

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

## **COMMISSIONING TEAM**

### **Contract Monitoring Report**

**Name/Address of provider:** Care Management Group (CMG), Suite 5, Tredomen Gateway Building, Tredomen Park, Ystrad Mynach, CF82 7EH

**Date/Time of visit:** 5<sup>th</sup> September 2019

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

**Present:** Cath Eales, Manager (Ty Nyddfa House & Ty Nyddfa Lodge)  
Rachael Hawkins, Regional Manager

## **1 Background**

- 1.1 As part of the monitoring process, the monitoring officer initially visited the main CMG office situated in Tredomen. Following this visit, the monitoring officers visited the two properties managed by CMG, that being Ty Nyddfa House and Ty Nyddfa Lodge, situated next door to each other. The Landlord for both properties is Best.
- 1.2 The purpose of the visit to the main office was to look at documentation and processes implemented within the properties.
- 1.3 The visits to the supported living premises was again to view documentation, to look at the environment, to speak with the tenants and to also speak with members of staff.
- 1.4 Contract Monitoring reports have been completed individually for the office and the two properties.
- 1.5 At the time of the visit, there were 5 tenants residing at Ty Nyddfa Lodge and 6 tenants at Ty Nyddfa House.
- 1.6 Dependant on the findings within the report, CMG will be given corrective and developmental actions to be completed. Corrective actions are those, which must be completed (as governed by legislation etc.), and developmental actions are those, which are deemed good practice to be completed.

## **2 Findings**

### **2.1 Tenancy Selection**

- 2.1.1 The process for potential tenants commences with a CMG's Referral Officer, a Social Worker or an individual making a self referral. However, the majority of referrals are received from Social Workers. CMG will look at an individual's needs and

compatibility and then a transitional process is followed to ensure suitability.

- 2.1.2 Once a referral has been received, the individual receives an initial assessment and are invited to the property to meet staff and fellow tenants. This can include an overnight stay, which will ensure that the individual has an appropriate transition.
- 2.1.3 The tenants will have the opportunity to convey any opinion in respect of the possible new tenant.
- 2.1.4 There is a probationary period of up to 6 months, during which the tenant will be given a short hold tenancy with the landlord, BEST. After 6 months, it is determined whether or not a more permanent tenancy is granted.
- 2.1.5 It was positive to note that the landlord has reviewed its tenancy agreement in order to make it more user friendly. The landlord also issue quarterly new letters to the tenants.

## 2 Documentation

- 2.2.1 All documentation was observed to be stored in a lockable cabinet.
- 2.2.2 Out of the 2 files viewed, both files contained a Local Authority Care Plan and Service Delivery Plans.
- 2.2.3 Both files were observed to have pre admission assessments, which were very detailed and had been completed by the previous Area Director.
- 2.2.4 The Personal Plans mirrored information specified with the Local Authority's Care Plan. The Plans consisted of information relating to self care skills, relationships and sexuality, employment and education, cultural and spiritual needs, financial and recreation. Both plans outlined individual goals and outcomes for each area of the plan.
- 2.2.5 Risk assessments were observed on both files, which outline what is required of staff to meet the needs of the individuals they are supporting. The monitoring officer observed risk assessments in relation to continence care, falls/slips/burns, finance, community access etc. The assessments included advice and information on what action should be taken should a risk be identified.
- 2.2.6 One file evidenced that reviews had not taken place within a three monthly time frame; however, there was evidence of monthly key worker reviews. This was discussed with the manager.
- 2.2.7 Whilst there was no evidence to indicate that individuals are referred to appropriate professionals on the office file, the monitoring officers were advised that such information is retained at the properties.
- 2.2.8 Both files held a missing person's profile.
- 2.2.9 Only one of the files evidenced that the individual had taken part in development of their personal plan and this was fed back to the manager.

- 2.2.10 All information was found to be easily located and well documented and maintained.
- 2.3 Manager's Questions
- 2.3.1 During the course of the monitoring visit the Manager was asked a series of questions.
- 2.3.2 Medication audits are undertaken monthly, along with quarterly audits and also annual audits undertaken by the BOOTS Chemist. No one at either property is receiving medication covertly.
- 2.3.3 The manager advised that they do not always double sign medication administration as some staff lone work. Staff undertake e-learning with regard to medication administration and the Manager and the Practice Lead are competency trained. The staff member is observed three times prior to being permitted to administer medication alone, unsupervised.
- 2.3.4 The manager was able to describe what advocacy services are accessed and when should it be needed by an individual.
- 2.3.5 CMG continue to manage repairs and maintenance and such work is discussed with the landlord.
- 2.3.6 The manager was able to demonstrate her knowledge of safeguarding individuals and the lessons learned in respect of raising timely safeguarding referrals.
- 2.3.7 At the time of the visit, neither property had an individual who speaks Welsh. However, CMG have introduced 'Cwtch' which is a Welsh Language policy. There is a Welsh board insitu with basic Welsh language. Some staff are learning the language and are prepared to attend courses. Some tenants are also answering the house phone in Welsh.
- 2.4 Training
- 2.4.1 Staff can access e-learning and also attend face-to-face training sessions including those held by Blaenau Gwent and Caerphilly Social Care Workforce Development Team.
- 2.4.2 Staff are required to undertake mandatory training courses i.e. Manual Handling Passport, Safeguarding, Medication Awareness, Infection Control. The visiting officer observed that staff also undertake training that coincides with their role and the support they offer.
- 2.4.3 Quality of the training is observed via practice and by obtaining verbal feedback during supervision sessions with staff.
- 2.4.4 The monitoring officers viewed the site report which indicates the percentages of individuals who are trained in specific areas. 83.8% of staff have attended all appropriate courses i.e. Autism, First Aid, Food Safety, Infection Prevention, Safeguarding, Moving & Handling. The system used, identifies the percentage of staff that have attended particular courses, those who require refresher courses and the percentage of staff that require booking. At the time of the monitoring visit there

were no overdue training requirements.

