

CAERPHILLY COUNTY BOROUGH COUNCIL

DIRECTORATE OF SOCIAL SERVICES - COMMISSIONING TEAM

CONTRACT MONITORING REPORT

Name/Address Of Provider: Mirus-Wales, Cleeve House, Lambourne Crescent, Llanishen, Cardiff, CF14 5GP.

Date Of Visit: Thursday 20 July, 2017, 10.30 – 11.30 a.m. (office visit)
Wednesday 23 August, 2017, 2.00 – 4.30 p.m. (property visit)

Visiting Officer: Andrea Crahart, Contract Monitoring Officer, CCBC

Present: Kim Ayoub, Team Manager

1. Background

- 1.1 The initial visit to the Mirus-Wales office base was conducted in order to view staff files, and a subsequent monitoring was spent visiting a property in Nelson, where 3 tenants reside. The CCBC Supported Living Monitoring Tool was completed for the purposes of gathering information during these monitoring visits.
- 1.2 Mirus-Wales provides specialist support to adults of all ages with disabilities. One service area includes 'shared supported living', where staff support a small number of people in a home who have their own tenancy agreements. This provider carefully select staff to support people living in their own tenancy. Some of the areas that people are assisted with include, household management, finances, skills/independence, community participation.
- 1.3 The landlord and support provider are contractually separate. Mirus-Wales are the support provider, and United Welsh Housing Association (UWHA) are the landlord, and therefore hold responsibility for all maintenance/repairs within the property.
- 1.4 Any potential new tenants are referred to Mirus-Wales via the Assessment Care Management Team (Caerphilly Learning Disability Team social workers), who seek to find suitable placements for people. Currently there are no vacancies in the property in Nelson, however there has been a long term void in another property.
- 1.5 In terms of a 'tenancy selection process', Mirus-Wales will 'match' people by involving existing tenants (where appropriate), family members and appropriate professionals to try to ensure people are compatible with each other. Trial periods apply, whereby a person's suitability is reviewed at intervals (1, 6 and 12 months) following admission. However, where compatibility issues are realised these are addressed prior to the review times.
- 1.6 During the period April to August 2017 some incidences had been referred to the CCBC Safeguarding Team for advice, and a complaint received also. Upon investigation, the complaint was upheld which resulted in actions for addressing. No

other concerns had been received via other professionals e.g. District Nurses, CPN's etc.

- 1.7 CSSIW (Care and Social Services Inspectorate Wales) conducted a monitoring visit to Mirus and a report was published in May 2017. This made reference to some legal requirements having not been met, however this report made reference to a number of Local Authorities, not solely referring to Caerphilly borough.
- 1.8 Dependent on the findings within the report the provider 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. Previous Recommendations

- 2.1 A number of corrective actions were communicated in the previous monitoring report (written in 2015) which were to be actioned either immediately or within a relatively short timescale.

3. Findings from Visit

One tenants file was examined during the monitoring visit.

3.1 Service Plans

- 3.1.1 Information that was contained in the CCBC Care and Support Plan in relation to the person's needs had been transferred to the provider's own Service Delivery Plan and Risk Assessments written from this.
- 3.1.2 The Service Delivery Plan was relatively detailed, with references being made to other current plans that staff need to be aware of e.g. Moving and Handling plans, SALT (Speech and Language Team) plans, however the Service Plan would benefit from being developed to be more person centred.
- 3.1.3 A medication file was viewed which appeared informative and included a MAR chart for staff to complete when medication is administered.
- 3.1.4 Daily Records/Activity Support Plans were viewed for the tenants. Daily recordings are an important part of the daily life of the person in order to capture the person's health/wellbeing, events/activities. Although detailed Daily Records were in place for one person, these had remained un-signed by the support workers writing them. In terms of the Activity Support Plan, this was prescriptive in content and did not allow for a change to the person's daily life, in addition to it not always being clear whether all tasks already listed had actually taken place.

3.2 Risk assessments

- 3.2.1 Suitable risk assessments were in place for situations that may/will arise e.g. medical conditions, manual handling, financial etc. and appeared to address all aspects of risk identified.

