

CAERPHILLY COUNTY BOROUGH COUNCIL DIRECTORATE OF SOCIAL SERVICES
COMMISSIONING TEAM

CONTRACT MONITORING REPORT

Name/Address of Provider: Trafalgar Park Residential Home, Heol Islwyn,
Pontypridd Road, Nelson, CF46 6HG

Date of Visit: Tues 03rd May & Tues 24 May 2022

Visiting Officer(s): Ceri Williams, Contract Monitoring Officer, CCBC

Present: Ellen Smith, Home Manager, HC-One

1. Background

- 1.1 Trafalgar Park is a large property located on the outskirts of Nelson. The care providers are HC-One who took over the running of the home in November 2011.
- 1.2 The home is registered to provide Residential care and Dementia Residential care. There were no vacancies at the time of the visit.
- 1.3 The last CIW inspection was conducted in June 2021 no areas of non-compliance were identified and one area of improvement.
- 1.4 Dependant on the findings within the report, Trafalgar Park will be given corrective and developmental actions to complete. Corrective actions are those, which must be completed (as governed by legislation etc.), and developmental actions are those, which are deemed to be good practice

2. Previous Recommendations

2.1 Corrective Actions

- 2.1.1 Personal Plans / Risk Assessments to be reviewed immediately and revised, if necessary, after any incidents, changes in care needs or deterioration in health and well-being of resident. **Partly Met:** See body of report.
- 2.1.2 Monthly reviews to evidence that information recorded daily relating to the individual has been taken into account. **Met:** Evidence was seen of daily records being audited and considered during monthly reviews.
- 2.1.3 Personal Plans are drawn up with the participation of the service user and signed by the service user wherever capable and/or representative. **Not Met:** Personal Plans were not signed by the individual or a representative.
- 2.1.4 Regulation 60 forms to be copied to CCBC Commissioning Department. (CCBC Contract) **Met:** All Regulation 60 notifications are received regularly by the Commissioning Department.

2.2 Developmental Actions

- 2.2.1 Daily records to contain more detailed information on resident's general health and well-being. This to include for example changes in mood, appetite, routines. This information to be used to form part of the monthly review. **Met:** Daily records viewed were detailed and were audited by senior staff and taken into account in monthly reviews.
- 2.2.2 Staff to record times dates and names when accepting advice regarding resident's care and support over the telephone. **Met:** Records viewed included necessary information.

3. Findings from Visit

3.1 Documentation

- 3.1.1 Two residents' files were viewed during the visit. Both were clearly indexed, and information was easily accessible.
- 3.1.2 Both files viewed contained the necessary pre-admission assessments for residents. Personal Plans and risk assessments were detailed, personalised, and gave a good picture of the resident and their support needs.
- 3.1.3 Personal Plans viewed contained all needs identified on the care and support plans prepared by the local authority.
- 3.1.4 Personal Plans viewed were person-centered and contained good detail of likes/dislikes and routines however, they were not signed by the individual receiving care and support or, by a representative, to evidence that they had been co-produced.
- 3.1.5 There were appropriate risk assessments in place where necessary to meet the individual's needs.
- 3.1.6 Reviews are completed monthly which is good practice. Reviews viewed on file were completed in a timely manner. Upon discussion with care staff, it was apparent that one individuals' dietary choices had changed. This had not been updated in the personal plans. Discussed with staff that any changes should be documented when they occur to ensure individuals needs are met in line with their choices.
- 3.1.7 A number of individuals daily recordings were viewed during the visit. All contained detailed information including food and fluid charts, personal care checklists and written records included information on how the resident had spent their day and included mood and presentation.

