

**CAERPHILLY COUNTY BOROUGH COUNCIL, DIRECTORATE OF SOCIAL  
SERVICES**

**COMMISSIONING TEAM**

**Contract Monitoring Report**

**Name/Address of provider:** Abacare

**Date of visit:** 10 December 2019

**Visiting Officer(s):** Caroline Roberts, Contract Monitoring Officer

**Present:** Sam Price, Branch Manager  
Sarah Jessica – Quality Care Supervisor

**Indicates corrective actions**

**1. Background**

- 1.1 Abacare has been a registered provider of domiciliary care services within the Caerphilly County Borough since December 2018. At the time of the visit, the organisation was providing approximately 409 hours of care and support per week to 45 individuals.
- 1.2 Abacare provides a range of support, which includes personal care (e.g. assistance with bathing, washing, dressing, administration of medication, personal and intimate care), nutritional care (e.g. assistance with eating and drinking, food and drink preparation, and food and intake monitoring), mobility care (e.g. assistance with getting in and out of bed, general movement), and domestic care (e.g. assistance with cleaning, shopping, other housework, arranging appointments).
- 1.3 The last contract monitoring visit took place in October 2018 when the provider was known as Allied Healthcare. This was a full monitoring visit and corrective and developmental actions were given as appropriate.
- 1.4 Dependent on the findings within the report, the provider will be given corrective and developmental actions to complete. Corrective actions are those that must be completed (as governed by the contract, legislation etc.), and developmental actions are good practice recommendations.

**2. Previous corrective/developmental actions were raised under Allied Health Care**

**2.1 Corrective**

- 2.1.1 'Consent to Care' plans to be present on all files, signed by the individual receiving the service, to evidence they have been involved in the preparation of the Personal Plan and that their individual views, wishes and feelings have

been considered. (Regulation 15, Regulation & Inspection of Social Care (Wales) Act 2016 (RISCA).

**Timescale:** Immediately and Ongoing **Finding:** Partially met

- 2.1.2 Staff to evidence that they are conducting and recording that they have provided all necessary care and support, as outlined in the Care & Support Plan and Personal Plan (Reg 21 RISCA 2016).

**Timescale:** Immediately and Ongoing **Finding:** Partially met

- 2.1.3 Personal Plans are to be continually reviewed and updated to include any changes in the individuals care and support needs (Reg 16 RISCA 2016).

**Timescale:** Immediately and Ongoing **Finding:** Partially met

- 2.1.4 Where staff are registered with the DBS update service, the service provider must check the person's DBS certificate status at least annually (Reg 35 RISCA 2016).

**Timescale:** When required. **Finding:** Partially met

- 2.1.5 A robust procedure to be introduced regarding commencement of the service, to ensure all personal plans and necessary paperwork are available for staff and individuals receiving the service (Reg 15 RISCA 2016).

**Timescale:** Immediately and Ongoing **Finding:** Files viewed were of two staff that had TUPEd over; this area will continue to be monitored during future visits.

- 2.1.6 Carers to be reminded of responsibility when managing and administering medication and the medication policy. (Reg 58 RISCA 2016).

**Timescale:** Immediately and Ongoing **Finding:** No issues noted during this monitoring process.

- 2.1.7 Allied to provide a Training Matrix to Commissioning Team (Reg 36).

**Timescale:** Within one month of the date of the report **Finding:** Not met – not provided to the Contract Monitoring Officer within the timeframe provided.

- 2.1.8 Allied to provide a Supervision Matrix to the Commissioning Team (Reg 36).

**Timescale:** Within one month of the date of the report. **Finding:** Not met – not provided to the Contract Monitoring Officer within the timeframe provided

## 2.2 Developmental actions

- 2.2.1 A Quality Assurance report to be developed for the localised Caerphilly service area.

- 2.2.2 To ensure that office staff are easily accessible and respond in a timely manner to individuals receiving the service and also to stakeholders.