## 2.5 Complaints and Compliments

- 2.5.1 CMG has a quality checker which is a tenant. The individual enjoys this role and takes matters very seriously, reporting any issues relating to the quality of care provided to other tenants.
- 2.5.2 Information on how to complaint is displayed at the properties for the tenants to view.
- 2.5.3 Whilst checking the complaints file, the Regional Manager explained about one complaint that is currently on-going. The monitoring officers and managers present, also discussed previous issues that had been raised by family members.
- 2.5.4 Feedback in respect of any complaint is fed back to the tenants on a 1:1 basis or alternatively, depending on the nature of the complaint, it may be a meeting of two or more parties. Feedback is followed up in writing.
- 2.5.5 Should staff be involved in a complaint, they are spoken to during team meetings or if it is more of a confidential nature, the staff member(s) will be spoken to individually during supervision sessions.
- 2.5.6 As a result of a more recent complaint, visual aids have been introduced to aid the tenant and the staff supporting the individual. Visual aids in this instance are used for prompting medication, meal planning, personal care, domestic chores etc.
- 2.5.7 Compliments are also recorded by CMG.

## 2.6 Quality Assurance

- 2.6.1 With regard to obtaining tenant and stakeholder feedback, the manager advised that annual surveys are distributed, returned to head office and then a report is produced. The findings/outcomes of the survey are then shared via tenant meetings etc. At the time of the monitoring visit, CMG were waiting for this years report. The Manager advised that she is currently reviewing the Quality Assurance process in line with the new Regulation and Inspection Social Care (Wales) Act.

## 2.7 Staffing

- 2.7.1 CMG use the Social Care Wales induction framework when new members of staff are employed.
- 2.7.2 With regard to the staffing levels being adequate, a care matrix is devised and individual needs are looked at. The rota is then devised around the needs of the tenants. Should an increase of staff be required, CMG staff will refer matters to the Social Worker in order to request the increase.
- 2.7.3 CMG operate an on-call system, there is a team of 6 and there is always a member of staff on call.

## 2.8 Staff Documentation

- 2.8.1 The monitoring officers viewed two staff files. Two references were observed on both files, along with a job description, CV / application form, interview record, signed contract of employment etc. One file had a copy of a birth certificate whilst another did not. Both files contained a photograph of the individual staff members. Training certificates were observed and both files contained an up to date Disclosure and Barring Service (DBS). However, one indicated that it expired in May 2019. This was brought to the Managers attention who advised that a renewal had been received but it had yet to be placed on file.

## 2.9 Supervision

- 2.9.1 Staff receive 1:1 supervision, which provides an opportunity for individuals to raise any concerns they may have, training requirements, good practice, areas for improvement etc. The visiting officer viewed the supervision matrix and observed the supervision that had taken place and that which has been planned.
- 2.9.2 Whilst offering support to the support workers, the manager advised that she is appropriately supported by senior managers.
- 2.9.3 All staff receive annual appraisals.

## 2.10 General observations

- 2.10.1 The files located at the main office were found to be neatly presented and information was easily located.
- 2.10.2 The pre-admission assessments were very comprehensive, providing the reader with a vast amount of information on the prospective tenant. Such information assists the provider with providing appropriate support to the individual and assists with the development of their personal plan.

# 3 **Corrective and Developmental Actions**

## 3.1 Corrective

- 3.1.1 For Service Plans to evidence that an individual or representative has had the opportunity to assist with its development (RISCA Reg. 15)  
Timescale: Immediately and on-going.
- 3.1.2 For reviews to be undertaken every 3 months (or sooner if changes identified) and for dates and signatures to be recorded accurately. (RISCA Reg. 16)  
Timescale: Immediately and on-going.
- 3.1.3 For staff records to retain a copy of the individuals birth certificate and passport (if any) (RISCA Reg 59)  
Timescale: Immediately and ongoing.
- 3.1.4 For PEEPs to be reviewed on a regular basis; therefore, having in place an accurate, up-to-date plan in respect of health and safety including any fire (RISCA Reg. 19)  
Timescale: Within three months

3.1.5 For any refusals of medication to be accurately recorded (RISCA Reg. 58)

3.2 Developmental

3.2.1 None recorded.

#### **4 Conclusion**

4.1 The monitoring officer found the office visit to be a positive one, with examples of good practice evident.

4.2 Routine monitoring will continue and the monitoring officers would like to thank the staff at CMG for their time, the information shared and the hospitality shown during the visit.

Author: Caroline Roberts and Andrew Davies  
Designation: Contract Monitoring Officers  
Date: 25 September 2019

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.