- 3.1.8 A number of residents who required closer monitoring had further records to be completed in their daily record files. These were completed to an excellent standard with the necessary detail required when monitoring the individuals and provided evidence for visiting health professionals.
- 3.1.9 From viewing resident's files, it was evident that changes/deterioration relating to residents are being recorded and that the home are making referrals to the appropriate outside agencies for support with managing conditions. Referrals were seen to Dietician, G.P., incontinence team when they were required.
- 3.1.10 Daily records are audited by senior staff and management and any concerns actioned upon while also forming part of monthly reviews.
- 3.1.11 Peoples agreed outcomes are included in personal plans including what is important to them and what their interests are.
- 3.1.12 There was a consent agreement on individual files agreed with the resident and their family member/representative regarding being informed about any incidents or changes in need.
- 3.1.13 Two residents were spoken to who were spending time in their rooms. Both confirmed that this was their preferred choice and that staff often pop in for a chat and check on them. They also confirmed that staff were responsive should they require assistance. Staff confirmed that it was the individual's choice to spend time in their rooms but that they also encourage the individuals to engage in any activities or events that are taking place.
- 3.1.14 Files viewed contained 'Remembering Together' documents which included good levels of detail of life history regarding the resident.
- 3.1.15 One of the files viewed recorded end of life wishes for the individual however the second file viewed this paperwork was incomplete.

3.2 Staffing

- 3.2.1 The staffing ratio of the home by day is made up 8 care staff, 2 on each community and 2 senior care staff who cover two communities. In addition to this are the Manager, administration assistant, laundry assistant, maintenance assistant, 2 kitchen assistants, and 2 domestic assistants. The night shift comprises of 4 carers and 2 senior carers.
- 3.2.2 Two staff files were viewed during the monitoring visit. Both files were in good order and contained all the relevant documentation including detailed application form, interview

record with scoring, photographs of staff member and verified references. A database is held providing evidence of staff DBS checks.

3.2.3 Evidence of identity was present on both staff files which contained copies of birth certificates and passports.

3.3 Training & Supervision

3.3.1 At the time of the visit training statistics for staff evidenced 84% of staff up to date with mandatory training courses.

3.3.2 Staff are also required to complete training in non-mandatory courses in order to better understand and support the residents they care for. These included Dementia care, promoting healthy skin and wound care and person-centred care. At the time of the visit training statistics for these courses was 83% for staff.

3.3.3 Staff supervision records showed that staff were mostly receiving supervision within the timeframes set in regulations although some were overdue.

3.3.4 The manager provided a working document recording dates of supervision and planned supervision to evidence ongoing supervision and appraisal for all staff.

3.4 Facilities & Observations

3.4.1 There was a warm, relaxed atmosphere in the home, and we observed positive interactions between staff and residents throughout the day. Staff were observed offering choices and going with whatever residents wanted.

3.4.2 We observed lots going on at the home with music playing, activities taking place, and singing and laughing heard throughout the day. A residents meeting was also taking place whilst visiting the home and plans were being discussed for the upcoming jubilee celebrations and care home open day.

3.4.3 The home was clean and tidy throughout with no evidence of hazards or malodours.

3.4.4 Regular maintenance checks, such as fire alarm testing, water temperatures and CO2 measurements are conducted by the maintenance employee and recorded in the maintenance file. The manager also conducts maintenance spot checks.

3.4.5 The last fire safety assessment was completed in August 2021 with all recommendations completed.

3.4.6 Fire drills are carried out regularly in line with timescales set in regulations and recorded.

- 3.4.7 The dining experience was observed, and evidenced residents given two choices of meal. Residents advised that they enjoyed the meals provided. There were also snacks such as fruit, crisps, and chocolates freely available within the home for residents to help themselves.
- 3.4.8 Resident's rooms are clean, light and all have evidence of personalisation with personal effects, furniture, and photographs.
- 3.4.9 Evidence was available of Fire Drills conducted regularly including the date and names of staff who took part. Residents Personal Emergency Evacuation Plans were viewed, were detailed, and are reviewed monthly.

