



Quality Monitoring Report

Name of establishment: Tremora Cottage

Date of monitoring visit: 16th September 2015

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1. Basic Information

Name of Establishment:	Tremora Cottage
Address:	Llanaber, Gwynedd LL42 1AJ
Name of Provider:	Treherne Care & Consultancy Ltd
Manager:	Ian Bourne
Date appointed:	January 2014
Name of Monitoring Officer:	Nia Owen
Name of most Senior Member of Staff present:	Ian Bourne
Summary of Placements during monitoring visit:	1 Denbighshire resident 1 Shropshire resident 1 Guernsey resident
Number of placements:	3 registered placements
Date & Time of Monitoring Visit:	16 th September 2015

2. Purpose of Quality Monitoring

The Quality Monitoring Framework aims to provide a structured evaluation of service delivery. Such judgments will be based on evidence and strives to ensure that a service is meeting the identified outcomes of service users and is compliant with the Contract the provider has with Gwynedd Council.

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.

3. Summary Statement of Purpose *(as described by the Service Provider)*

Tremora Cottage is owned by Treherne Care and Consultancy Group. The Agency's mission statement is to provide high quality care through the provision of individualised residential and supported living service in specialised and ordinary accommodation settings. Treherne provide services for persons with learning disabilities, mental health needs, and physical or sensory impairments. All care and support takes place in specialised environments.

The Service is managed by Ian Bourne. He has been the registered Manager since January 2014. He has been accredited with NVQ level 4 in Registered Management and has registered with the Care Council for Wales (certificate viewed by the CMO).

4. Background

This is the second monitoring visit to Tremora Cottage. There were no outstanding actions from the last visit. There is a new Manager in place since the last visit. The same service users are still in resident since the last visit.

6. Premises and Facilities

Tremora Cottage is situated in the Barmouth area and is close to all local amenities. The cottage has 3 single bedrooms, which are all en-suite. Two bedrooms are situated on the ground floor and the third is located on the first floor. The Home has a large lounge area, which Service Users share, a large kitchen and a small dining area. There is a large back garden, with flower beds and shrubs, which the Service Users maintain. One Service User also has a green house, which he grows his own vegetables.

7. Staffing

There are 6 members of staff plus the Manager who work at Tremora Cottage. Most of the staff have been there for many years. Staffs work 24 hour shift patterns, which are 8am until 8pm. The Manager works 9am until 5pm. 1 staff member is on during the night, who works 8pm until 8am, awake. The Manager stated that a monthly rota is in place, with a full team of staff, including bank staff. Staffing levels are reviewed as and when required. Feedback was obtained from staff prior to the monitoring visit. All feedback received was positive.

7.1 Staff Files

An example of two staff files were looked at during the visit. Files observed were easy to follow and seemed to contain all the relevant documentation. The Manager stated that photo copies of the majority of documentation are kept on files at Tremora and originals are kept in the Treherne Head Office. The Manager stated that this has been accepted by the CSSIW. The CO has verified this with the Inspector from CSSIW during the last visit and she confirmed that this is acceptable. Information on files included; up to date CRB checks, application forms, contract of employment – signed, two references, signed confidentiality forms, training records, induction booklets – completed.

7.2 Staff Supervisions

Tremora Cottage has a supervision policy which is included in the employee handbook; this was viewed by the CO. The Manager undertakes all supervisions with staff, which include one to one sessions and informal chats. Supervision records were observed, which are stored on the PC, which the Manager only has access to. Supervisions were found to be undertaken regularly 4 times a year. Appraisals were also seen to be done annually.

Recommendation

Evidence of regular supervisions for the Manager to be sent in to the Contracts Officer.

8. Training

Treherne Care Group Head Office is responsible for organising training for staff. A training matrix is displayed on the wall of the Home, noting all training undertaken and future dates for Tremora staff. The Manager told the CO that staff receive letters when they are requested to attend training. Training is provided both in-house and external.

All 6 Support Workers have qualified with NVQ level 2. These figures were confirmed on the training matrix and copies of certificates were viewed on the 2 staff files looked at during the visit. Other training records also appeared on the staff files looked at during the visit.

