



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

### Quality Monitoring Framework & Report

**Bodawen Nursing Home**

**31 July 2014 & 5 August 2014**



<b>Contents</b>	
<b>1</b>	Basic Information
<b>2</b>	Purpose of Quality Monitoring
<b>3</b>	Pre Monitoring Visit Information:
<b>4</b>	<b>Outcomes</b>
	<b>Outcome 1</b> – Service users lives as independently as possible
	<b>Outcome 2</b> – Service users have choice and control over their life
	<b>Outcome 3</b> – Service Users are full citizens and are encouraged to build and maintain relationships with positive interactions
	<b>Outcome 4</b> – Service users are supported to maintain or improve their health
	<b>Outcome 5</b> – Service users have opportunities to fulfil their ambitions, maintain, learn and improve skills
	<b>Outcome 6</b> – Service users feel safe and secure with freedom from discrimination and harassment
	<b>Outcome 7</b> – Service Users are treated with dignity and respect
	<b>Outcome 8</b> – Service users are protected from financial abuse
	<b>Outcome 9</b> – Service users receive high quality services
<b>5</b>	Closing Summary
<b>6</b>	Recommendations

## 1. Basic Information

<b>Name of Provider:</b>	Bodawen Nursing Home
<b>Address:</b>	Porthmadog, Gwyendd, LL49 9PR
<b>Responsible Individual:</b>	Cariad Care Homes Limited
<b>Registered Manager:</b>	Ms Leslie Adshead
<b>Local Authority:</b>	Gwynedd
<b>Name of Officer undertaking monitoring:</b>	Nia Pritchard Griffith, Contracts Officer (CO)
<b>Name of most Senior Member of Staff present:</b>	Leslie Adshead, Manager
<b>Date &amp; Time of Monitoring Visit:</b>	31/07/14 (pm) 05/08/14 am/pm

## 2. Purpose of Quality Monitoring

Gwynedd Council is committed through its statutory obligations and its policies to the development of the quality of the services provided for its service users. The Council maintains its own monitoring arrangements to evaluate the nature and quality of Service Provision. The Council requires the Provider to work closely with its Officers by maintaining effective performance monitoring and Quality Assurance systems.

Contracts Monitoring ensures that quality care is being provided to Gwynedd residents by monitoring the performance of Gwynedd's service providers against their contract. The contracts monitoring visit undertaken also considered the North Wales Quality Monitoring Framework which has been adopted by the North Wales Commissioning Hub.

**NOTE:** The outcome based monitoring method has not yet been introduced fully across the North Wales Authorities. The premonitoring process and accompanying guidance was not available at the time of the contracts monitoring visit. However, the Contracts Officer conducted the visit with the outcome based method in mind with a view to trialling the proposed method (which is being rolled out across authorities from September 2014 onwards).

## 3. Pre Monitoring Information (evidence gathered from the pre monitoring questionnaire).

3.1 Bodawen Nursing is a privately run nursing home registered for 40 placements. On the day of the visit the Home had a total of 37 residents, 18 of whom are funded

by Gwynedd Council. The Management of Bodawen is undertaken by Leslie Adshead who has held the position since 2008.

3.2 The home is registered for 40 places.

3.3 The last CSSIW inspection report published on the 22 October 2013. No non-compliances were issued as a result of the inspection. 17 April 2012. There have been no changes to the management structure in the intervening years.

3.5 No issues of concern were shared by other professionals prior to the monitoring visit.

3.6 No complaints regarding the home were recorded by Contracts Unit since the last monitoring visit.

#### 4. Outcomes

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

1.1 Care Plans are developed and amended as per individual resident requirements. The Contracts Officer (CO) saw that needs are reassessed as required.

1.2 Individual care plans are used, however there is the odd generic care plan on occasions for specific items. The care plans viewed were active and 'live' documents. There was evidence of active and regular review and update in line with resident's changing needs and circumstances.

1.3 The intended outcomes are stated in each plan. The detail included in documentation was good with clear instructions. Evidence of the resident's personal influence was apparent in the sample files viewed.

1.3 The CO saw that care plans were amended to reflect any changes in needs. Examples were discussed whereby care provision had been reassessed in line with residents' constantly changing requirements.

1.4 Both daily records and care plans contained a good level of detail, particularly in reference to any deviation from the norm.

1.5 The CO witnessed staff encouraging residents in terms of independence. The home is also very accommodating for those residents who are more independent and active.

##### Comments Summary:

Recorded information and practice witnessed showed that the home supported residents to be as independent as possible.

Residents with more independence are supported to maintain that liberty. The

sense of movement and activity within the home proved to be one of the monitoring visit's more striking features. 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.