## 3 Responsible Individual and Registered Manager

- 3.1 A branch report was observed, which indicated that the Responsible Individual (RI) had met with staff on a 1:1 basis. During the 1:1 meetings,

training, supervision, spot checks, welfare conversations were discussed. It was noted that reference was made in respect of travel time being "tight".

- 3.2 The RI had also met with service users and obtained valuable feedback. Any areas that required attention were feedback to the office.
- 3.3 A Quality Care 6 monthly review for August 2019 was also observed. This report covered areas such Initial Care planning, 7 day reviews, Quality Assurance, Quarterly visits from the RI, staff feedback. The review also focusses on what the provider can improve upon and develop.
- 3.4 The Registered Manager (RM) is registered with Social Care Wales and currently manages more than one service.
- 3.5 The RM has planned dates on which the Responsible Individual (RI) will visit. The RM advised that she feels supported by her RI, who attends the branch office in order to undertake 3 monthly RI audits.

#### **4. Findings**

##### **4.1.1 Care & Service Planning**

- 4.1.2 Three individual care files were viewed during the monitoring visit. Out of the three files viewed, two were observed to have detailed initial assessments. Medical conditions that would have an impact on the individual were noted, along with how to communicate with an individual that has dementia.
- 4.1.3 Out of the three files, only one initial assessment had been signed by the individual, whilst another indicated that the individual was unable to consent but there was no evidence to suggest that the family representative had been involved.
- 4.1.4 Schedules of call times were observed on all three files.
- 4.1.5 The Personal Plans were checked against the initial CCBC Care and Support plan and all tasks identified had been transferred. However, one file was observed to contain basic information. The CCBC Care and Support plan detailed how the individual was to be approached when being woken and what support to provide to re-familiarise the individual with their home. This was not included in the Personal Plan.
- 4.1.6 It was observed that some Personal Plans were handwritten, whilst others were found to be typed. It was observed that the typed plans were much more detailed and outlined on a daily basis as to what support and assistance is to be provided to an individual.
- 4.1.7 One of the Personal Plans had been signed by an individual in receipt of support, whilst the remaining two viewed, did not have appropriate signatures from the individuals nor their representative.

- 4.1.8 One of the files viewed had a very detailed Personal Plan compared to the other two files viewed. The detailed plan (typed) included how staff are to announce themselves, where the individual can be located within the property on arrival, likes/dislikes, details regarding the person's abilities and what can be achieved independently etc. Should a new member of staff join the team, the personal plan would explain on a daily basis how support is to be provided; however, it was felt that the other two personal plans viewed, were not detailed enough to sufficiently support staff, particularly those who may not visit the individual(s) on a regular basis or are new to the service. This was discussed with the Branch Manager.
- 4.1.9 For two files viewed, only two reviews were observed, both files evidencing that a visit and telephone reviews had been undertaken in October and November 2019. The third file viewed evidenced a telephone review had been undertaken in June 2019; therefore, the need for regular reviews was discussed with the Branch Manager.
- 4.1.10 Risk Assessments were viewed on file where necessary for relevant tasks.
- 4.1.11 One CCBC Care and Support plan and Personal Plan, highlighted that an individual was prone to malnutrition and dehydration; however, it was noted within the daily records, that staff were not noting how they were encouraging the individual to eat / drink and when refusing, what action was being taken i.e. was the office, social worker, family representative informed in order that medical advice be sought. This was discussed with the Branch Manager who advised that this would be discussed with the care staff in attendance.
- 4.1.12 Whilst viewing the daily records, it was observed that some staff had omitted to sign the daily records; this was raised with the Branch Manager.
- 4.1.13 The records viewed indicated that one individual had good continuity of carers, whilst the remaining two were in receipt of carers that exceeded the carer continuity threshold.

## 4.2 Service Performance

- 4.2.1 An electronic call monitoring (ECM) system is in place. Carers use mobile phones to log in and out of calls.
- 4.2.2 A People Planner is in place so that carers can contact the office with any concerns they may have. Messages are conveyed via email, which are then shared with the appropriate individual i.e. Social Worker, Medical Professional.
- 4.2.3 The People Planner alerts are managed between 09:00-17:00 Monday-Friday and staff are contacted if they have not logged in. Alerts after 17:00hrs are managed and acted upon by the afterhours team.

