

CAERPHILLY COUNTY BOROUGH COUNCIL, DIRECTORATE OF SOCIAL SERVICES

COMMISSIONING TEAM

Contract Monitoring Report

Name/Address of provider: Mears Care

Date/Time of visit: 19th and 22nd November 2019

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

Present: Susan O'Neill, Branch Manager

1 Background

- 1.1 Mears Care has been a registered provider of domiciliary care services within the Caerphilly county borough council since November 2011. At the time of the visit, Mears Care was providing approximately 734 hours per week of care and support per week to 72 individuals.
- 1.2 The range of care and support tasks undertaken by Mears Care includes personal care (*e.g. assistance with bathing, washing, dressing, administration of medication, supporting with personal care*), nutritional care (*e.g. assistance with eating and drinking, food and drink preparation, and nutritional 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 and the arranging of appointments*).
- 1.3 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, The Regulation and Inspection of Social Care (Wales) Act [RISCA]) and developmental actions are good practice recommendations.
- 1.4 The previous contract monitoring visit was undertaken on the 24th April and 10 May 2018, at this time there were 6 corrective actions and 2 developmental actions identified. These were followed up and the findings are outlined in section 2.

2 Previous Recommendations

2.1 Corrective actions

- 2.1.2 Calls should not be scheduled to overlap (Reg. 41 – RISCA, CIW) **Findings** MET. No overlaps observed from the documentation viewed.
- 2.1.3 Staff annual appraisals should be held and feedback provided on their performance and to identify any training areas (Reg. 36 – RISCA, CIW) **Findings** MET
- 2.1.4

For staff files to consist of two references (Reg. 35, Schedule 1, Part 1, RISCA, CIW) **Findings** NOT MET - whilst viewing two staff files, one newly recruited member of staff did not have the appropriate references. This was brought to the Branch Manager's attention.

2.1.5

Staff to receive supervision in their role to help them reflect on their practice and to make sure their professional competence is maintained (spot check/home visit assessment) (Reg. 36, RISCA, CIW) **Findings** NOT MET

2.1.6

Office staff to ensure information feedback from a carer is recorded and shared with appropriate representatives/professionals (Reg. 76, RISCA, CIW) **Findings** MET

2.2

2.2.1 Developmental

Individual preferences for call times are noted in the personal plan. **Findings** NOT MET – see main body of report.

2.2.2

All care staff are to clearly record in the daily diary what action has been taken if there are any concerns about the individual i.e. family informed/contacted the office etc. **Findings** MET

3

3.1 Findings

As of 1st May 2019, Mears went digital. A new method of completing individual support plans, risk assessments and daily communication was introduced to both customers of the service and staff members.

3.1.2

The new electronic recording system is called 'Celltrak' and customers of the service and/or representatives can obtain access to the information via a secure online portal.

3.1.3

With the introduction of this new method, customers are requested to have their photo taken and provide some background information on themselves i.e. work/family history, hobbies, likes/dislikes. This provides an insight into the individual the care staff are supporting.

3.1.4

Whilst viewing three customer's documentation, it was noted that there were no individual specified times recorded. Whilst discussing this matter, the monitoring officer was advised that when contacted by the Local Authority's Brokerage Team, the agency provides the times they are able to offer. When agreed by the Brokerage Team, the package of care is then accepted by the agency. Whilst, viewing the daily records for all three individuals, it was evident that the carers, overall, tend to arrive at approximately the same time. However, it would be beneficial for the provider to evidence what times the individuals would prefer.

3.1.5

Whilst viewing two weeks of calls for all three customers, it was identified that carers had not stayed for the full amount of planned time. This issue was raised with the Branch Manager. Should it be considered that an individual require additional time or a reduction, contact should be made with the office in order that a review may be undertaken.