3.2.2 Risk assessments are reviewed on an annual basis, unless the person's needs change more frequently and thus they would require reviewing more often. Staff are requested to sign up to each risk assessment to indicate that they have read and understand the content, however in some instances these had not been signed up to. This was brought to the attention of the Registered Manager during the time of the visit.

3.3 Complaints and compliments

3.3.1 Tenants are supported to make complaints via regular House meetings, and views/opinions can be communicated via 'Better Together' events, and participation meetings held by Mirus. 'Better Together' events are held twice yearly and used to obtain views of the service via people supported and family members.

3.3.2 The provider has a clear complaints process which provides clear lines of communication and timescales to be adhered to. Any complaints are addressed during Quarterly Performance meetings to discuss areas of improvement.

3.3.3 The Area Manager is responsible for auditing any complaints that are received.

3.3.4 Four complaints have been received by Mirus-Wales in the previous financial year, and the outcomes of which were feedback to the complainant as per the Complaints policy (within 14 days).

3.3.5 It was evident from the matrix of complaints provided that 'learning outcomes' had been applied as a result of some of the complaints.

3.4 Service user and Stakeholder Feedback

3.4.1 Feedback in relation to the supported living services in Caerphilly had been gathered from family members/advocates (as appropriate) for the current year. All the feedback received was extremely positive. It was uncertain however if surveys had been extended to other stakeholders e.g. staff and professionals.

3.4.2 A Performance report is published every 3 months and at the end of each financial year. These are forwarded to CSSIW as part of the organisations contractual obligations.

3.4.3 Tenants and their families are involved in decisions about the properties they live in Or about issues that affect themselves. The organisation ensures that effective Communication is maintained at all times to deal with any concerns promptly to try to discourage them from escalating into complaints.

3.5 Induction and training

3.5.1 Training courses continue to be accessed via a range of providers i.e. the Caerphilly Community Nursing Learning Disabilities Team, private training providers, in-house training and E-Learning (for courses such as Health and Safety).

- 3.5.2 Mirus-Wales use the Social Care Wales Induction Framework that covers many areas/standards of professional conduct and practice that is required of social care workers. The induction is re-visited on a 2 monthly basis up to the end of the 6 months and at this point all training is reviewed. At this stage it is anticipated that all mandatory training will have been undertaken.
- 3.5.3 A training matrix was made available prior to the monitoring visit. This included mandatory courses attended, such as, manual handling, first aid, safeguarding etc. Training courses attended are also captured on the provider's SLS (Supported Living Service) electronic system.
- 3.5.4 Non-mandatory training attended includes courses such as 'understanding behaviour', health and safety (which includes modules such as food hygiene, fire safety etc.), epilepsy and buccal.
- 3.5.5 More than 50% of staff have achieved an NVQ (National Vocational Qualification) /QCF (Qualifications and Credit Framework) qualification, which is a requirement within CSSIW National Minimum Standards.
- 3.5.6 Training is evaluated and its application checked via a document named 'Learning outcomes – Individual Reflections'. Staff members complete this following each course attended to relay what has been learnt; what will be done differently and any future developmental needs that are required. In addition, the Area Manager undertakes spot checks by conducting unannounced visits to the properties.

3.6 Supervision and appraisal

- 3.6.1 Mirus-Wales access supervision and appraisal information via their SLS electronic system, which provides a prompt as to when these sessions are due. A selection of staff records were checked and the Contract Monitoring Officer could see that supervision sessions had taken place on a quarterly basis, and that records were present on the system. Appraisals had also been undertaken recently for the selection of staff records seen. This meets CSSIW National Minimum Standards (NMS) and CCBC contractual obligations.
- 3.6.2 Supervisions sessions are mostly undertaken on a 1 to 1 basis, although they are held as a group when required.
- 3.6.3 The supported living Manager is supported and supervised by the local Area Manager of Mirus-Wales.

3.7 Staffing

- 3.7.1 Currently 9 staff are employed to work in the property located in Nelson.
- 3.7.2 A selection of staff files were viewed as part of the monitoring process. These were analysed and evidence seen that relevant information had been collected as part of the recruitment process.