3.5 Resident & Relative Feedback

- 3.5.1 A number of residents were spoken to throughout the visit with positive feedback received.
- 3.5.2 Residents spoken to advised that they were happy living at the home and settled straight away. They advised that food was good and always had plenty of choice.
- 3.5.3 Residents who preferred to spend their time in their rooms advised that staff will often pop in for a chat and always ask if they would like to participate in activities.
- 3.5.4 When asked if staff were prompt to respond when residents needed assistance, residents replied that staff always come straight away if call bell is pressed and can ask them for anything.
- 3.5.5 Two relatives were contacted for feedback regarding the home.
- 3.5.6 Both relatives confirmed that they always feel welcomed into the home when they visit and that the atmosphere and activities at the home are very good.
- 3.5.7 Both relatives confirmed that they are informed and consulted on the care and well-being of their relative that reside at the home and that they are kept informed about hospital appointments, changes in health etc.
- 3.5.8 Neither relative have had cause to raise any complaints or minor issues at the home and described staff as always helpful and would feel comfortable raising an issue with any of the staff if they had to.
- 3.5.9 Both relatives described the care received as very good and that their loved one was always well presented.

3.6 Quality Assurance

- 3.6.1 HC-One use a number of internal Quality Assurance systems and data is collected and audited through these systems on a daily, weekly, and quarterly basis.
- 3.6.2 Daily manager walk arounds, staff meetings, relatives and residents' meetings and annual surveys completed by stakeholders are also carried out as a means of collating information.
- 3.6.3 A number of regular audits are undertaken for in areas such as medication, infection control and any falls/incidents.
- 3.6.4 Evidence was available of actions identified from audits being followed up and processes put in place for further improvement.
- 3.6.5 There is a daily handover process in place at the home which takes place at each shift change. During the handover information and updates are shared about residents, including any significant changes.
- 3.6.6 Quarterly and six-monthly quality assurance reports are also carried out by the Responsible Individual within timeframes set out in regulations and these were available for the monitoring officer.

4. Corrective/Development Actions

4.1. Corrective Actions

- 4.1.1 Personal Plans are drawn up with the participation of the service user and signed by the service user wherever capable and/or representative.
Regulation & Inspection of Social Care (Wales) Act 2016 (RISCA) Regulation 15.
Timescale: Immediate & ongoing.
- 4.1.2 The Personal Plan is kept under review and is amended and developed to reflect changes in the individuals care and support needs and personal outcomes.
RISCA Regulation 16. Timescale: Immediate & ongoing
- 4.1.3 Staff training for Mandatory training courses that are overdue to be completed as soon as possible.
RISCA Regulation 36. Timescale: Within three months of the report.

5. Conclusion

- 5.1 The monitoring visit was positive and there was a friendly welcoming atmosphere throughout the home.

- 5.2 The home was busy with lots going on and plans being made for activities and fundays and lots of interaction between residents and staff was observed.
- 5.3 It was pleasing that most of the recommendations from the last report had been met.
- 5.4 The Contract Monitoring Officers would like to take this opportunity to thank the residents, Manager and staff for their time and hospitality during the visit.

Author: Ceri Williams
Designation: Contract Monitoring Officer
Date: 16 August 2022

N.B. This report will be made available via Caerphilly County Borough Council's Internet site. Hard copies of the report will also be made available to prospective residents and/or their families should they ask to see them.

**CYNGOR BWRDEISTREF SIROL CAERFFILI, TÎM COMISIYNU'R GYFADRAN
GWASANAETHAU CYMDEITHASOL**

ADRODDIAD MONITRO CONTRACT

<u>Enw/Cyfeiriad y Darparwr:</u>	Cartref Preswyl Trafalgar Park, Heol Islwyn, Heol Pontypridd, Nelson CF46 6HG
<u>Dyddiad yr Ymweliad:</u>	Dydd Mawrth 3 ^{ydd} Mai a dydd Mawrth 24 ^{ain} Mai 2022
<u>Swyddog(ion) sy'n Ymweld:</u>	Ceri Williams, Swyddog Monitro Contractau, Cyngor Bwrdeistref Sirol Caerffili
<u>Yn Bresennol:</u>	Ellen Smith, Rheolwr Cartref, HC-One

