

**CAERPHILLY COUNTY BOROUGH COUNCIL DIRECTORATE OF SOCIAL  
SERVICES COMMISSIONING TEAM**

**CONTRACT MONITORING REPORT**

**Name/Address of Provider:** 65 Montclaire Avenue, Blackwood, Caerphilly, NP12 1FE

**Date/Time of Visit:** Tuesday 28<sup>th</sup> March 2017

**Visiting Officer(s):** Amelia Tyler: Contract Monitoring Officer, Caerphilly CBC

**Present:** Alison Moss: Manager, Caerphilly CBC

**1. Background**

- 1.1 Montclaire provides respite care for individuals with a learning disability, between the ages of 18-65 years. The service is registered with and regulated by the Care and Social Services Inspectorate for Wales (CSSIW). The service is registered to offer respite care for up to 5 persons at any one time.
- 1.2 At the time of the visit Montclaire was providing respite care for a group of 43 individuals. There are also 5 individuals taking part in introductory visits.
- 1.3 The previous monitoring visit was carried out on the 15<sup>th</sup> March 2016 and at this time there were 5 corrective actions and 2 developmental actions identified. The purpose of this visit was to follow up on these recommendations and to complete pertinent sections of the monitoring tool.
- 1.4 Corrective actions are those, which must be completed (as governed by legislation etc.), and developmental actions are those, which are deemed to be good practice.

**2. Previous Recommendations**

- 2.1 All staff to undertake mandatory training in line with NMS 26.1.  
**Partly met.** A copy of the training matrix was provided and this demonstrated that there were members of staff that had not attended mandatory training or had not completed the refresher training in the required timescale e.g. 2 employees had not attended first aid training, 4 employees had not completed refresher training for food hygiene and 5 had not attended safeguarding refresher training within the recommended 3 year period. It was acknowledged that one member of staff on the matrix was on secondment and one was on long term sick.
- 2.2 Service plans to be person centred, and drawn up with the involvement of the individual, family, friends or advocates as appropriate in line with NMS 6.6.  
**Partly met.** Work is ongoing around service plans and it was noted that the deputy manager is part of a focus group that is looking to amend these. The Manager showed an example to the Contract Monitoring Officer that was well

presented, clear, concise but contained all the necessary detail. No further work could be completed around this until the group had agreed on the format.

- 2.3** Service plans to be signed by the individual and/or relative or the reason why not to be appropriately documented. NMS 6.6  
**Not met.** This had not been completed at the time of the visit but the Manager said this would be rolled out once the new service plans had been agreed and implemented.
- 2.4** Annual QA reports to be completed and shared with all stakeholders. NMS 30.4  
**Not met.** The Contract Monitoring Officer was told that the report is completed for the entire respite service within Caerphilly CBC and a meeting was due to be held in the next 2 weeks to collate the information and the report would then be made available by the end of April or the beginning of May.
- 2.5** Individuals files to be presented in good order and contain current and relevant information to allow staff to access information quickly.  
**Met.** The files seen were well ordered and had a clear index in the front to assist anyone to locate necessary information. It was also noted that appropriate documentation had been archived.
- 2.6** Staff to continue to proactively record any compliments, date any letters or cards received and to forward this information to the Commissioning Team.  
**Partly met.** It was noted that following the visit, the Manager forwarded a really positive email that had been received from a relative, this is something that should be encouraged and shared wherever possible.
- 2.7** Consideration to be given to developing a signing sheet for the 'personal profile' document to evidence that all staff have read it.  
**Met.** This was seen on the file observed during the visit and it was stated that new documentation is being signed as it comes in.

### **3. Findings from Visit**

#### **3.1 Documentation**

- 3.1.1** It was acknowledged that the service only accepts people from within the borough. Files were seen for 2 clients and the service plans and risk assessments were looked at: 1 person had communication difficulties so there was detail around what they might do if they became frustrated e.g. biting their wrist etc. No support was required around personal care apart from prompting as this was highlighted on file. There was no information in either file around religion as the Manager said these 2 individual chose not to attend any religious establish when in respite, however, members of staff would support them if this was requested. It was highlighted that the service plans were going to be amended following the implementation of the new Social Care and Wellbeing Act to ensure they are outcome focussed with detail being provided around individual preferences.

**3.1.2** Confidential files are kept locked in a cabinet in the main office when not being used. When people are staying at Montclair, their files are held in a lockable cabinet downstairs to make them more accessible.

### **3.2** Approach to care

**3.2.1** It was emphasised that the people who use the service and their relatives are encouraged to be involved in the home and any decisions made about the running of the home. The pre and post stay questionnaires seek to obtain feedback on the stay and for any suggestions on how it can be improved.