4.2.4 Comparing planned visits against actual visits is to be implemented early 2020. This will involve audits taking place and comparing the ECM and log books.

4.2.3 Whilst comparing the planned visits against actual visits, it was noted that not all calls were lasting the allocated duration. Staff are to be reminded that if calls are taking less time than that rostered, they are to notify office staff so that a review can be undertaken by the Local Authority.

#### 4.3 Recruitment Training & Supervision

4.3.1 Two members of care staff personnel files were viewed during the visit and both files viewed were for members of staff that had TUPE'D (*Transfer of Undertakings (Protection of Employment) Regulations*) from the previous business Allied Health Care to Abacare.

4.3.2 Neither file held a job description and only one contained an application form as the one individual had applied for a more senior role within Abacare. An interview record was observed; however, there was no scoring system evident to indicate if the individual was a successful candidate for the role. However, for the second file viewed, a scoring system was observed.

4.3.3 A gap within employment was identified whilst viewing the application form and this was brought to the branch Managers attention. On recruitment of staff, it is a requirement that all candidates explain any identified gaps within employment.

4.3.5 Only one file contained a Contract of Employment, both files contained a photograph of the staff member. One file contained a copy of a birth certificate and only one file contained a Disclosure Barring Service (DBS) check. This was discussed with the Branch Manager who explained that some of the documentation would be held at their central personnel office.

4.3.6 Training certificates for relevant courses attended were present on one file, whilst the second file held a minimum of certificates. These were later shared with the Monitoring Officer.

4.3.7 Abacare are providing ongoing support to staff to register with Social Care Wales, which is a requirement by April 2020.

4.3.8 The provider utilises spot checks on staff to ensure competency and to also check other aspects such as identity, uniform, was the personal plan followed, punctuality etc.

4.3.9 Staff are supported to carry out their role by a mixture of supervision, spot checks and team meetings.

4.3.10 Throughout the year, staff receive supervision every three months, spot checks on the 5<sup>th</sup> and 11<sup>th</sup> month and an annual appraisal.

4.3.11 A Staff Training Matrix was viewed which indicated that the majority of staff had attended appropriate mandatory courses i.e. safeguarding, moving and handling, medication, infection control, food hygiene. The matrix also indicated staff whose training requires refreshing.

4.3.12 A Staff Supervision Matrix was observed. The matrix uses a traffic highlights what supervision has taken, which supervision is due within the next month which highlighted dates for appraisals, supervisions and spot checks.

#### 4.4 Carer Feedback

4.4.1 Two carers were spoken to during the monitoring process. One carer advised that travel time was not rostered in, whilst the second carer advised that not enough travel time was given.

4.4.2 Whilst viewing a sample of carer rosters, it was noted that on occasion not enough travel time was scheduled to consider the time of day i.e. peak hours and the time it would take a carer to travel from A to B. Therefore, more consideration needs to be given in this area.

4.4.3 Both carers advised that they had sufficient time to provide the care required for the individuals they support and felt that the rota's were acceptable; however, problems occur when colleagues become unavailable at short notice.

4.4.4 The carers felt supported by their supervisor; however, one advised they were still getting to know the supervisor as the officer was new.

4.4.5 The carers advised that they felt they had appropriate induction, shadowing and training in order to provide the best care to individuals they support. Both also advised that the information contained within the individual's home i.e. personal plans, manual handling plans was sufficient to allow them to support individuals.

#### 4.5 Client Feedback

4.5.1 7 customers of Abacare were visited/telephoned in order to gather feedback on the service received. The customers were asked what was important to them about the service they receive and they replied that they wanted regular carers, to remain independent, to maintain their personal hygiene and health, to keep their loved one out of hospital

4.5.2 All 7 customers/representatives were complimentary about the care staff, stating that staff are "fantastic", "it's great", "wonderful", and "really pleased with the service". All individuals who took part in providing feedback advised that they were treated with respect and dignity.