All staff have completed boots online training recently. All staff are required to get 100% to pass the exam. Boots provide the medication and the pharmacist comes over regularly to check that the staff are doing the medication correctly. All staff have their own passwords and login details for the online training. The Manager stated that it is difficult to get staff to attend external training due to their shift patterns. Boots online training which the staff have completed also include Parkinsons, Age and dementia, and palliative care. The Manager has completed training in the Mental Capacity Act.

The Manager stated that apart from completing the induction manual, new staff are also requested to shadow other support workers for a time, where their ability will be monitored. New staff are placed on a probation period of 3 months.

9. Service Users

On the day of the visit the Home was of full capacity, with 3 residents. One resident is funded by Denbighshire, one is funded by Shropshire and the other is funded by Guernsey Local Authority.

One resident was present during the visit, he was offered whether he wanted to speak to the CO during the visit but he refused.

A DOLs application has been made for EH and JS, but the Manager has been advised against doing so for JC.

9.1 Service User Files

The Manager stated that Service Users are involved where possible, depending on their capacity. Staff are required to read the care plan and sign and date to say they have read and understood. Behaviour support plans were viewed on file; Risk assessments were found on file; these were very detailed and are reviewed every 3 months.

Service Users are involved in the development of their Service Delivery Plan, and where possible be involved in choosing how they want their service to be delivered and what best suits them.

Daily records are completed on the computer daily. These were found to be very detailed. The Manager told the CO that they use these reports when reviewing the Service Delivery Plan and they are shared with the clinical team. There was also a list on the wall with dates of when each part of the paperwork was due to be reviewed. Everything was seen to be up to date.

10. Outcomes

Exemplar	Good	Needs improvement	Poor
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Outcome 1: Service users live as independently as possible

1.1 Service users are encouraged to maintain and develop their independence:

The service users are regularly provided with activity choices and staff regularly facilitate for them to visit family members. They regularly do activities within the cottage. One service user enjoys mowing the lawn weekly.

1.2 Risk enablement / positive risk approaches support service users to take manageable risks to enable them to live independently:

Service users are supported with positive risk approaches as much as is possible without breaching any orders. One service user now receives 1-1 support in the community as opposed to 2-1 which he originally needed.

1.3 Service users are supported through life transitions:

Service users are supported through life transitions. One service user was in a hospital environment since the 50s until he came to Tremora cottage. He has been supported to be able to live appropriately in the community since being at Tremora Cottage.

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

2.1 Each service user will have a service delivery plan which is outcome focussed and has been developed in conjunction with the service user:

Each service delivery plan has been done in conjunction with the service users, their families, the care manager and the clinical team. There has been a change in their mobility as they are getting older. They are now going through a transitional period where the service users meet the clinical team every fortnight. Psychology reports are now also done regularly.

2.2 Service users are enabled to make, or participate in making, decisions relating to their care:

Service users are enabled to make decisions relating to their care as much as is possible without breaching any orders. Evidence was seen while observing staff with service user during the visit. The staff member was clearly giving the service user options for meals and activities to do during the day.

2.3 Service user's rights are promoted and upheld under Equality Measures:

The Home has an Equal Opportunities Policy that was viewed by the CO. Equal Opportunities training is also part of the core training programme at Treherne Care Group and is included in the induction and also refresher courses are undertaken every couple of years.

2.4 Care staff will have full understanding of the Mental Capacity Act:

Evidence was seen that the Manager had completed the training in the Mental Capacity Act. He will give staff any advice regarding any issues regarding the Act.

2.5 Service users are encouraged and enabled to be involved in and influence how the service is run:

The Manager told the CO that service users at Tremora have the capacity to make a complaint and comment on the service received. Evidence was observed on the file demonstrated that the Service User is involved in reviews. Feedback from the Social Worker confirmed this.