**3.2.2** The Manager said that QA meetings are held that are chaired by a relative of a client.

**3.2.3** Montclair promotes a person centred approach to providing a service and this will be further encouraged with the implementation of the new service plans. Members of staff also attend training in person centred planning and this is also incorporated into the QCF training. Independence is stimulated through the use of information provided on the pre stay questionnaires which inform support staff of what the individual is able to do independently and what they can do with support e.g. cooking meals or laundry. It was stated that members of staff at Montclair help people to do as much for themselves as possible to try and develop skills.

### **3.3** Compliments and complaints

**3.3.1** Following the visit, an email was forwarded to the Contract Monitoring Officer from a relative of someone who accessed the service and wanted to pass on how amazing they thought support staff were. They said they had visited hundreds of homes through their work and felt that Montclair was in their top 3. A discussion was held with the Manager to emphasise the importance of sharing this feedback, whether it is through a review meeting with a Social Worker, post stay questionnaire or thank you card.

**3.3.2** The Manager stated there had been no complaints made in the past year and no issues had been passed to the Commissioning or Safeguarding Teams. There were 3 pieces of advice provided by the safeguarding team but none of these were progressed.

**3.3.3** In order to ensure that the complaints policy is followed and that any issues are promptly addressed, the home Manager audits the complaints file every month and the Team Manager conducts an audit every 3 months. Feedback is provided to any complainant verbally, by letter or email depending on their preference. At the time of the visit it had not been necessary to make any changes to working practice as a result of any concerns raised.

### **3.4** Service user and stakeholder feedback

**3.4.1** The Contract Monitoring Officer was told that the Manager had received a call from a relative who reported that they had never seen the client so happy and that

they had really enjoyed their weekend at the service and the parents of another person who utilises the home commented that it was a lifeline.

- 3.4.2** No changes had been made based on the post stay questionnaires, however, it was noted that there were some compatibility matters that were raised that were dealt with. This knowledge is recorded for future reference as it is impossible to determine how well people will get along before they have met.
- 3.4.3** Once the QA report is completed, the Manager stated that this is shared with any clients or representatives wishing to have a copy. The minutes of the QA meetings are also sent out to family members or representative of those using the service. The Contract Monitoring Officer requested that a copy of the report be sent to the Commissioning Team inbox when available.

### **3.5** Induction and training

- 3.5.1** Training provided is evaluated through regular supervisions, team meetings, worksheets, observations, general feedback and the QCF award.
- 3.5.2** As previously mentioned, there were some members of staff were overdue for some refresher training and there were some that had not attended all mandatory courses. It is acknowledged that it can sometimes be difficult to nominate staff if the courses are not run frequently, or get booked up very quickly by other providers.
- 3.5.3** It was evidenced on the training matrix that staff attend specific training to be able to meet the needs of the people they support e.g. positive behaviour management, autism, epilepsy and dementia.

### **3.6** Supervision and appraisal

- 3.6.1** It was noted that the Managers supervision sessions were not recorded on the supervision matrix as these are divided up by responsibility between the Manager and Deputy Manager. The dates of the Managers last 3 supervision sessions were seen and these were being carried out every month. It was observed that there were gaps of more than 2 months for the Deputy Manager but it was explained that this was partly due the post being divided between 2 properties.
- 3.6.2** Supervision sessions are confidential 1:1 discussions that are recorded and agreed by both parties. Group supervisions are sometimes held for casual support staff unless there is a particular issue that needs to be addressed confidentially. The Manager explained that they are looking at alternative ways of conducting supervision that may prove more beneficial e.g. observational supervisions to allow the Manager allocated time to watch the working practice. The Contract Monitoring Officer was shown a diary which evidenced good practice witnessed by the Manager where support staff had cooked individual meals with the people accessing the service and had sat down to enjoy the meal with them.

**3.6.3** Appraisal sessions were recorded on a matrix that was provided and this showed that all staff members had completed their appraisal between November 2016 and February 2017.

**3.6.4** The Manager has support from the Service Manager, Team Manager, staff within the home and also peers and colleagues in other homes within the borough.

### **3.7** Staffing issues

**3.7.1** It was stated that 1 member of staff had left over the past 12 months. The Manager explained that they had stayed within the care sector and had been successful in gaining a promotion with a day service which had more structured hours. It was noted that another employee is also due to retire in the near future. There has been 1 new starter in the past year.

**3.7.2** Staffing levels are determined based on the pre stay questionnaire, reviews and the knowledge of the individual within the team. Montclair have a very experienced team of support staff at the home that have built a relationship and an understanding of the needs of the people using the service. As previously mentioned, the Manager also maintains a compatibility list to try and ensure that people who don't get along are not staying at the same time.