4.5.3 However, 3 out of the 7 customers, advised that they were not informed if their carer(s) were running late and only 1 felt that the carers appeared to be rushed.

- 4.5.4 2 individuals advised, that on occasion calls have been missed and all 7 stated that the carers stayed for the correct length of time.
- 4.5.5 3 individuals requested a change in time and this was fed back to the Branch Manager.
- 4.5.6 Overall the feedback provided was positive in respect of the care provided: however, customers reported that should their regular carers be absent, there were problems covering the call. This matter was also brought to the Branch Manager's attention.

## **5. Corrective & Developmental Actions**

### **5.1 Corrective**

- 5.1.2 The Initial personal plan and revised personal plan is to be co-produced with the individual and any representative - RISCA Reg 15.  
Timescale: Immediately and ongoing for new and current customers of the service.
- 5.1.3 Personal plans to take into account the details recorded in the care and support plan prepared by the Local Authority - RISCA Reg 15  
Timescale: Immediately and ongoing
- 5.1.4 Personal Plans to be reviewed as and when required but at least every three months – RISCA Reg 16  
Timescale: Immediately and ongoing
- 5.1.5 Ensure that Care Workers understand the importance of escalating any concerns with regards to Individual's diet or apparent weight loss or gain. Ensure that where appropriate the Individual's intake of food/meals/snacks and/or fluids are documented appropriately and consistently to contribute towards monitoring the well-being and health of the Individual – BG & CCBC Joint Dom Contract (9.3)  
Timescale: Immediately and ongoing
- 5.1.6 The Service Provider should ensure that Care Workers complete the daily record at every visit and that those recordings are factual, legible, and sufficiently detailed. Recordings should be signed and dated by Care Workers and should not be repetitive. BG & CCBC Joint Dom Contract (16.12)  
Timescale: Immediately and ongoing.
- 5.1.7 The service provider must put arrangements in place to ensure that Individual's receive such continuity of care as is reasonable to meet their needs for care and support – RISCA Reg 22 and BG & CCBC Joint Dom Contract (8.8)  
Timescale: Immediately and ongoing

- 5.1.8 A full employment history, together with a satisfactory written explanation of any gaps in employment. – RISCA Reg 35  
Timescale: Immediately and ongoing
- 5.1.9 The time allocated for travel time must be sufficient having regard to (a) the distance between the location of one scheduled visit and the next scheduled visit; and (b) any other factors which might reasonably be expected to affect travel time, such as traffic congestion and the availability of parking at the location of the scheduled visits – RISCA Reg 41  
Timescale: Immediately and ongoing
- 5.1.10 The Service Provider should ensure that Care Workers understand the importance of reporting required changes of call duration to a Senior Member of staff or the office - BG & CCBC Joint Dom Contract (16.12)  
Timescale: Immediately and ongoing

## **5.2** Developmental

- 5.2.1 None identified.

## **6.** Conclusion

- 6.1 It was pleasing to receive good feedback from individuals receiving the service in the community and also that they have a good relationship with the carers. However, it had been reported that should regular carers be absent, the office finds it difficult to cover some calls. This matter requires urgent attention, in order to provide a consistent service.
- 6.2 Since March 2019, Abacare have had had 8 members of staff leave. 4 had made the decision that the role was not for them, 2 left for alternative employment, 1 left through managing performance and the 8<sup>th</sup> member of staff left for personal reasons.
- 6.3 In line with the contract monitoring strategy, another monitoring visit to the office will be carried out in approximately 12 months time unless it is deemed necessary for it to be carried out beforehand.
- 6.4 The Contract Monitoring Officer would like to take this opportunity to thank staff at Abacare for their time and hospitality during the visit.

**Author:** Caroline Roberts  
**Designation:** Contract Monitoring Officer  
**Date:** 20 January 2020

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.