratio per service user is 2:1. The home carries out a full employment checks before new staff is recruited. 2 Staff files were checked during this inspection, and they contained: passport, JD, application forms with education history, 2 references, proof of ID and current DBS. The home advertises through the job centre, word of mouth and the wider organisational (Garwood Foundation)</p>	

recruitment process. One staff has only been recruited within the last six months and all the staff files checked evidenced an up to date induction and mandatory training. Residents using the service were involved with the recruitment of new staff. Residents living at Jean Garwood House were supported by a long standing staff team and newly appointed registered manager who were familiar with residents needs and knew how to support them. The home did not use agency staff and covered unexpected absences such as sickness and emergencies with its own staff team. This meant people experienced consistent care and stability from members of staff that they knew.

**RECOMMENDATIONS/GOOD PRACTICE:**

None.

LEADERSHIP/MANAGEMENT	OVERALL PERFORMANCE SCORE:
<p>A structured induction process, regular supervision, appraisal and staff development exists within the Care Home. Staff are provided with relevant training for needs of resident group and have opportunities to develop their skills in line with up-to-date thinking and practice. Management have knowledge and understanding of and commitment to current philosophy and principles. Management are open to constructive feedback and committed to continuous improvement. There should be clear arrangements in place for identifying the Head of the Care Home and the person in charge when the Head of the Care Home is absent. The registered person is primarily employed in this management role and does not simultaneously hold a similar position in another separately registered home in accordance with the requirements of CQC. There should be sufficient staff on duty at key points of the day and night and staff resources are concentrated at times when the majority of Service Users are in the home. There should be sufficient staff on night duty to meet Service Users needs and ensure their safety. Regular formal handovers between staff shifts shall always take place and the incoming shift will always be advised of all relevant ongoing issues, medical needs or conditions of the Service Users.</p>	
Area's for Contract Monitoring Officer to focus	Score for each area
1. There is a Registered Manager who oversees the running of the home and ensures that the needs of the service user are met	<b>4</b>
2. There is a development plan for the home which includes the Managers approach to the running of the care home	<b>4</b>
3. The Care Home through the manager undertakes regular quality assurance which includes feedback from all stakeholders. This should be a minimum of year with the results analysed to feedback into improving the services offered	<b>4</b>
4. The Care Home respects that service users may like to keep their own pocket money and provide adequate facilities	<b>4</b>
5. The Manager/ Deputy Manager undertake Induction, Training & Supervision of all staff as set out in the care homes policy and procedures.	<b>4</b>

6. The Care Home ensures that the welfare of the service users is met and that appropriate policies and procedures are implemented to this degree	4
7. All Staff receive periodic (at least annual appraisals) at which performance is considered and development or improvement plans put in place.	4
8. All staff receives regular supervision and feedback (every 4 – 6 weeks).	4
9. Training is provided to all staff on a regular basis and is up to date with current policies.	3
10. Feedback from Service Users influences service delivery and training needs	4
11. Management processes (e.g. staff supervision meetings) encourage staff to discuss new ideas for Service Delivery and, after suitable risk assessment experiment with these.	4
12. Staff confirm that the organisational culture is one that is open to innovation and can point to Service improvements that have come about as a result	4
13. When was the last medication audit	4
14. Update of Home Certificate (Gas etc) since last inspection.	4
<p><b>OBSERVATION:</b></p> <p>There were a range of quality checks in place to ensure that people were safe and appropriate care was being provided. For example, a representative from the owning organisation carried out monthly visits and the staff completed on-going checklists to monitor the quality of the service. These covered areas such as care plans, the environment and health and safety. We saw evidence of regular health and safety checks on all aspects of the premises and equipment. This included appropriate maintenance contracts concerning fire, gas and electrical safety and for servicing equipment such as electrical appliances. Other recorded checks looked at food hygiene, fire safety, medication and infection control. The staff team had designated responsibilities to carry out these checks.</p> <p>There was a record of all accidents and incidents with details of how these had been investigated.</p> <p>Evidence from this inspection showed that the provider used a range of resources to continually review their practice and place the interests of the people using services at the centre of what they do. The various on-going audits, both internally and externally, ensured that the quality of care was regularly assessed and evaluated.</p> <p>Fire drill every two months and a test carried out every Tuesday and this is recorded.</p> <p>There is a full induction process in practice by way of workbook which needs to be signed off by an experienced carer – new carer to read policy and procedures shadow for two weeks no medication to be administered until training has taken place for NVQ 2 or 3.</p> <p>Supervision is carried out every 3 months with an annual personal development appraisal and CRB's (DBS) are renewed every five years.</p> <p>Currently the home are updating all their policies and procedures.</p> <p>Last team meeting was held on the 26.11.13.</p> <p>Medication audit was carried out by the PCT 30.10.11.</p>	

Quality assurance carried out December 2012 – good results.  
Annual development plan 2013-2014.

**RECOMMENDATIONS/GOOD PRACTICE:**

None

**ACCIDENTS/INCIDENTS RECORDS**

Note to Monitoring Officer: Please evidence how information is recorded and complaints responded to and please sign and date.

Number of accidents/incidents during the past 6 months:	NUMBER	OBSERVATION	RECOMMENDATIONS
No. of Compliments received	1	Longstanding complaint	
No. of Complaints	1	Longstanding complaint	
No. of outstanding Complaints	1	Longstanding complaint	
No. of Accidents (Service User)	<b>None</b>		
No. of Accidents (Staff)	None		
No. of Accidents requiring Hospital treatment	None		
No. of Service Users absent from the home for more than 7 days due to Hospital treatment	None		
No. of Service User Deaths	1		

## **CARE HOME RESPONSE TO MONITORING REPORT**

The Care Home should use this Section to express their views on the Monitoring Visit and the findings contained within this report. Please note that the comments contained in this section may be published as part of the final Monitoring Report.

**PLEASE USE THIS SECTION TO COMMENT ON THE FINDINGS OF THIS REPORT.**

## REPORT AGREEMENT Jean Garwood

I confirm that I have read the contents of this Monitoring Report and believe that the comments contained within represent a fair and accurate account of the monitoring visit conducted. If there are any recommendations within the report I will undertake the necessary actions within the specified timescales to improve the quality of the service.

Number of Recommendations	Recommendation Area	Timescale
1	Responsible person to ensure that the quarterly residents' meetings are carried out and the minutes are up to date.	Within two months from date of report
2	Updated training for some carers in infection control	Within two months from date of report



**REPORT AGREEMENT – Jean Garwood**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_