

CAERPHILLY COUNTY BOROUGH COUNCIL, DIRECTORATE OF SOCIAL SERVICES

COMMISSIONING TEAM

CONTRACT MONITORING REPORT (Part A, Office)

Name of Provider: Encompass Care, Carlton Building, and Unit 2, Pen Y Fan Way
Crumlin.

Name of Landlord: Encompass Care is the landlord for one property in Rhymney. The
second property in New Tredegar is privately rented.

Date of Visit: 25.01.17

Visiting Officer: Andrew Davies, Contract Monitoring Officer
Emma Jenkins, Contract Monitoring Officer

Present: Glen Phillips, Manager
Joanne Price, Deputy Manager

1. Background

- 1.1 Encompass Care is registered to provide domiciliary care to adults with a range of disabilities. The company offers 24 hour care provision for people living in two supported living premises. One property is in New Tredegar and is home to two individuals who CCBC supported to move there. In the other property there is one person living there who was supported to move in by Caerphilly, plus three people who were supported by a neighbouring local authority.
- 1.2 Mrs Angela Manning acts as both registered manager and responsible individual for the provider. Since the last visit Mrs Manning has appointed Glen Phillips to manage the care and support provision, although at the time of the visit he had not been registered with CSSIW, however this was in progress.
- 1.3 The last monitoring visit took place in 2016, and during the visit several areas were identified that needed to be improved in order to be compliant with the CCBC contract, and the National Minimum Standards. The main purpose of this visit was to review progress against the actions set.
- 1.4 Dependent on the findings within the report, the provider will be given corrective and developmental actions to complete. Corrective actions are those which must be completed (as governed by the contract, legislation etc.), and developmental actions are good practice recommendations.

2. Previous Corrective Actions

- 2.1 Ensure that all information from needs assessment is transferred to service deliver plans to ensure care workers are aware what they have to undertake to meet needs and achieve outcomes. (NMS 2.4) **Findings:** There were no needs assessments on the files seen, however it was positive to see that the Manager has developed a new needs assessment document that will be used for all new tenants. The document

was in a good format, although it was recommended that it could be improved by adding a section about life history. **Met**

- 2.2 To ensure staff individually and collectively have the skills and experience to deliver the care which the agency states in its statement of purpose and service users guide. (NMS 3.1) **Findings:** The training matrix showed that a significant amount of training had been provided for staff in 2016, and the Manager advised that he was still arranging further training. There was evidence on the matrix of specialised training related to the needs of the tenants in one of the properties. There were still some staff who had not attended some courses, however these were in the process of being arranged and there was good progress overall. **Partially met.**
- 2.3 Ensure there is a rigorous recruitment and selection procedure which ensures the protection of the tenants and their relatives or representative in line with NMS 17.1. **Findings:** One new member of staff has been recruited in the last 12 months, and from looking at their file it was positive to see that recruitment practices had been much improved. The file contained a fully completed application form, two references, evidence of a DBS check, a signed contract of employment, an interview record and proof of ID. The Manager has introduced a range of new documentation that was in place. He had also audited the other staff files and added information to them where possible. **Met**
- 2.4 Ensure that all managers and staff are provided with a written job description identifying their responsibilities. (NMS 18.1) **Findings:** The staff files seen all contained a job description. **Met.**
- 2.5 The Manager to ensure that incidents of misconduct are investigated and appropriate disciplinary action in taken and recorded. (NMS 18.7) **Findings:** The Manager advised that there had been no incidents of misconduct since he started in post, however he has put a new procedure in place and gave assurances that it would be used where necessary. **Met.**
- 2.6 All staff are competent and trained to undertake the activities for which they are employed and responsible. (NMS 20.1) **Findings:** As above, training has been provided in the last twelve months and progress has been made, although it is still ongoing. **Partially Met.**
- 2.7 All staff to receive regular supervision and annual appraisals. (NMS 21.1) **Findings:** The supervision matrix showed that all staff had received supervision in December 2016, although more than half of staff did not received supervision within three months prior to this. The Manager has not arranged annual appraisals, although he has plans to complete these in the next few months. It was positive to note that supervision was up to date for all staff at the time of the visit. **Partially Met.**
- 2.8 The business is required to operate form a permanent premises and there is a management structure in place with clear lines of accountability. (NMS 22.1) **Findings:** The Manager advised that the office is now used on a permanent basis, and it was apparent that it was organised in a better way, and benefitted from more equipment. The appointment of the Manager had improved the support provided to the staff, with a clear management structure in place; there are now two deputy managers (one for each property). **Met.**

- 2.9 The premises are required to contain the equipment and resources necessary for the efficient and effective management of the service. (NMS 22.4) **Findings:** The office now has appropriate IT equipment, and although the office is small it is now set up in a way that allows for the service to be run effectively. **Met.**
- 2.10 There is an effective system for Quality Assurance in place which is published annually and made available to service users and their relatives or representatives and all stakeholders in the agency. (Domiciliary Care Regulations 23.1) **Findings:** There is no progress on the QA report as the Manager has been prioritising other areas for improvement, however he advised that there are plans in place to undertake a full survey of tenants, their families, staff and other visitors with a completion date of April 2017. **Not met.**
- 2.11 There is a requirement for there to be a fire evacuation procedure in place for homes of multi occupation. Good practice is for there to be a separate procedure for day and night. **Findings:** Personal fire evacuation plans were present on the files see, with separate procedures for day and night. **Met.**

