

CAERPHILLY COUNTY BOROUGH COUNCIL, DIRECTORATE OF SOCIAL SERVICES

COMMISSIONING TEAM

CONTRACT MONITORING REPORT

Name of Provider: New Start Care Services, Libanus Chapel, High Street, Blackwood, NP12 1EQ.

Date of Visit(s): Thursday 13 June, 2019, 10.00 a.m. – 1.15 p.m.
Thursday 20 June, 2019, 9.30 a.m. – 12.30 p.m.

Visiting Officer: Andrea Crahart (Contract Monitoring Officer)

Present: Kirsty James (Registered Manager)
Emma Smith (Assistant Manager)
Jeremy James (Responsible Individual) – present on 20 June, 2019

1. Background

- 1.1 New Start Care Services continue to provide domiciliary care services in the Caerphilly Borough area. At the time of the monitoring visits the care agency were providing 305 hours per week and supporting 33 individuals. Domiciliary care services are provided to individuals who reside within Caerphilly East, North and Caerphilly town areas of the borough. New Start Care Services concentrate its delivery of care primarily within the East of the borough.
- 1.2 The range of care and support tasks undertaken by New Start Care Services under the contract includes personal care (e.g. assistance in bathing, washing, dressing, medication intake, personal care), nutritional care (e.g. assistance with eating and drinking, food and drink preparation, and food and drink intake monitoring), mobility care (e.g. assistance with getting in and out of bed, general movement).
- 1.3 New Start Care Services are part of the Domiciliary Care Framework within the Caerphilly Social Services Directorate, Aneurin Bevan Health Board (ABuHB) Continuing Health Care Framework, and provide support to private individuals also.
- 1.4 Feedback is collated on a regular basis (from social workers etc.) and has included very few areas of concern over the previous year; and one piece of positive feedback had been relayed which described the provider as 'great' in providing consistent carers.
- 1.5 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 legislation etc), and developmental actions are good practice recommendations. A Monitoring Tool was used for the purposes of gathering information during the monitoring visits.

2. Previous Recommendations (from monitoring visit held April/May 2018)

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Corrective Actions

- 2.1 Disclosure and Barring Service (DBS) Risk Assessment to be completed where individuals have disclosed they have convictions. Timescale: Immediately and Ongoing. (Regulation 35, RISCA, CIW). **Provider to use when required.**
- 2.2 Where electronic tracking is unable to be undertaken in service user's homes, for additional spot checks to be undertaken to ensure that support workers are arriving/departing/staying the duration, as per Care Plan. CCBC Contract clause 9.6. Timescale: Immediately/on going. **To be checked on future visits.**

Developmental Actions

- 2.3 To add life history information to the Needs Assessment and Personal Plan documents. **Timescale: Within 1 month. Action Met.**
- 2.4 To forward weekly rotas to individuals who request them so that they are informed about which carer is due to call. The managers agreed to include a question within the Needs Assessment document to capture this information. Timescale: Within 1 month. **New Start confirmed this action had been met.**

3. Registered Individual

- 3.1 The Registered Individual (RI) for the service is Mr. J. James. There is an expectation as part of this role that the RI will monitor the quality and performance of the service and that this is documented in reports that are to be undertaken quarterly. The provider were required to re-register the service with the Care Inspectorate Wales (CIW), and this was achieved in February 2019. The importance of developing a report on a quarterly basis was discussed with the RI.
- 3.2 The provider's Statement of Purpose was provided and it was evident it had been updated recently. There is an expectation that this document is reviewed on an annual basis and updated following any changes to the service.
- 3.3 The contingency plan should the RI and/or Registered Manager be absent would be that the Assistant Manager would cover in their absence.
- 3.4 Mandatory Policies and Procedures were viewed (e.g. safeguarding, staff support/development etc.). It was evident that these were up to date having been reviewed and that there was a planned review date set. The Registered Manager and Responsible Individual have responsibility for reviewing these documents.

4. Registered Manager

- 4.1 A number of questions were asked of the Registered Manager, who was able to confirm that in relation to implementing 'The Active Offer – More than just words' (revised Welsh Language Act) progress had been made. The provider has included questions to determine who from the people they support, and staff team have an ability to speak/read/write welsh in order to accommodate people's communication needs.

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4.2 Where there are concerns about the conduct of a carer in a person's home, some service users/their families have installed CCTV in their homes, however a care provider would be required to seek guidance from the Local Authority Safeguarding Team and CCBC Legal Team prior to any such action being agreed to. The Registered Manager confirmed that New Start Care Services had not had cause to use any such equipment and would adhere to the guidance relayed if the need arose.

5. Care and Personal Planning Process

5.1 Three service user files were viewed during the monitoring visit.

5.1.1 Initial Needs Assessments and a Pen Picture documents were present on all the files viewed, which are completed when a new package of care begins. The Initial Needs Assessment includes information such as contact details, personal care/wellbeing, relationships, property details, mobility equipment etc. In addition to a section to record about the person's life history, health needs and preferred care call times. New Start Care Services have developed the Pen Picture document, which provides a summary of the care e.g. call times, tasks required, clinical background, mobility and next of kin details. All the information gathered is used to develop the Personal Plan (Service Delivery Plan) which is comprehensive guidance for carers/support workers to follow to deliver care in an effective/person centred way.

5.1.2 On all 3 occasions the Initial Needs Assessment had been signed by the individual themselves, and/or their relative and the provider.