5. Cefndir

- 5.1 Eiddo mawr wedi ei leoli ar gyrion Nelson yw Trafalgar Park. Y darparwyr gofal yw HC-One a gymerodd yr awenau i redeg y cartref ym mis Tachwedd 2011.
- 1.2 Mae'r cartref wedi'i gofrestru i ddarparu gofal Preswyl a gofal Preswyl Dementia. Doedd dim llyfdd gwag adeg yr ymweliad.
- 1.3 Cynhaliwyd arolygiad Arolygiaeth Gofal Cymru diwethaf ym mis Mehefin 2021 ni nodwyd unrhyw feysydd o ddiffyg cydymffurfio ac un maes o welliant.
- 1.4 Yn dibynnu ar ganfyddiadau'r adroddiad, bydd Trafalgar Park yn derbyn camau cywirol a datblygiadol i'w cwblhau. Camau cywirol yw rhai y mae'n rhaid eu cwblhau (sy'n cael eu llywodraethu gan ddeddfwriaeth ac ati), a chamau datblygiadol yw'r rhai y bernir eu bod yn arfer da.

6. Argymhellion Blaenorol

6.1 Camau Cywirol

- 6.1.1 Cynlluniau Personol / Asesiadau Risg i'w hadolygu ar unwaith a'u diwygio, os oes angen, ar ôl unrhyw ddigwyddiadau, newidiadau mewn anghenion gofal neu ddirywiad o ran iechyd a lles preswylwyr. **Gweithred wedi'i chwblhau'n rhannol:** Gweler corff yr adroddiad.
- 6.1.2 Adolygiadau misol i nodi tystiolaeth bod gwybodaeth a gofnodwyd yn ddyddiol yn ymwneud â'r unigolyn wedi cael ei ystyried. **Gweithred wedi'i chwblhau:** Gwelwyd tystiolaeth o gofnodion dyddiol yn cael eu harchwilio a'u hystyried yn ystod adolygiadau misol.
- 6.1.3 Mae Cynlluniau Personol yn cael eu llunio gyda chyfranogiad y defnyddiwr gwasanaeth ac wedi'u llofnodi gan y defnyddiwr gwasanaeth, lle bynnag y maent yn gallu a/neu gan

gynrychiolydd. **Gweithred heb ei chwblhau:** Ni chafodd Cynlluniau Personol eu harwyddo gan yr unigolyn na chynrychiolydd.

6.1.4 Ffurflenni Rheoliad 60 i gael eu copïo i Adran Gomisiynu Cyngor Bwrdeistref Sirol Caerffili. (Contract Cyngor Bwrdeistref Sirol Caerffili) **Gweithred wedi'i chwblhau:** Derbynnir yr holl hysbysiadau Rheoliad 60 yn rheolaidd gan yr Adran Gomisiynu.

2.2 Camau Datblygiadol

2.2.1 Cofnodion dyddiol i gynnwys gwybodaeth fanylach am iechyd a lles cyffredinol preswylwyr. Hyn i gynnwys er enghraifft newidiadau mewn hwyliau, chwant bwyd, trefniadau arferol. Mae'r wybodaeth yma i gael ei defnyddio i ffurfio rhan o'r adolygiad misol. **Gweithred wedi'i chwblhau:** Roedd cofnodion dyddiol a welwyd yn fanwl ac fe'u harchwiliwyd gan uwch staff a'u hystyried mewn adolygiadau misol.

2.2.2 Staff i gofnodi dyddiadau, amseroedd ac enwau wrth dderbyn cyngor ynghylch gofal a chefnogaeth preswylwyr dros y ffôn. **Gweithred wedi'i chwblhau:** Roedd y cofnodion a welwyd yn cynnwys gwybodaeth angenrheidiol.

7. Canfyddiadau'r Ymweliad

7.1 Dogfennaeth

7.1.1 Gwelwyd ffeiliau dau breswlydd yn ystod yr ymweliad. Roedd y ddau ffeil â mynegai clir, ac roedd gwybodaeth yn hawdd i'w chyrraedd.

7.1.2 Roedd y ddau ffeil a welwyd yn cynnwys yr asesiadau cyn derbyn mynediad angenrheidiol i breswylwyr. Roedd cynlluniau personol ac asesiadau risg yn fanwl, wedi eu personoli, ac yn rhoi darlun da o'r preswlydd a'i anghenion cymorth.

7.1.3 Roedd y Cynlluniau Personol a gafodd eu gweld, yn cynnwys yr holl anghenion a nodwyd ar y cynlluniau gofal a chymorth a baratowyd gan yr awdurdod lleol.