Exemplar	Good	Requires Improvement	Poor
	✓		

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

2.1 Care plans viewed were comprehensive with clear outcomes for each. As noted in 1.1, there was evidence of active review and subsequent change.

2.2 The Home strives to involve residents as far as possible in assessments and subsequent reviewing processes. However, given the circumstances of a number of residents the Manager said that health needs do tend to be the determining factor in how the service is managed and delivered.

2.3 Whilst mindful of overriding health requirements, the home does strive to address the individual needs and preferences as far as possible. Personal choice is respected and addressed as far as practically possible. Several examples were discussed, and one resident file also demonstrated this clearly.

2.4 Resident's likes and dislikes are known and adhered to, and was observed in a variety of ways by the CO during the visit.

2.5 The linguistic needs and preferences of residents can be addressed, i.e. residents whose first language is Welsh can be certain that they can access welsh speaking staff at all times.

2.6 The Home strives to ensure that residents are central to all decisions as far as practicably possible. Where residents are not fully able to communicate or express their preferences, families, representatives and professional colleagues will contribute and influence on their behalf. The home has a good working relationship with families and representatives and professional colleagues, providing the CO with several examples.

2.7 The Manager provided numerous examples whereby care provision has been addressed and resolved as a result of a perceived change in a resident's condition.

2.8 Risk assessments are in place for all residents. A review of 3 random files concluded that assessment are actively evaluated on a monthly basis and amended accordingly.

- 2.9 Risk assessments were present for medical conditions and identified risks.
- 2.10 Dates were recorded on reviews which had been undertaken monthly.
- 2.11 Changes noted in reviews have prompted changes to service plans.
- 2.12 The sample of files viewed contained a photo of each resident (for those residents who have consented to having their photo taken).

**Comments Summary:**

Evidence and practice observed suggest that service users have choice in all aspects of their daily lives (some more than others given the differing personal circumstances).

The recording of information is current, valid and actively reviewed. The CO saw evidence that any changes prompted changes to care plans which, as noted above, are 'live documents'.

Life story /personal profiles are not clearly recorded on each file – but this is not to say that the home does not operate this approach. The CO acknowledges fully that the home and staff are aware of the residents' background, history, likes and dislikes. The home obviously embraces the residents as individuals, and this quality was confirmed on several occasions during the visits through verbal discussion, the viewing of care plans and general observations.

Given the increasing emphasis on person centred approach, the home would be advised to capture its existing practical approach and working practice as it will no doubt be a recurring feature and requirement during future monitoring exercises.

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 There are no restrictions in place in terms of visiting. Family and friends are welcomed to the home at all times, and are familiar with the home, its staff and management. The Manager operates an 'open door' policy which allows representatives to approach her at all times should any issue arise. Several examples were discussed where the home has actively supported and encouraged contact and communication with family and friends.

3.2 Residents' religious requirements are respected and addressed.

3.3 Interaction between residents and staff was noticeable during both visits.

Residents were seen in all lounges, seating and dining areas. Residents are free to choose whether to remain seated or to move into the dining area when it comes to meal times.

**Comments Summary:**

General interaction between residents and staff was observed throughout, and some residents were seen to be exercising their individual lifestyle choices.

The often touching examples discussed demonstrated clearly the affection felt and respect shown by the home towards the residents and their own individual quirks and preferences.

The home obviously has strong links with the community thus providing a valuable source of activities and interest for its residents.

The open door policy operated by the Manager is very positive, and the examples provided proof that it is effective in that representatives feel comfortable in approaching her about a variety of matters.

Exemplar	Good	Requires Improvement	Poor
	✓		

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

4.1 The home has a dedicated activities co-ordinator. A significant range of different activities are provided, e.g. arts and crafts, table games, group games and personal preferences, walks, trips, celebration dinners, fetes. Residents were seen to be taking part in a number of activities during the visits.

4.2 A number of residents are confined to their room either by choice or as a result of their conditions. Residents who are mobile who prefer to be more solitary are respected.

**Comments Summary:** (How have you have arrived at your judgement)

The home offers a range of individual and group activities. It is clear that activities are an important part of the home. The examples seen and discussed showed that the home obviously takes care to provide as wide and interesting range as possible, suiting as wide a range of residents as possible. Admittedly, there are a number of residents whose condition restricts their ability to partake in activities and events, but the CO saw that staff talked and communicated with those individuals. They are also included in so far as possible in all events and special occasions celebrated at the home.