- 3.7.3 Staff files typically contained Identification, an application form, job description, 2 references, a signed Contract of Employment, interview records (including a scoring mechanism to judge the candidates suitability for the role).
- 3.7.4 There was evidence that Disclosure and Barring Service (DBS) information had been applied for and that the provider had a system for logging this and recording onto an electronic system in accordance with Data Protection law.
- 3.7.5 References were present within the staff files, although had not been verified with the referee. However, the provider ensure that references are requested via the organisations headed paper, and where there are concerns further enquiries are made with the referee. The Contract Monitoring Officer advised that Mirus-Wales need to be satisfied that their recruitment processes in this area are as robust as possible.
- 3.7.6 At the present time there are 2 casual relief staff employed to cover when there are absences, thus there is no requirement for agency staff to be utilised.
- 3.7.7 Staff are contracted to work a variety of shifts e.g. 16, 25, 30, 35 hours a week and the maximum is 39, and the provider adhere to the European Working Directive. The property is staffed on a 24 hourly basis with sleep-in and waking night arrangements in place.
- 3.7.8 Mirus-Wales confirmed that in the previous 12 months 1 member of staff had left the team working in the Caerphilly area, the reason for this was unknown, and 2 people had been appointed to the staff team in the same time period.
- 3.7.9 There are no members of staff on long term sick leave at the present time, and there has been no cause to progress any disciplinary proceedings in the past 12 months.
- 3.7.10 The adequacy of staffing levels is determined via a range of means i.e. the person's needs/Service Delivery Plan, funding, reviews held with Care Managers (social workers).
- 3.7.11 An on-call arrangement is in situ whereby senior staff are available for advice/support in the event of an emergency. This requires senior staff to ensure they are available throughout the working day and manage their annual leave etc. accordingly. There is a formal on-call arrangement for the weekend times which is covered by the Team Managers and Regional/Senior staff.
- 3.7.12 Staff rotas were viewed for recent and forthcoming weeks. These were typed and were mostly clear to the reader, and on the day of the monitoring visit staffing levels were adequate.

3.8 Interests and activities

- 3.8.1 Tenants continue to have the opportunity to attend suitable day services in the borough and visit these a few days each week. Other activities enjoyed tend to be spontaneous.

- 3.8.2 Tenants either have their own Motability car or are supported to access a car to be able to have opportunities within the community.
- 3.8.3 In May 2017, one of the tenants had the opportunity to attend the 'Mirus Star Awards Celebration' in the Millennium Stadium in Cardiff, where he was able to meet many other people who had disabilities from all over Wales, in addition to winning an award.

3.9 Health and fire safety

- 3.9.1 Fire records are retained in the tenant's home, and include weekly fire checks for e.g. the alarm system, emergency lighting, extinguishers etc. A fire risk assessment was also present which had been reviewed in November, 2016.
- 3.9.2 Each room has a thermal heat detector, smoke alarm, there are fire doors within the property including emergency lighting throughout.
- 3.9.3 A fire evacuation plan was in situ which included a pen picture of each tenant which highlighted each person's particular needs in the event of a fire. Tenants would need to be supported to exit the property in the event of a fire.
- 3.9.4 The last fire drill was undertaken in May 2016 to test that tenants and staff are evacuated as safely and easily as possible. Fire drills should be undertaken on an annual basis.
- 3.9.5 Accident file records were supplied for 2016/17. These indicated that 4 incidents had been logged by the provider (3 were accidents and another was a near miss). As a result training in relation to 'understanding behaviour' had been organised for staff which was scheduled for May/June 2017, and has subsequently been attended.

3.10 Mobility aids and equipment

- 3.10.1 Tenants residing at the property require a number of mobility aids and equipment to support them in their daily lives. This includes equipment such as hoists, specialist chairs, profile beds and wheelchairs.
- 3.10.2 It was evident that arrangements were in place to regularly service aids and equipment to ensure that equipment is maintained.
- 3.10.3 Mobility equipment is easily stored within this property given the wide hallway area and large sized bedroom, toilets and communal areas.
- 3.10.4 A wheelchair was being used by a tenant during the visit and it was evident that this was fitted with footplates as appropriate.
- 3.10.5 The Contract Monitoring Officer was informed that a shower chair had recently been de-commissioned, and arrangements had been made with a CCBC Occupational Therapist to source a more suitable one to meet the gent's needs.