3.1.6

- 3.1.7 Whilst viewing a two week period for carer consistency, it was noted that the numbers of carers attending the three individuals all met the carer continuity threshold.
- 3.1.8 Whilst it is not always possible to ensure consistency, it was evident, in the cases viewed, that Mears Care is endeavouring to ensure that the same carers visit the same customers.
- 3.2 Mears Care use a diary system on Cold Harbour and this is completed by the office staff, should a matter arise that needs to be communicated with staff. Text messages can be sent to individual carers or to a group.
- 3.2.1

Care and service planning process

- 3.2.2 Three customer files were examined during the course of the monitoring visit. All three files contained a Social Services Care Plan and the information had been appropriately transferred over to the Individual Support Plan. All plans were found to be extremely detailed, with explanations of how a carer is to enter the individual's property, how to announce themselves, in which room the individual may be located.
- 3.2.3 The Individual Service Plan outlines the working environment for the carers, the individuals Health and Wellbeing i.e. *mental health, health impairments, sensory impairment, personal hygiene, nutrition and hydration*. The Moving and Handling section provides information such as how tall an individual is, their weight, if able to weight bear, what equipment is required to assist the individual whilst providing support.
- 3.2.4 Such detailed information feeds into the support provided.
- 3.2.5 Tasks are broken down into areas i.e. movement in bed, in/out of bed, in/out of bed to static chair/wheelchair/commode, Toileting, In/out of bath/shower.
- 3.2.6 The equipment used by an individual is recorded and advises the reader of when it was last inspected, by whom, who the contract is with, any risk factors for the individual and the care worker(s) operating the equipment.
- 3.2.7 The Individual Service Plan was observed to contain information in respect of emergencies i.e. *escape routes, location of fire safety equipment*. The Plan also outlines information pertaining to gas supply, location of emergency gas cut off, location of fuse box and location of stop cock.
- 3.2.8 The Plan is then broken down into sections, which provides the reader of how the individual is to receive their support during a morning/lunch/tea/evening call.
- 3.2.9 Overall significant risks are also recorded along with the associated control measure.
- 3.2.10 The Plans were observed to be detailed and person centred, noting the individuals outcomes.
- 3.2.11 Out of the three files viewed, all three evidenced that either the individual had been involved in the development of their Individual Service Plan or a family member/representative had been involved.
- 3.2.12 It was positive to note that the Individual Service Plan consisted of a section "Getting to Know You". This section provides the reader with a brief synopsis of

3.2.11 the individual receiving the support i.e. life history, interests/hobbies, what is important to you, what would you like us to know in order to best support you?

3.2.12 Risk assessments were present for all three individuals and covered a variety of areas i.e. infection/moisture sores, falls, skin integrity, transfers, electrical equipment.

3.3. Daily notes were examined for three individuals over a two week period. Overall, the recordings were found to be detailed and recorded the individual's mood etc.

3.3.1 With the new electronic system now in use, all calls are recorded electronically; therefore, evidencing an accurate time of the arrival of the carer(s) and their departure from the property. Each carer has to sign as evidence of the call taking place and they are unable to log out of that call if they have failed to sign.

Recruitment, training and supervision

3.3.2 As part of the monitoring process, two care staff files were examined. Both files contained interview records. During the interview process, a scoring system is used in order to confirm the suitability of an individual to the role. However, neither evidenced that the interviewer had used the scoring system available to them. As part of the process, it was noted that candidates are required to complete a numeracy test.

3.3.4 Whilst observing one application form, it was noted that there was a gap in employment with no explanation provided. This was brought to the Branch Manager's attention. Both files contained a current DBS (Disclosure and Barring Service). One file contained two references, one of which was from a previous employer. However, the second file did not contain a required reference from the previous employer, only two character references. This was brought to the Branch
3.3.5 Managers attention.

3.3.6 A signed Contract of Employment was observed to be in place for both members of staff, along with photographic identification and documentation relating to carers' vehicles. A copy of a job description was also observed on both files.

3.3.7 Training records are stored separately, and certificates viewed evidenced that mandatory and non mandatory training is undertaken i.e. stoma care, infection control, dementia care, safeguarding, moving and handling.

3.3.8 Staff are monitored following their induction training and a Mears Employee Engagement Programme is used in order to improve the carers practice and knowledge.

Staff complete an induction in line with the Social Care Induction Framework for Wales. All carers are to be registered with Social Care Wales by April 2020 and at the time of the monitoring visit, 20 carers out of 28, that work within the Caerphilly Borough area, have registered.

3.3.9 An Employee Engagement Programme is used for new employees and their progress is monitored and observed over a 12 week period. Week 1 involves meeting with their mentor as will week 2. Weeks 3-6 their practice is observed and recorded and Weeks 7-10 their performance and development is reviewed by their mentor. Weeks 10-12 practices is again observed and recorded and again for

3.3.10 Week 12, the new member of staff will have their performance and development reviewed, with the individual being signed off their probation period during Week 12.