7.1.4 Roedd cynlluniau personol a welwyd yn canolbwyntio ar y person ac yn cynnwys manylion da o ran eu hoff bethau a'u cas bethau ac arferion fodd bynnag, nid oeddynt wedi cael eu harwyddo gan yr unigolyn a oedd yn derbyn gofal a chefnogaeth, na gan gynrychiolydd, i dystio'u bod wedi cael eu cyd-gynhyrchu.

7.1.5 Roedd asesiadau risg priodol mewn lle bo angen er mwyn diwallu anghenion yr unigolyn.

7.1.6 Mae'r adolygiadau wedi'u cwblhau bob mis sy'n arfer da. Cwblhawyd adolygiadau a welwyd ar ffeil yn amserol. Ar ôl trafod â staff gofal, roedd hi'n amlwg bod dewisiadau dietegol un unigolyn wedi newid. Nid oedd hwn wedi cael ei ddiweddarau yn y cynlluniau personol. Trafodir gyda staff y dylid dogfennu unrhyw newidiadau pan fyddan nhw'n

digwydd er mwyn sicrhau bod anghenion unigolion yn cael eu diwallu yn unol â'u dewisiadau.

- 7.1.7 Edrychwyd ar nifer o gofnodion dyddiol unigolion yn ystod yr ymweliad. Roedd y cyfan yn cynnwys gwybodaeth fanwl gan gynnwys siartiau bwyd a hylif, rhestrau gwirio gofal personol a chofnodion ysgrifenedig yn cynnwys gwybodaeth am sut roedd y preswylydd wedi treulio'r diwrnod ac yn cynnwys hwyliau a chyflwyniad.
- 7.1.8 Roedd gan nifer o breswylwyr, a oedd angen monitro agosach, gofnodion pellach i'w cwblhau fel rhan o'u ffeiliau recordiau dyddiol. Cwblhawyd y rhain i safon ardderchog gyda'r manylion angenrheidiol wrth fonitro'r unigolion, ac roeddynt yn darparu tystiolaeth ar gyfer ymweld â gweithwyr ieched proffesiynol.
- 7.1.9 O edrych ar ffeiliau preswylydd, roedd yn amlwg bod newidiadau/dirywiad yn ymwneud â phreswylwyr yn cael eu cofnodi a bod y cartref yn gwneud atgyfeiriadau at yr asiantaethau allanol priodol er mwyn cael cymorth wrth reoli'r amodau. Gwelwyd cyfeiriadau at Ddietegydd, Meddyg Teulu, tîm anymataliaeth yn ôl yr angen.
- 7.1.10 Caiff cofnodion dyddiol eu harchwilio gan uwch staff a rheolwyr a gweithredir ar unrhyw bryderon ac maent hefyd yn ffurfio rhan o'r adolygiadau misol.
- 7.1.11 Mae canlyniadau y cytunwyd arnynt gan bobl yn cael eu cynnwys mewn cynlluniau personol, gan gynnwys yr hyn sy'n bwysig iddyn nhw a beth yw eu diddordebau.
- 7.1.12 Roedd cytundeb cydsynio ar ffeiliau unigol a gytunwyd gyda'r preswylydd a'i aelod o'r teulu/cynrychiolydd ynghylch cael gwybod am unrhyw ddigwyddiadau neu newidiadau mewn angen.
- 7.1.13 Siaradwyd â dau breswlydd a oedd yn treulio amser yn eu hystafelloedd. Cadarnhaodd y ddau mai dyma'r dewis oedd orau a bod staff yn aml yn galw heibio am sgwrs, a gwirio bod popeth yn iawn. Fe wnaethon nhw hefyd gadarnhau bod staff yn ymateb pe bai angen cymorth arnynt nhw. Cadarnhaodd staff mai dewis yr unigolyn oedd treulio amser yn eu hystafelloedd ond eu bod hefyd yn annog yr unigolion i gymryd rhan mewn unrhyw weithgareddau neu ddigwyddiadau sy'n cael eu cynnal.
- 7.1.14 Roedd ffeiliau a welwyd yn cynnwys dogfennau 'Cofio Gyda'n Gilydd' a oedd yn cynnwys lefelau da o fanylion hanes bywyd ynglŷn â'r preswylydd.
- 7.1.15 Roedd un o'r ffeiliau yr edrychwyd arnynt yn cofnodi dymuniadau diwedd oes yr unigolyn ond roedd yr ail feil yr edrychwyd arni yn anghyflawn.