Exemplar	Good	Requires	Poor
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		<b>Improvement</b>	
	✓		

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

5.1 Residents needs are constantly anticipated. Access to health professionals, both routine and unplanned is trouble-free.

5.2 Food and fluid is monitored and referrals made as required to dietician. One example of gradual weight loss appeared in one of the files viewed, and discussion followed as to how the home addressed this matter.

5.3 Nutritious food is provided with individual choices and preferences respected

5.4 Residents are directly involved in menu planning and choice.

5.4 Medication management and administration was not covered as part of this visit.

**Comments Summary:**

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.

Contact with health professionals is clearly recorded and easily accessed within resident files.

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

<b>Exemplar</b>	<b>Good</b>	<b>Requires Improvement</b>	<b>Poor</b>
	✓		

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

6.1 The home's Statement of Purpose clearly states that they are '*committed to delivering top quality care for the elderly, ensuring our residents dignity and wellbeing is always at the heart of what we do*'. This ethos is introduced to staff at appointment, induction and on a continual basis thereafter.

6.2 Service users know how to make a complaint or concern. Where there would be any uncertainty the Manager is confident that family or representatives are fully equipped and able to make any representation to the home on a resident's behalf. Several examples were given where family have approached the Manager to discuss various issues regarding care without having to resort to the formal procedure. Staff, residents and representatives are aware how to make a complaint There have been

no official complaints or incidents recorded in the last 12 months.

6.3 The Home's Staff Induction programme was viewed and discussed. All policies and procedures form part of the programme.

6.4 All employees other than the handyman have received training on POVA. For those who completed the course some time ago, a refresher course will be arranged.

6.5 Communication between Management and staff is a key component to the running of the home. The home has a Whistleblowing policy in place. Whilst it is difficult to prove that staff understand fully the requirements of the policy, the Manager is confident that staff feel able to share any concerns without fear of retribution.

6.6 The home has a robust handover procedure between shifts in which residents are discussed individually and all nursing and care staff engaged. Handovers are such that the 'flow' and requirements is explicit for all involved in the delivery.

6.7 Staff supervision arrangements are current and up to date. The CO saw a sample of recent completed.

6.8 CO would also refer to paragraph 9.5 of this report which refers to staffing levels within the home.

6.9 All members of staff have the required current DBS checks.

**Comments Summary:**

From short time spent at home, CO could see that the home's ethos is applied. Staff interaction with residents observed during the visit was attentive, respectful. Residents were treated with dignity.

Communication and the sharing of information amongst Management, nursing and caring staff is effective. The handover procedure is robust and an effective way of capturing any information relevant to the resident. Although not witnessed, the procedure described ensures that all staff are fully aware of what is required and of their roles and responsibilities.

It is promising that staff are able to approach the Manager with various matters. 'Ad hoc' staff discussions/meetings based on any incident of subject can be an effective way to engage with staff members.

Confirmation of staff training attainment in POVA would be appreciated, i.e. is attainment 100% or do 12% require provision.

Exemplar	Good	Requires Improvement	Poor
	✓		

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

7.1 Residents are addressed according to their wishes – first name or surname. This was observed during the day. The CO witnessed interaction between staff and residents throughout the visit, and found it to be friendly but respectful, attentive but not obtrusive. Staff were clearly aware of individual preferences, requirements and personalities. CO also observed prompt response on several occasions to personal alarm calls.

7.2 Residents were located throughout the communal areas during visit. All residents appeared well dressed and tidy.

7.3 Service users were heard to be asked where they wanted to be seated when led from one area to another.

7.4 The home does not impose any restrictions as to bed/rising times; several examples were given of how the home respects individual's choices and how the home does not restrict.

7.5 The home employs an activities co-ordinator, and activities are obviously of enormous importance to the home. On both visits, the home was alive with activity and noise. The CO viewed the activity file which demonstrated that a huge range of activities were provided for the residents ranging from crafts and games to events and trips to local events (for those who are mobile enough to participate). Evidence of activities seen demonstrated that provision is all inclusive and attempts to cater for all genders, preferences and interests.

7.6 Framed photographs of past events are on display throughout the home, the most significant being a display of the home's anniversary celebrations.

7.7. Television and/or music are played on the lounge areas. A television is provided in each resident room, with residents welcome to bring their own preferred model and other devices of their choice.

7.8 There are no specific meal times within the home. The majority of residents will eat at the same time, but as noted above, there are no restrictions, and the home will adapt to each individual's preferences. The CO saw evidence in resident's files where preferences in terms of when and where to eat were clearly recorded.

7.9 Resident's preferences are known to staff and adhered to, e.g. in terms of food preferences, personal habits and individual personality traits and quirks.