3.3.11 The induction/probation period covers a wide range of observations from introduction to the individuals they are assisting, policy and procedures etc.

At the time of the monitoring visit, it was noted that staff supervision was not up-to-date and this was discussed with the Branch Manager and Area Supervisor. In line with the RISCA regulations, supervision of staff is to be undertaken at least quarterly.

3.3.12 Spot checks are undertaken 3 monthly (unless a problem has been identified) and are unannounced. The purpose of the spot checks is to monitor staff performance. The monitoring officer was advised that in the main, the purpose of the spot check is to ensure staff undertake their role as expected i.e. arriving on time, communicating appropriately, full filling the role with respect and dignity, appearance, ID. During the process, the customer has the opportunity to provide
3.3.13 feedback on the service they received.

3.3.14 The monitoring officer was informed that it has been agreed that one carer will undertake additional hours in order to undertake the role of Mentor. The Mentor will undertake spot checks and will make telephone contact with the customer in order to obtain customer feedback.

This individual is also a fluent Welsh speaker; however, at the time of the monitoring visit, it was not known how many customers speak Welsh.

3.3.15 The monitoring officer randomly viewed the timings allocated for carers to get from one visit to another. Whilst viewing the documentation, it was noted that appropriate travel time was given from the distance between the location of one scheduled visit
3.4 to the next scheduled visit. However, whilst speaking with members of staff, it was reported that during the morning calls, more travel time would be appreciated to
3.4.1 take into account the locations and the volume of traffic. It should be noted that this was not in the area viewed by the monitoring officer.

3.5 Whilst viewing the schedules provided, it was also noted that during the day, staff had time in order to have a rest break.

3.5.1 Staffing

3.6 Staff newly appointed are offered permanent contracts; however, this depends on the individual's availability. Therefore, some staff will have guaranteed hours of work, with a few staff members requesting to have a zero hour contract.

3.6.1 General

3.6.2 Initially when changing over to the new digital way of recording, a few areas of concern were raised with the Local Authority's Commissioning Team. However, now that the new system has had time to embed, no further concerns have been raised.

Quality Assurance

The Responsible Individual confirmed with the monitoring officer that he undertakes monthly visits to the Mears office in Abercynon. In 2020, the Responsible Individual plans to arrange visits to some of Mears customers in order to obtain face to face feedback from individuals who receive a service.

- 3.6.3 The monitoring officer was provided with a copy of the Quality Audit Tool for October 2019, which asks key questions of the service, i.e. *Is there a Statement of Purpose, Is there a Code of Conduct, Is there a Business Continuity Plan in place,*
- 3.6.4 *Is there an Annual Quality Survey sent to all staff and service users* but to name a few. Whilst completing the Quality Audit Tool, the Responsible Manager will highlight the areas that the service is meeting and will also highlight and comment upon the areas that are not meeting the target; recommendations are recorded for
- 3.6.5 the Branch Manager to complete.

4 A copy of the Statement of Purpose was provided; however, the document did not indicate a date on which it had been reviewed.

4.1 The contingency plan, should the Responsible Individual and the Branch Manager be absent at the same time, is that the Deputy Branch Manager will cover.

4.1.1 Policies and Procedures were viewed and will be up-dated as and when changes are identified or occur.

Customer Feedback

As part of the monitoring process, the contract monitoring officer completed surveys with 8 people that were either in receipt of a package of care or their representative. The packages of care ranged in the number of hours of support provided in a week.

4.1.2

2 surveys were completed during a home visit, whilst 6 were undertaken via the telephone. At both properties visited, the documentation was easily located. It was noted that one Support Plan required up-dating as the individual was being cared for in bed. On the second individual's Service Plan it was noted that a review had been undertaken in July 2019 and the next planned review was to be undertaken in 6 months time. This matter was raised with the provider, in order that they work in line with the new legislation.

4.1.3 When asked if there was anything that could be done better, or anything about the service they would liked changed 1 individual advised "*no, I have good ones. They go above and beyond. X is brilliant*". Another advised that they "*wish they could cook*". Another individual advised that they thought the communication between carers and customer could be improved. One respondent requested that more time be given to the carers "*to travel from one end of the valley to another and to give them time to get to know individuals*". 1 person advised that they "*be more thoughtful when dealing with my catheter, as they leave it open*". Other individuals interviewed, had no comments to make in respect of what could be done better to support them.