7.2 Staffio

- 7.2.1 Mae cymhareb staffio'r cartref fesul dydd yn cynnwys 8 aelod o staff gofal, 2 ar bob cymuned a 2 aelod o staff gofal hŷn sy'n gwasanaethu dwy gymuned. Yn ogystal â hyn mae'r Rheolwr a hefyd cynorthwydd gweinyddu, cynorthwydd golchi dillad, cynorthwydd cynnal a chadw, 2 gynorthwydd cegin, a 2 gynorthwydd domestig. Mae'r shift nos yn cynnwys 4 gofalwr a 2 uwch ofalwyr.
- 7.2.2 Cafodd dau ffeil staff eu gweld yn ystod yr ymweliad monitro. Roedd y ddau ffeil mewn trefn dda ac yn cynnwys yr holl ddogfennau perthnasol gan gynnwys ffurflen gais fanwl, cofnod cyfweiliad gyda sgorio, ffotograffau o aelod o staff a geirdaon dilys. Cedwir cronfa ddata yn darparu tystiolaeth o wiriadau'r Gwasanaeth Datgelu a Gwahardd staff.
- 7.2.3 Roedd tystiolaeth o hunaniaeth yn bresennol ar y ddau ffeil staff a oedd yn cynnwys copïau o dystysgrifau geni a phasbortau.
- 7.3 Hyfforddiant a Goruchwyliaeth
- 7.3.1 Ar adeg yr ymweliad roedd ystadegau hyfforddiant i staff yn nodi bod 84% o'r staff hyd yn gyfredol o ran cyrsiau hyfforddiant gorfodol.
- 7.3.2 Mae gofyn hefyd i staff gwblhau hyfforddiant mewn cyrsiau nad sy'n orfodol er mwyn deall a chefnogi'n well y preswylwyr maen nhw'n gofalu amdanynt. Roedd y rhain yn cynnwys gofal Dementia, hyrwyddo gofal croen iach a gofal clwyfau a gofal sy'n canolbwyntio ar yr unigolyn. Adeg yr ymweliad roedd ystadegau hyfforddiant staff ar gyfer y cyrsiau hyn ar 83%.
- 7.3.3 Dangosodd cofnodion goruchwyllo staff fod staff yn derbyn goruchwyliaeth gan amlaf o fewn yr amserlenni a osodwyd mewn rheoliadau, er bod rhai'n hwyr.
- 7.3.4 Darparodd y rheolwr ddogfen waith yn cofnodi dyddiadau goruchwyllo a goruchwyliaeth wedi'i chynllunio i ddangos bod yr holl staff yn cael eu goruchwyllo a'u harfarnu'n barhaus.
- 7.4 **Cyfleusterau a Sylwadau**
- 7.4.1 Roedd awyrgylch hamddenol, cynnes yn y cartref, a gwelsom ryngweithio cadarnhaol rhwng staff a phreswylwyr drwy gydol y dydd. Gwelwyd staff yn cynnig dewisiadau a mynd gyda beth bynnag oedd preswylwyr eisiau.
- 7.4.2 Ar sylwon ni ar lawer yn digwydd yn y cartref gyda cherddoriaeth yn chwarae, gweithgareddau'n digwydd, a chlywyd canu a chwerthin drwy gydol y dydd. Roedd cyfarfod preswylwyr hefyd yn cael ei gynnal wrth i ni ymweld â'r cartref ac roedd cynlluniau'n cael eu trafod ar gyfer dathliadau'r jiwbilî sydd ar ddod a diwrnod agored cartref gofal.