**3.7.3** At the time of the visit there were 2 staff members that were on long term sick, but it was reported that one was due to return shortly. The home has a relief list of staff that they can use if needed but in exceptional circumstances they are able to use agency workers.

### **3.8** The home environment

**3.8.1** There were no concerns around nutrition and this section of the monitoring tool was left until the next monitoring period, however, it was noted that the premises had a maximum rating of 5 for from their food hygiene inspection.

**3.8.2** It was stated there is 1 person who utilises the service who has insulin dependent diabetes and this is clearly recorded in their file and all staff are aware of the dietary needs and implications for this individual.

**3.8.3** Discussion was also held around a lady that had been referred for a SALT assessment and it was acknowledged that there was pictorial guidance in place on her file to help employees know what foods are suitable and what consistency pureed foods should be.

**3.8.4** All areas of the home that were seen were clean, tidy and welcoming. 2 bedrooms were viewed during the visit and these were comfortable and spacious. There was no smoking room within the home and the Contract Monitoring Officer was informed that there was only 1 person who uses the service that chooses to smoke outside.

### **3.9** Staff questions

- 3.9.1 The member of staff that was spoken to said they access service plans, risk assessments and care plans through the paper files in the office. Staff members are notified of any changes through the communication book, team meetings and general discussion with colleagues.
- 3.9.2 The home operates a key worker system and the main responsibilities for this role include attending review meetings and providing feedback, maintaining individual files and monitoring any changes in need. Each support assistant has 6 people allocated to them.
- 3.9.3 The Contract Monitoring Officer was told that they are kept informed about the general running of the home and are consulted about any changes. If they make suggestions about any ways in which the service could be improved, they felt that these ideas are fully considered. They did not feel that there were any training needs required at the time of the visit, but said that courses such as developing life story books, dementia and learning disabilities had been attended and were a large part of their role.

### 3.10 Manager questions

- 3.10.1 The Manager told the Contract Monitoring Officer that if they had any concerns around an individual accessing the service or staff practice, that they would seek advice from the safeguarding team.
- 3.10.2 Friends, family members and primary carers are all encouraged to take part in any activities or events that are arranged. These are discussed at relatives meetings and shared through conversation and QA meetings.
- 3.10.3 Members of staff try to ensure community participation through various activities with the clients such as going out for meals, shopping, cinema, bowling etc. and also through the day services.
- 3.10.4 Discussion was held around the recruitment of new support staff and the Manager commented that if they are happy to do so, clients are encouraged to take part in the interview process and be the 3<sup>rd</sup> interviewer to ask questions to the candidate.

### 3.10 Client questions

- 3.10.1 It was not possible to speak to any of the people who access the service at the time of the visit as they were out at day services.
- 3.10.2 Feedback is obtained from the relatives of people who use the service and the individuals themselves through pre and post stay questionnaires. The feedback seen in the questionnaires seen was positive with relatives thanking the staff for the care and support provided.

## 4. Corrective / Developmental Actions

### 4.1 Corrective actions

- 4.1.1 All staff to undertake mandatory training in line with NMS 26.1.
- 4.1.2 Service plans to be person centred, and drawn up with the involvement of the individual, family, friends or advocates as appropriate in line with NMS 6.6
- 4.1.3 Service plans to be signed by the individual and/or relative or the reason why not to be appropriately documented. NMS 6.6
- 4.1.4 Annual QA reports to be completed and shared with all stakeholders and to be emailed to the Commissioning Team. NMS 30.4

4.2 Developmental actions

- 4.2.1 Staff to continue to proactively record any compliments, date any letters or cards received and to forward this information to the Commissioning Team.

5. Conclusion:

- 5.1 From the previous 7 recommendations made, 2 were met, 3 were partly met and 2 were not met. The actions have reduced from 7 to 5 and no new actions were identified during the monitoring visit.
- 5.2 It was evident from the discussion with staff and the files that there is a thorough knowledge, understanding and experience of the needs of the individuals that use the service. The Contract Monitoring Officer feel that the new updated service plans will assist in further capturing the knowledge to the support staff that can then be shared with new starters.
- 5.3 The service is person centred and activities, meals and bedrooms are all worked around the preferences of those staying there. It was felt that Montclaire is also outcome focussed as they promote independence as much as possible and try to develop skills rather than doing everything for the client.
- 5.4 In line with the monitoring strategy another monitoring visit will be carried out in approximately 12 months time unless it is deemed necessary for this to be carried out beforehand.
- 5.5 The Contract Monitoring Officer would like to take this opportunity to thank the Manager and Deputy Manager for their time and hospitality through the Monitoring Process.

**Author:** Amelia Tyler  
**Designation:** Contract Monitoring Officer  
**Date:** 13<sup>th</sup> June 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 residents and/or their families should they ask to see them.