4.2

4.2.1

4.2.2 The individuals that took part in the survey were requested to rate the overall service out of 10. 1 individual rated the management 3/10, day staff 10/10 and night staff 7/10, 1 respondent rated the service as an 8, another 9, 1 rated it as

4.2.3 9½, 2 rated it as 10 and 1 respondent rated the service as 7. Only 1 individual declined to rate, commenting that “*they do what they need to do*”.

Staff Feedback

4.2.4

As part of the monitoring process, two members of staff were contacted. When asked if there was sufficient travel time, both carers advised that in their opinion, they were not afforded enough travel time. It was felt that 5 minutes was not

4.2.5 sufficient and that 10 minutes would be more appropriate.

4.2.6 Both carers advised that they have sufficient time to assist the individuals they visit and should there be an issue with time, they would contact their supervisor to discuss.

4.2.7 It was agreed that the rotas were acceptable and that the only time they really change is if a member of staff is taken ill. One carer advised that the agency is supportive and her rota works around her family life.

4.2.8 Both carers reported that they felt their supervisor was very supportive and will listen and take on board any concerns or issues the carers may have.

As new carers, staff undertake an induction programme and it was considered by both carers, that they received an appropriate induction and shadowing process and that they are able to access and attend appropriate training in order to provide the best support they can to the people they assist.

5

5.1. With use the Celltrak, both carers advised that they are in receipt of adequate information i.e. personal plans, history, moving and handling etc. for the people they assist. Should they feel they need to know anything in particular; the carers will contact the office.

5.1.2 Both employees spoken to advised that their experience of working for Mears was positive. One carer advised that the changes made in recent times have been for the better. One advised that “I’m really happy with the company” and the second advised that “...great company to work for”.

5.1.3 Corrective and Developmental Actions

Corrective

When reviews are carried out, a record is held of what information was used and who was spoken to in order to complete the review (RISCA Reg. 15) – Timescale: Immediately and on going.

5.1.4 The Branch Manager has advised that all staff are aware of their responsibilities with regard to undertaking timely reviews and an action plan will be devised in order to ensure compliance is met over a period of time.

Two written references, including a reference from the last employer are to be obtained (RISCA Reg. 35, Schedule 1, Part 1) – Timescale: Immediately and ongoing.

5.1.5 Since the monitoring visit, the monitoring officer has been advised that measures have been put in place to ensure the recruitment process follows that outlined in the recommendation – this area will continue to be monitored in line with RISCA.

- A full employment history, together with a satisfactory written explanation of any gaps in Employment (RISCA Reg. 35, Schedule 1, Part 1) – Timescale: Immediately and ongoing.
- 5.1.6 Since the monitoring visit, the monitoring officer has been advised that measures have been put in place as in point 5.1.3. - this area will continue to be monitored in line with RISCA.
- 5.1.7 Staff to receive supervision in their role to help them reflect on their practice and to make sure their professional competence is maintained (spot check/home visit assessment) (Reg. 36, RISCA, CIW) – Timescale: Immediate and ongoing. Since the monitoring visit, a new supervision form is being devised by Mears. The Branch Manager has also devised an interim supervision form in order to supervise the staff that visit the branch office on an ad hoc basis. This are will continue to be monitored in order that it meets RISCA.
- 5.2
- 5.2.1 The personal plan must be reviewed as and when required but at least every three months (RISCA Reg. 16). Timescale: Immediately and ongoing.
- 5.2.2 More travel time to take into account the volume of traffic (rush hour am and pm) (RISCA Reg. 41). Timescale: immediately
Since the monitoring visit, the Branch Manager has advised that this area will be discussed during supervision and team meetings in order to support the care staff with implementing possible changes.
- 5.2.3

6 Developmental actions

- 6.1 For the provider to share any positive feedback from customers of the service/family members/representatives or professionals with the Commissioning Team of the Local Authority.
- 6.2 For a free text box to be included on reviews to capture customers / representatives feedback/comments.

For the provider to have a written record of the individuals preferred call times.

Conclusion

It was evident that the Registered Manager is very knowledgeable in her role and with regard to the expectations of Social Care Wales, in terms of the All Wales Induction Framework and the registration of domiciliary carers from April 2020. The Branch has been proactive in supporting its staff to register.

The Contract Monitoring Officer would like to thank Mears staff for their time and hospitality during the visit.

Author: Caroline Roberts
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Date: 6 December 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.

