

CAERPHILLY COUNTY BOROUGH COUNCIL, DIRECTORATE OF SOCIAL SERVICES

COMMISSIONING TEAM

CONTRACT MONITORING REPORT (Part A – Office)

Name of Provider: Liberty Care
Date of Visit: 17th April 2019
Visiting Officer: Diane Davies – Commissioning (CCBC)
Present: Gary Lewis - Responsible Individual

1. Background

- 1.1 Liberty Care is a Domiciliary Care provider based in Pontllanfraith. They are currently registered with Caerphilly County Borough Council to provide a supported living service in seven properties throughout the borough.
- 1.2 Liberty Care also provide a service in six properties in neighbouring local authorities; three are owned by Liberty Care and three are housing association properties.
- 1.3 The monitoring visit undertaken involved discussion with the Responsible Individual, looking at processes and viewing a range of documentation at the office base and visiting the properties in the borough.
- 1.4 Dependant on the findings within the report, corrective and developmental actions will be given to the provider to complete. Corrective actions are those which must be completed (as governed by legislation), and developmental actions are good practice recommendations.

2. Findings

2.1 Tenancy

- 2.1.1 The landlord for nine of the properties is the owner of Liberty Care and the landlords for the three other properties are Melin Housing Association, Monmouthshire Housing Association and Links Cymru.
- 2.1.2 The landlord for Liberty Care issue an assured shorthold tenancy agreement to their tenants and one viewed was signed by the Responsible Individual, the tenant and the tenant's representative.
- 2.1.3 Tenants are not obliged to receive support from Liberty Care in order to keep their tenancy and can choose another support provider if they wish.
- 2.1.4 The provider uses a compatibility assessment tool to assist in the decision making process when considering new tenants. This is followed by trial visits, having meals

together and overnight stays etc. to give the individual and existing tenants the opportunity to feedback prior to a new person moving into a property.

2.1.5 There are monthly tenants meetings in each property where agenda items are discussed and individual participation is encouraged. Tenants meetings can cover a number of things such as concerns about decoration, living together or any difficulties between tenants and staff etc.

2.1.6 There is a tenancy liaison officer that tenants can contact to discuss any issues they may have with the house/building, standard of property etc.

2.2 Documentation

2.2.1 The files were clearly compiled and contained detailed and personalised information about the tenant. There was an initial assessment on file that covered all relevant information about the person prior to placement together with several written documents which evidenced a person centred approach.

2.2.2 Correspondence was user friendly and supported by additional communication methods such as pictures of reference and documents had been signed and dated by the tenant where required. The provider informed that information is presented in different formats depending on individual requirements.

2.2.3 A one page profile was viewed and it provided a detailed picture of the person being supported and things they liked to do e.g. visiting friends, going for walks, music, singing and dancing etc.

2.2.4 The service plan outlined the individual needs and informed of tasks that are undertaken independently and provided guidance on what support is required and how this is delivered in all aspects of care and support.

2.2.5 The risk assessments in place were comprehensive and it was clear that appropriate measures had been put in place to manage identified risk for accessing the community, medication, finances etc. Evidence of up to date risk assessment reviews were also viewed.

2.2.6 The provider operates a key worker system whereby monthly reviews are undertaken with each tenant to discuss and record what the tenant has enjoyed and achieved and a tool is used to monitor outcomes and plan new goals.

2.2.7 All documentation was accompanied by staff signature sheets and these had been signed and dated to evidence that staff had read the contents of the documentation.

2.2.8 All personal files and other documentation are stored securely in the office in a locked cabinet in a locked room.

2.3 Approach to Care

2.3.1 The Manager advised that tenants and all involvements are involved in making decisions about all aspects of the individual's life.

- 2.3.1 All plans are compiled and updated with the tenant (where possible) to ensure that the right level of support is provided so that the individual has a quality of life and supported by the right skill level.
- 2.3.2 Liberty Care have a number of simple, effective processes in place and have introduced forms that staff complete and update regularly with the tenant to ensure that the care and support being provided meets the current needs and remain person centred.
- 2.3.3 The manager informed that they use a number of different strategies and communication methods such as objects of reference, choice boards, sign etc. to share and obtain the information required to ensure that tenants are supported to do what they want to do and go where they want to go.
- 2.3.4 The provider will encourage and support individuals to maintain relationships with family, friends, cotenants and social network groups.
- 2.3.5 It is evident that the provider will support individuals with their cultural and spiritual needs with tenants being supported to church or a place of worship.
- 2.3.6 The provider has a number of processes, documentation and systems in place that are used to ensure that they adhere to the legislation and individuals are appropriately supported in all aspects of care.
- 2.3.7 The provider is fully aware of the Safeguarding legislation and has up to date, accessible policies and procedures. All staff members have undertaken safeguarding training and it is evident that they are fully aware of the safeguarding process. Referrals are made as required and records are kept for reporting purposes. A recent report compiled by the Responsible Individual was viewed.