2.6 Service Users have flexibility in all aspects of daily living within the Home:

Evidence obtained from residents files and activity sheets demonstrated that Service Users are supported to prepare their own dinner, make breakfast, encouraged to manage their own personal care and to take part in household chores. The Contracts Officer observed the service user being asked what he would like to lunch and dinner that day.

2.7 Service users are aware of their rights and responsibilities whilst using the service:

Service users are given a copy of the service user guide and the complaint procedure. One service user did make a complaint recently. Management went through the procedure with him and he was offered an advocate. They think that he did understand the process. The complaint was dealt with appropriately.

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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 Service users are actively supported to maintain contact with family and friends:

Service users are supported to maintain contact with family. One of the service users did not have any contact with his family for over ten years, with support from staff he started to visit once every 6 months; this has now increased to three times a year. One service user visits his sister periodically and went to visit his brother in hospital recently.

3.2 Encourage and enable service users to be an active part of their community in appropriate settings:

One service user enjoys going to the Royal Welsh and Nefyn show with staff every year. Occasionally they go out on a Friday for a meal with staff. There is a café in Dolgellau that do OAP specials which they enjoy. The activities they take part in are now less energetic as they are 68, 75 and 78 years old.

3.3 Service users are supported to have positive interactions with other service users within their home:

The service users do not interact much with each other. One of them will prefer to stay in his room for most of the time. They do take part in cottage based activities during the week such as doing the lawn, sorting out the recycling, doing word searches and colouring in.

3.4 Service users have access to a named Support Worker:

The service users do not have a named support worker. The Manager does not think that this is appropriate in this setting because it tends to make the service user dependant on one person.

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

4.1 There is an enabling approach to all activities of daily living within the Home:

Service users are encouraged to do as much as possible for themselves within the house such as cleaning, recycling etc. They do light meals for themselves, but it is a risk for them to be using knives due to their abilities.

4.2 Service user's ambition and goals are known and responded to:

Long term aims and goals are included in the behaviour support plan and risk management.

4.3 Service users are able to access purposeful activities.

One service user was seen to be in the garden feeding the birds when the CO arrived. This is purposeful activity for him now as he cannot do as much as he was able to.

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

5.1 Service users are supported to access health professionals as required:

They have regular contact with the internal clinical team. There is a list of regular podiatry, dental appointments, health reviews, opticians and psychiatrists if necessary. Each service user has their individual health file. All medical appointments are recorded and include all prescriptions. These were seen to be detailed and also included when the next appointment needs to be.

5.2 Service users will receive a seamless transition between the Home and health services:

One service user has recently been at Hergest for 7 months. The Manager and staff at Tremora Cottage have ensured that the transition between his home and the hospital has been as seamless as possible.

5.3 Service users are encouraged to maintain healthy lifestyles:

Service users are encouraged as much as is possible. One service user refuses to wash. The GP has said that this is his choice if he wants to self destruct. The Manager has also checked with CSSIW what else could be done. Staff cleans his room from a landlords health and safety perspective. A food record is kept daily of all meals and snacks that the service users have. One service user has recently joined the gym.

5.4 Medication is safely administered:

All medication are kept in a locked cupboard in the staff room. The Manager counts the medication weekly. All MAR sheets are kept in the individual files. They have pharmaceutical guidelines. The Manager observes the staff administering the medication periodically. All staff has received training in medication which is provided online by boots pharmacy.

5.5 Where appropriate, service users are encouraged and supported to safely manage medication independently:

None of the service users are capable of self medicating.

5.6 Service users are given opportunities to maintain or improve their current fitness levels:

They are given plenty of oppotunities to keep fit. One recently went to the gym and he is 78 years old.

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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 and their human rights are respected and upheld:

Evidence was seen that staff has attended POVA training.

6.2 Service is provided equitably taking into account individual service users’ cultural and ethnic background and sexuality:

It is very important that staff take this into account at all times due to their past sexual behaviour. They need to be very careful where one of them goes and who with. There are strict risk assessments in place. One service user at the house believes strongly in meditation therefore staff must respect this at all time and support him with his beliefs.