3.11 Home environment

- 3.11.1 The property has been purpose built to suit the needs of people who have manual handling needs i.e. very wide hallways, spacious sized bedrooms, bathrooms etc.
- 3.11.2 The home environment has been furnished to a high standard, and is light and airy and equipped with comfortable home furnishings, and is clean and tidy. In addition to the exterior being well maintained.
- 3.11.3 Tenant's bedrooms showed evidence of personalisation, as they included the person's personal collections, personal items and family photographs etc.
- 3.11.4 A lock exists on one of the doors within the property (however this is not a lock operated by a key). However, risks are minimal due to people being unable to mobilise around this home.
- 3.11.5 The United Welsh Housing Association (UWHA) are responsible for any repairs to the property and arrangements are in place for support workers to report any repair/replacement issues directly to this organisation. The property has recently benefitted from a new kitchen, and arrangements are being made to further improve the kitchen with wallpaper.
- 3.11.6 The rear garden is large, flat and accessible for people with mobility issues. It has been much improved to include a large pergola, new shed and garden sculptures which provide sensory stimulation for people. There are plans for UWHA to re-fit the utility room in 2018.

3.12 Nutrition

- 3.12.1 Meals are prepared by the support workers who support the tenants. Some people residing here have specific nutritional needs i.e. require their liquids thickening and foods pureed. These are cooked and prepared for people on a daily basis.
- 3.12.2 During the visit the Contract Monitoring Officer was able to observe a meal being freshly prepared.
- 3.12.3 Food shopping is managed by support workers compiling a shopping list that is added to as and when, and food is purchased to support the local shops and to buy as economically as possible.

3.13 General observations

- 3.13.1 The support workers on duty enjoyed a good rapport with the tenant, with support workers appearing to be happy in their roles, and promoting an 'easy going' and relaxed feel to the home environment.

4 Corrective / Developmental Actions

4.1 Corrective action

- 4.1.1 Fire drill test to be undertaken as soon as possible, and annually on an ongoing basis. **Timescale: within 2 months. Confirmation received from Mirus to indicate that this was undertaken on the 7 September, 2017. The Fire Officer has visited and confirmed this had been undertaken in his report.**
- 4.1.2 Activity Support Plan to be replaced by more detailed person centred Daily Records to ensure that the health and well being of the person is being written about and that support workers sign after each entry. **Timescale: within 3 months.**
- 4.1.3 Risk Assessments relating to medication and SALT to be signed up to by all staff in order that staff understand and are signing to say they will adhere to the plans. Risk Assessments to be signed up to on an ongoing basis. **Timescale: Immediately and on going. Confirmation received from Mirus that the Medication risk assessment and SALT plan have been signed.**

4.2 Developmental actions

- 4.2.1 Stakeholder survey feedback to be gathered from staff and professionals to assist with shaping and improving the service further. **Timescale: Within 1 year. Mirus confirmed that the 'Better Together' events (6 monthly) enables professionals to give feedback as part of the co-production approach to improve the quality of the service, in addition to Staff Engagement Days (held annually), and a 360 degree appraisal process which allows feedback about managers.**
- 4.2.2 Staff to be made aware of/receive training regarding the new Social Services and Wellbeing (Wales) 2014 Act. **Timescale: Within 1 year.**

5 Conclusion

- 5.1 Although tenancy documentation is in place for people, in terms of Service Plans/Risk Assessments/Daily Records, some improvements are required to ensure that information is person centred, revised in a timely way, and that staff are made aware and sign up to any changes on an ongoing basis.
- 5.2 Tenants are supported by a stable staff team who are supervised and receive relevant training.
- 5.3 Tenants and the staff team benefit from living in a homely property that is continually improved, and meets individual's needs.
- 5.4 The Contract Monitoring Officer would like to thank the manager and staff team for their time and hospitality during the monitoring visit.

Author: Andrea Crahart
Designation: Contract Monitoring Officer

Date: September, 2017

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