2.4 Complaints and Compliments

- 2.4.1 The provider has a complaints procedure which is followed whenever a complaint is made and all complaints are logged and responded to within stipulated timescales. Informal complaints are resolved by local resolution. The provider has received one complaint since the last monitoring visit.
- 2.4.2 The tenants have the opportunity to make complaints at any given time and will be advised of the process and supported by their key worker if required.
- 2.4.3 Should any issues arise between tenants and/or staff, the provider has processes in place to help maintain relationships and will strive to mediate and resolve the problem. However, professionals will also be involved as necessary.
- 2.4.4 There is a separate complaints processes in place for tenants and landlord issues and there is an in house tenant liaison officer to support with any tenancy issues that may arise.
- 2.4.5 The compliments file presented a number of cards, letters and emails from family members, professionals and students expressing their thanks and appreciation for the care and support staff had shown when providing a service.

2.4.6 All compliments and complaints are audited by the Responsible Individual on a yearly basis.

2.5 Quality Assurance

2.5.1 The provider sends out quality assurance questionnaires to all stakeholders to obtain feedback. All information received is collated and a report is written to show the findings and to show any action taken following the feedback e.g. information received from one tenant has resulted in the downstairs bathroom being changed to a wet room.

2.5.2 As well as feedback from the yearly quality assurance questionnaires the provider is always accessible and encourages open communication on a daily basis.

2.6 Recruitment, Induction and Training

2.6.1 A staff file was viewed during the visit. It contained the necessary documentation, such as 2 references, an application form containing full employment history, a signed contract of employment, a job description, an interview record and current DBS.

2.6.2 All staff have undertaken or currently undertaking the All Wales Induction Framework. There is a thorough probationary period in place to ensure that new members of staff are fully trained and confident to carry out their duties.

2.6.3 The provider uses a combination of e-learning and traditional face to face training, depending on the course. The Blaenau Gwent and Caerphilly Workforce Development Team are used for training where possible but Liberty Care also use other training companies such as Nat West, CEIH etc.

2.6.4 The training matrices showed a range of mandatory and non mandatory training courses that staff have undertaken. It is clear to see that the training matrix is a working tool to ensure that all individuals are trained in areas as required.

2.6.5 Specialist training is also provided such as Positive Behaviour Management together with any case workshops arranged specific to the individual tenant as required.

2.7 Supervision and Appraisal

2.7.1 The provider uses a supervision matrix to record dates of all employees' supervision sessions. This is also used to remind supervisors of when the next session is due as well as a monitoring tool for the responsible individual.

2.7.2 Supervision and appraisals viewed on file were regular and up to date.

2.8 Staffing

2.8.1 A matrix is used to help determine staffing levels, which takes into account the needs of each individual and the activities that are planned each day. The staffing levels are reviewed on an ongoing basis.

2.8.2 One of the management team and other senior staff are on call at all times to offer support to staff at the properties. The team leads are also supported through supervision and regular telephone contact.

2.9 Health and Fire Safety

2.8.3 The provider ensures that all staff undertake fire safety training and both staff and tenants participate in a fire drill at least once every 6 months. The fire service undertakes annual checks on each property.

2.8.4 A PEEP was viewed on file and this provided information on day time and night time needs and this was accompanied by a risk assessment.

2.10 Mobility Aids and Equipment

2.8.5 The management team stated that all mobility aids required by people living in the properties are available for them to use.

3. Corrective Actions

3.1 None

4. Developmental Actions

None

5. Conclusion

5.1 The monitoring visit was positive with many examples of good practice. It was clear that the provider is proactive in looking to improve practices and to improve the service provided. The provider is encouraged to maintain the standards seen during the visit.

Author: Diane Davies

Date: 26.04.19

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.