- 7.4.3 Roedd y cartref yn lân ac yn daclus drwyddi draw heb unrhyw dystiolaeth o beryglon nac arogleuon gwael.
- 7.4.4 Mae gwiriadau cynnal a chadw rheolaidd, fel profion larwm tân, tymheredd dŵr a mesuriadau CO2 yn cael eu cynnal gan y gweithiwr cynnal a chadw, a'u cofnodi yn y ffeil cynnal a chadw. Mae'r rheolwr hefyd yn cynnal hapwiriadau cynnal a chadw.
- 7.4.5 Cafodd yr asesiad diogelwch tân diwethaf ei gwblhau ym mis Awst 2021, gyda'r holl argymhellion wedi eu cwblhau.
- 7.4.6 Mae driliau tân yn cael eu cynnal yn rheolaidd, yn unol ag amserlenni sydd wedi'u gosod mewn rheoliadau a chant eu cofnodi.
- 7.4.7 Gwelwyd y profiad o fwyta, a oedd yn dangos tystiolaeth bod preswylwyr yn cael dau ddewis o bryd bwyd. Dywedodd preswylwyr eu bod wedi mwynhau'r prydau a ddarparwyd. Hefyd, roedd byrbrydau fel ffrwythau, creision, a siocledi ar gael yn hawdd yn y cartref i breswylwyr helpu eu hunain.
- 7.4.8 Mae ystafelloedd preswyl yn lân, yn olau ac mae gan bob un dystiolaeth o bersonoli gyda phethau personol, dodrefn, a ffotograffau.
- 7.4.9 Roedd tystiolaeth ar gael o Driliau Tân yn cael eu cynnal yn rheolaidd gan gynnwys dyddiad ac enwau staff a gymerodd ran. Edrychwyd ar Gynlluniau Gwacau Argyfwng Personol preswylwyr, ac roeddynt yn fanwl ac yn cael eu hadolygu'n fisol.
- 7.5 Adborth Preswylwyr a Pherthnasau
- 7.5.1 Siaradwyd â nifer o'r preswylwyr drwy gydol yr ymweliad a derbyniwyd adborth cadarnhaol.
- 7.5.2 Dywedodd y preswylwyr y siaradwyd â nhw eu bod yn hapus yn byw yn y cartref a'u bod wedi setlo mewn yn syth. Dywedon nhw fod bwyd yn dda ac roedd ganddyn nhw ddigon o ddewis bob tro.
- 7.5.3 Roedd preswylwyr, a oedd yn well ganddyn nhw dreulio eu hamser yn eu hystafelloedd, yn nodi y bydd staff yn aml yn galw heibio am sgwrs a phob tro'n gofyn a fydden nhw'n hoffi cymryd rhan mewn gweithgareddau.
- 7.5.4 Pan ofynnwyd a oedd staff yn brydlon i ymateb pan oedd angen cymorth ar breswylwyr, atebwyd bod staff bob amser yn dod yn syth os yw cloch galwadau yn cael ei phwyso ac y gall ofyn iddynt am unrhyw beth.
- 7.5.5 Cysylltwyd â dau berthynas am adborth ynglŷn â'r cartref.

- 7.5.6 Cadarnhaodd y ddau berthynas eu bod bob tro'n teimlo eu bod yn cael eu croesawu i'r cartref pan fyddan nhw'n ymweld a bod yr awyrgylch a'r gweithgareddau yn y cartref yn dda iawn.
- 7.5.7 Cadarnhaodd y ddau berthynas eu bod yn cael gwybod ac ymgynghori ar ofal a lles eu perthynas sy'n byw yn y cartref a'u bod yn cael gwybod am apwyntiadau ysbyty, newidiadau o ran iechyd ac ati.
- 7.5.8 Nid yw'r naill berthynas na'r llall wedi cael achos i godi unrhyw gwynion neu fân faterion yn y cartref ac roeddynt wedi disgrifio staff fel bob amser o gymorth a byddant yn teimlo'n gyfforddus yn codi mater gydag unrhyw un o'r staff pe bai'n rhaid iddyn nhw wneud hynny.
- 7.5.9 Disgrifiodd y ddau berthynas bod y gofal a gafwyd yn dda iawn a bod eu hanwyliaid bob amser yn edrych yn dda.