**Comments Summary:**

Based on the CO's observations during both visits, it was concluded that residents were treated with dignity and respect in the application of care.

Exemplar	Good	Requires Improvement	Poor
	✓		

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

8.1 The Home confirmed that they have a policy regarding the handling of resident's finances. However, the opportunity to discuss the actual application of the policy did not arise during the visit.

**Comments Summary:**

n/a

Exemplar	Good	Requires Improvement	Poor
n/a			

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

9.1 The CMO was given a tour of the building. The home is welcoming and homely. No distinguishing odours were found in any part.

9.2 Fire drills are conducted weekly and are up to date. Fire safety awareness training has been provided to staff.

9.3 The CMO viewed a number of rooms all of which were clean and airy. The Manager explained that significant investment had been put into the bedrooms in terms of furniture, beds and soft furnishings. This was evident from the CO's tour of the home. It should also be added that each room was individual in terms of personal effects that could be seen in all rooms. Rooms in which the residents were confined to their beds were also observed fleetingly and as far as reasonably allowed. Doors were left open and staff were seen to engage with them when passing. Corridors and hall ways within the home were also welcoming and homely in feel.

9.4 The home's training matrix was viewed which illustrates clearly achievements, requirements and shortfalls in both mandatory and non-mandatory areas.

9.5 Bodawen has its own induction process. The home and its parent company have invested significantly in training provision, induction forming part of that provision. The home has a dedicated training room where both induction and

training is delivered. The home has a clear induction programme which is delivered in-house in the training facility. The home is fortunate of this in-house provision.

9.6 A significant portion of training is delivered in-house in the dedicated training facility situation on Bodawen’s site. 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.

9.7 CO viewed the training material that has been developed and that forms the basis for the in-house training provided. The Director noted that in-house training provision is invaluable in terms of targeting those who require, savings in terms of resources should staff need to be released to attend off site training.

9.8 The Home meets the minimum standard required in terms of NVQ attainment as evidenced in premonitoring information.

9.9 The staffing ratios are such that staff who have not received the relevant training are not permitted to work alone, i.e. rotas are arranged so that non-trained or new staff are under the supervision of trained staff at all times until they have attained the relevant experience of training.

9.10 As noted in outcome 6, there have been no formal complaints presented to either home or Contracts Unit in the last 12 months.

**Comments Summary:**

It is encouraging that there have been no recorded complaints in the last 12 months. The home is reactive in its response to any informal feedback.

There is considerable investment and commitment to staff training. Staff development is an obvious priority to the home with an acknowledgment that skilled staff are key to the delivery of high quality care.

Exemplar	Good	Requires Improvement	Poor
	✓		

**6. Evaluation**

Outcome Area	Exemplar	Good	Requires Improvement	Poor
<b>Outcome 1</b> – Service users lives as independently as possible		✓		
<b>Outcome 2</b> – Service users have choice and		✓		

control over their life				
<b>Outcome 3</b> – Service Users are full citizens, enjoying the same rights and responsibilities as others and are encouraged to build and maintain relationships with positive interactions		✓		
<b>Outcome 4</b> – Service users have opportunities to fulfil their ambitions, maintain, learn and improve skills		✓		
<b>Outcome 5</b> – Service users are supported to maintain or improve their health		✓		
<b>Outcome 6</b> – Service users feel safe and secure with freedom from discrimination and harassment		✓		
<b>Outcome 7</b> – Service users are treated with dignity and respect		✓		
<b>Outcome 8</b> – Service users are protected from financial abuse		<i>Not monitored during this exercise</i>		
<b>Outcome 9</b> – Service users receive high quality services		✓		

## 7. Recommendations / Action Plan

Outcome Area	Evaluation (please tick)				Action to be achieved by whom	Action to be achieved by when (date)
<b>Outcome 2</b> – Service users have choice and control over their life	Exemplar	Good	Improvement Requires	Poor	Home	On-going
<b>Action to be completed:</b> Home to continue to develop its practice to formalise the existing/current person centred approach.						
<b>Outcome 6</b> Service users feel safe and secure with freedom from discrimination and harassment	Exemplar	Good	Improvement Requires	Poor	Home	On-going
<b>Action to be completed:</b> Refresher training to be provided on POVA for those who haven't had an update in the last two years.						

## 8. Closing Summary

The Contracts Officer saw a happy, welcoming and lively home during both visits. Commitment to the residents and the acknowledgement that they are all different individuals was clear to see at all times, coinciding with the commitment to the provision of high quality care.

As indicated in section 2 of the report, this was the first time Bodawen 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. Bodawen 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.