6.3 Service users are supported to manage risks safely:

It was seen that risk assessments are in place to correspond with behaviour support plan which contain both the mental health aspect and the legal aspect. It was seen that all staff have signed the risk assessments to confirm that they have read and understood them. They were also seen to be reviewed regularly. There are very strict risk assessments for one service user for when he is out in public. These were seen during the visit.

6.4 Clear accurate and comprehensive records of incidents and accidents are kept:

There is a file for incidents and accidents kept in the office. It was seen to be filled regularly. The latest entry was an accident report for when one of the service users fell down the stairs and dislocated his finger. A risk assessment was done and staffs is now required to carry large washing down the stairs for him.

6.5 There is sufficient and appropriately trained Staff to meet individual needs:

There are sufficient staffs for the needs of the service users at the house. See section 8. Training also.

6.6 Service users know how to make a complaint or comment without fear of retribution:

Yes. See outcome 2.7.

6.7 Staff is supported to follow whistle blowing procedure and feel able to use it without fear of retribution:

The Home has a Whistle blowing policy that was viewed by the CMO. All staff are encouraged to speak up about anything they may feel they need to share in staff meetings. They are also encouraged to speak up in private if they wish.

6.8 Service users are protected from the negative effect of any behaviour by people who use the services:

Service users are always able to talk to staff about anything that is on their minds which the Manager feels is very beneficial to them all and also helps towards minimising the negative effect of any behaviour on each other.

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Outcome 7: Service users are treated with dignity and respect

7.1 Dignity and respect is actively promoted in every aspect of daily living within the Home:

It was obvious to the Contracts Officer during the visit that dignity and respect is actively promoted in every aspect of daily living within the home. The Manager said that staffs are reminded staff meetings and supervisions of the company ethos and the code of conduct. Management feels very strongly that the staff team adhere to this.

7.2 Personal information is handled appropriately and personal confidences are respected:

This was seen to be true on the day of the monitoring visit.

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Outcome 8: Service users are protected from financial abuse

8.1 Service users are supported to manage their own finances where appropriate, and have the capacity to do so:

All three of the service users manage their own finances but there are also guidelines in place for staff. Each service user has a lock up facility in their rooms and also has a key to their own rooms.

8.2 Appropriate arrangements are in place to meet the needs of those service users who cannot manage their own finances:

All service users at Tremora Cottage manage their own finances.

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Outcome 9: Service users receive high quality services

9.1 The design and layout of the premises is suitable to meet the needs of service users:

Observations confirm that the lay out and facilities of the Home are suitable to meet the needs of all the residents.

9.2 The quality of services provided are regularly assessed and monitored:

As noted previously in this report staff receives regular supervision that is documented and placed on a personal file. Annual reviews are carried out by the Social Workers, confirmed by the Denbighshire Social Worker. Internal reviews are carried out every 3 months. The Manager told the CO that an Officer from the Head Office visits the Home regularly to speak to Service Users and discuss their Care and their likes and dislikes. Reports are produced as evidence; these were viewed by the CO, and where very detailed.

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13. Policies and Procedures

The agency's Policies and Procedures have been updates since the last visit. Staff are required to sign to confirm that they have read all the Policies and Procedures and the deadline to complete all of them is by the end of the year. The Contracts Officer saw that most of them had already been completed.

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14. Welsh Language

There was a Welsh language Policy on file. One of the tenants' first language is Welsh while the other 2 is English. Three of the support workers are first language Welsh and one support worker is learning to speak Welsh. Their Head Office is currently in the process of translating the Welsh tenants documentation in to Welsh as it is his chosen language.

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Recommendation:

Contracts Officer to ensure that the Welsh service users documentation has been translated in to Welsh during the next monitoring visit.

15. Closing Summary

The Contracts Officer would like to thank the Manager for the welcome and to the service users for allowing her to carry out the monitoring visit at their home. The Manager was more than willing to share any information or documentation which was requested during the visit and was very open to any questions.

Monitoring Officer: Nia Owen

Designation: Contracts Monitoring Officer

Date: 10.10.2015

Verified by: Carys Archer