7.6 Sicrhau Ansawdd

- 7.6.1 Mae HC-One yn defnyddio nifer o systemau Sicrhau Ansawdd mewnol ac mae data'n cael ei gasglu a'i archwilio trwy'r systemau hyn yn ddyddiol, wythnosol, a chwarterol.
- 7.6.2 Mae'r rheolwr dyddiol yn cerdded o gwmpas, mae yna gyfarfodydd staff, perthnasau a chyfarfodydd preswylwyr ac mae arolygon blynyddol yn cael eu cwblhau gan randdeiliaid hefyd fel modd o goladu gwybodaeth.
- 7.6.3 Cynhelir nifer o archwiliadau rheolaidd mewn meysydd megis meddyginiaeth, rheoli heintiau ac unrhyw gwymmp / digwyddiad.
- 7.6.4 Roedd tystiolaeth ar gael o gamau a nodwyd o archwiliadau'n cael eu dilyn a phrosesau a roddwyd ar waith i wella ymhellach.
- 7.6.5 Mae proses drosglwyddo dyddiol ar waith yn y cartref sy'n digwydd ym mhob newid shifft. Yn ystod y broses drosglwyddo, rhennir gwybodaeth a diweddariadau am breswylwyr, gan gynnwys unrhyw newidiadau pwysig.
- 7.6.6 Mae adroddiadau sicrwydd ansawdd chwarterol a chwe mis hefyd yn cael eu cynnal gan yr Unigolyn Cyfrifol o fewn amserlen a nodir mewn rheoliadau, ac roedd y rhain ar gael i'r swyddog monitro eu gweld.

8. Camau Gweithredu Cywirol / Datblygiadol

4.1. Camau Cywirol

8.1.1 Mae Cynlluniau Personol yn cael eu llunio gyda chyfranogiad y defnyddiwr gwasanaeth ac wedi'u llofnodi gan y defnyddiwr gwasanaeth lle bynnag y gallent, neu gan gynrychiolydd.

Rheoliad 15 y Ddeddf Rheoleiddio ac Arolygu Gofal Cymdeithasol
Amserlen: Ar unwaith ac yn barhaus.

4.1.2 Mae'r Cynllun Personol yn cael ei adolygu'n gyson ac mae'n cael ei ddiwygio a'i ddatblygu er mwyn adlewyrchu newidiadau yn anghenion gofal a chymorth yr unigolion a'r canlyniadau personol.
Rheoliad 16 y Ddeddf Rheoleiddio ac Arolygu Gofal Cymdeithasol Amserlen: Ar unwaith ac yn barhaus

4.1.3 Dylid cwblhau hyfforddiant staff, ar gyfer cyrsiau hyfforddiant gorfodol sy'n hwyr, cyn gynted â phosibl.
Rheoliad 36 y Ddeddf Rheoleiddio ac Arolygu Gofal Cymdeithasol Amserlen: O fewn tri mis i'r adroddiad hwn.

5. Casgliad

5.1 Roedd yr ymweliad monitro yn gadarnhaol ac roedd awyrgylch croesawgar cyfeillgar drwy'r cartref.

5.2 Roedd y cartref yn brysur gyda llawer o bethau'n digwydd a gwelwyd cynlluniau ar gyfer gweithgareddau a chodi arian a gwelwyd llawer o ryngweithio rhwng preswylwyr a staff.

5.3 Roedd yn braf bod y rhan fwyaf o argymhellion yr adroddiad diwethaf wedi eu cyflawni.

5.4 Hoffai Swyddogion Monitro'r Contract gymryd y cyfle hwn i ddiolch i'r preswylwyr, y Rheolwr a'r staff am eu hamser a'u lletygarwch yn ystod yr ymweliad.

Awdur: Ceri Williams
Swydd: Swyddog Monitro Contractau
Dyddiad: 16 Awst 2022

D.S. Bydd yr adroddiad hwn ar gael ar wefan Cyngor Bwrdeistref Sirol Caerffili. Bydd copïau caled o'r adroddiad hefyd ar gael i breswylwyr y dyfodol a/neu eu teuluoedd os ydynt yn gofyn i'w gweld.