3 Previous Developmental Actions

- 3.1 Consideration to be given to providing a “signed for sheet” for service delivery plans and risk assessments to evidence staff have read them. **Findings:** The staff files now contained signature sheets which were fully completed to show that staff have read and understood the service delivery plans and risk assessments. **Met**
- 3.2 Old care plans and other out of date documentation to be archived and the file clearly marked as archived and held in the central office to avoid confusion. **Findings:** The files were up to date, and it was positive to note that an archiving system has been introduced. **Met.**
- 3.3 Tenant’s files to be kept in good order and only the paperwork required for delivery of care kept in the tenants own home. **Findings:** All files seen were well organised and in good order. Required information is now kept at the properties to assist staff, but other information is now kept at the office. **Met.**
- 3.4 The Manager to develop a training matrix in order to clearly evidence what training has been undertaken and where the gaps are. This will ensure compliance and also ensure staff are able to support the tenants’ needs. **Findings:** A training matrix has been produced and completed, although it was noted that only the year that each course expired was shown on the matrix. It was recommended that the full date of attendance was shown, along with the expiry date. It was also noted from looking at staff files that some very recent courses had not yet been added to the matrix. **Met**
- 3.5 The Manager to implement a matrix to accurately record when supervisions and appraisals were last carried out and when they are next due. **Findings:** As mentioned above there is now an up to date supervision matrix in place. **Met.**
- 3.6 The system currently in place to receive feedback be reviewed to ensure all stakeholders are consulted and meaningful data is received and collated. **Findings:** This will form part of the planned QA report, mentioned above. **Not Met**

4. Findings

- 4.1 The Manager has introduced a range of new documentation. From looking at the service delivery plans it was positive to note they were fully completed, and contained plenty of detail to show staff what support was required in each area, such as washing and dressing, support in the community, support with medication, nutrition, and support with finances. The service delivery plans have a section for the tenants to sign to show they were involved in the formulation of the plans, however they had not been signed on the files seen.
- 4.2 There are new daily records books in place, and the recordings made were very detailed and personalised. It was evident from the recordings that staff are continually trying to encourage the tenants to be independent in all areas, and the recordings show what the tenants did independently or with prompting each day. These recordings would make it possible to track any progress when the service delivery plan is reviewed. Some daily records had not been signed, and it is recommended that all records are signed, timed and dated.
- 4.3 It was apparent from the daily records that the tenants are encouraged to get involved in household tasks, such as doing the washing up, and getting involved in decorating the house for Christmas. It was also evident that choices are promoted at all times.
- 4.4 There are separate recordings to show incidents and changes in mood or behaviour for each tenant, and these were fully completed to show if any triggers can be identified that might have contributed.
- 4.5 Activity plans were seen on the files, and these were different for each person. The tenants are taking part in a range of activities each week, the planner showed some regular activities such as a visit to a day centre, as well as other days where there was time allocated for tenants to choose from a range of activities that they wanted to do that day.

5. Corrective Actions

- 5.1 Manager to ensure that the areas of outstanding mandatory training are addressed (*National Minimum Standards, 19.1*) Timescale: Within 3 months of date of report.
- 5.2 Manager to ensure that annual appraisals take place as required (*NMS 21.1*) Timescale: All staff to receive an appraisal by the end of June 2017.
- 5.3 There is an effective system for Quality Assurance in place which is published annually and made available to tenants and their relatives or representatives and all stakeholders in the agency. (*Domiciliary Care Regulations, 23.1*) Timescale: Within 6 months of date of report.
- 5.4 Staff to sign, time, and date the daily record entries (*NMS 16.3*) Timescale: Immediately and ongoing

5.5 Manager to ensure that tenants (or their representatives) are involved in the formulation of service delivery plans, and where possible they sign to evidence they agree with the content. (NMS 4.7) Timescale: Immediately and ongoing

6. Developmental Actions

6.1 Consider amending the needs assessment document to include a section to show life history information.

6.2 It would be beneficial for the training matrix to show dates of attendance at each course, along with the expiry date.

7. Conclusion

7.1 It was clear from the visit several improvements have been made since the last visit, and it was very positive to see that most of the previous actions had been met, with plans to address the outstanding ones. Only a few new actions were identified from the visit, and these were relatively minor.

7.2 It was evident that significant efforts had been made by the Manager and staff, and as a result the service now appears to be run much more effectively. The Manager and staff are encouraged to continue to implement the required improvements.

7.3 A further visit will be arranged later in the year to review progress. The Monitoring Officers would like to thank the Manager and Deputy for their hospitality during the visit.

Author: Andrew Davies
Designation: Contract Monitoring Officer
Date: 26.01.17

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 service users and/or their families should they ask to see them.