5.1.3 It was evident that all the information contained within the CCBC Care and Support Plan (written by the social worker) had been transferred to the provider's Personal Plans. Personal Plans were very explicit in terms of detailing exactly what is required on each call, however from one document viewed this was very lengthy and would benefit from being broken down into paragraphs to make it easier to read. The plans also prompt carers/support workers to record in the Daily Records and log in/out of the Ezitraker monitoring system.

5.1.4 The Personal plans were absent of any signatures, however the Assistant Manager was made aware that these documents would need to be signed for all future packages of care. There was evidence however that the individual and/or their relative had been involved in the review of existing packages of care.

5.1.5 It was evident from one file that there was conflicting information between the CCBC Care Plan (written by the social worker) and the Personal Plan (written by the provider). This was discussed with the Manager at the time of the visit, who clarified the situation.

5.1.6 Regular 3 monthly reviews of care had taken place by the agency, where feedback is gained from the individual, and/or their relative. There is also an opportunity to gather feedback from New Start office staff, with feedback having been relayed in one case to the social worker, and any actions that are required are recorded also.

5.1.7 Daily Records were viewed for a period of 2 weeks. The recordings were consistently detailed, legible and always included dates, start/end times and signatures of the carers. There was good evidence of capturing the person's health and wellbeing.

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5.1.8 In terms of consistency of carers, there were relatively good levels of carers calling to individuals (between 8 - 9 carers) within the given time period.

6. Call Monitoring

- 6.1 New Start Care Services continue to employ a dedicated rota manager to plan individual care calls, whose role is to ensure that the individual's preferred call times are rostered as far as practically possible, allowing sufficient travel and break time also.
- 6.2 New Start Care Services have an Electronic Call Monitoring System (ECM) that is used to organise the care rotas and alerts if carers are late to calls. The system can also separate out the travel time required and rest breaks. There is a GPS system which calculates the amount of time required to travel from property to property.
- 6.3 Two staff rotas were examined covering a period of approximately 3 weeks. It was evident from some spot checks that sufficient travel time had been built into the rotas in order to allow enough time to travel between one destination to another. This was assisted by the destinations being organised within similar geographical areas. From those checked, double handed calls had been organised to ensure that carers arrive together, and a carer indicated that sufficient travel time is organised on an ongoing basis. Although, if it is determined that there is insufficient time to journey from one property to another, this can be brought to the rota manager's attention who rectifies accordingly.
- 6.4 The Contract Monitoring Officer visited a person receiving the service to obtain directly feedback. This person was complimentary about the carers who visit, saying that they mostly arrive on time, and sometimes will phone ahead if going to be late; they always wear their uniform/ID badge and PPE (when required), they have time to talk to her in between the tasks, which they do well. It was noted that the Service User Guide was out of date, which was brought to the attention of the Manager following the visit.
- 6.5 Planned rotas for 2 people were cross-matched with actual times of calls (as logged on the Ezitraker call monitoring system), and against Daily Records over a 2 week period. It was clear that call times were consistently planned for, with staff arriving quite close to the rota time and staying for close to the allocated time.
- 6.6 The provider operates an effective monitoring system to ensure consistency of service. This involves the auditing of Daily Records which are collected from all individual properties on a monthly basis, and any issues e.g. missing times/signatures, inconsistencies in care delivery are addressed within supervision or team meetings. From some audits viewed it was evident that when issues had been raised that a message was sent to the carers involved.
- 6.7 The provider has an 'on call' arrangement in place whereby staff teams cover alternate week days and weekends to ensure there is a staff member always available to respond to situations and provide advice/guidance out of hours. More recently the agency have appointed 3 Senior Support Workers who cover the office from 7.00 a.m. – 11.00 p.m. 7 days a week.
- 6.8 An electronic communication system (Jotter notes within a system named 'Caris') are

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used to record any relevant information e.g. call cancellations/call changes, contacts from family members etc. This system continues to be critical in ensuring good communication, rota planning is as accurate as possible, to provide valuable updates to professionals (social workers etc.) and chart themes that may occur.

- 6.9 The minutes of a recent staff meeting were viewed which illustrated that pertinent topics were discussed, such as medication issues, performance, making new staff feel welcome etc.

7. Staff related documentation

- 7.1 The staff team currently consist of a Managing Director, Responsible Individual, Registered Manager, Assistant Manager, Staff Rota Manager and Senior Support Workers. The Human Resources function is currently being undertaken by the Assistant Manager and there are 20 carers/support workers presently. The 3 Senior Support Workers have recently been employed, whose roles will be to undertake initial assessments, review care packages on an ongoing basis and cover the office.
- 7.2 The Contract Monitoring Officer was informed that a total of 9 staff (office and support workers) have left New Start between 2018 to 2019. The reasons given included leaving to go to a different job (including care work), to go to further education or dismissed from their employment.
- 7.3 Two staff files were viewed, which both included the required information, such as a recent photograph, detailed application form, two detailed references, signed Contract of Employment and Disclosure and Barring Service (DBS) disclosures.
- 7.4 It was evident that DBS applications had been processed and were current. The Registered Manager understood the need for these to be applied for on an annual basis when individuals had signed up to the DBS 'update service'.
- 7.5 Interview questions included suitable scenario questions that would test a persons knowledge and the scoring system had been used to determine if the person was suitable for the role.
- 7.6 The current training matrix illustrated that carers/support workers and office staff are largely up to date with their training (both mandatory/non-mandatory). New carers had been recruited and were due to start their training also. Training courses are primarily accessed by the Caerphilly/Blaenau Gwent Workforce Development Team. In addition to the Registered Manager providing medication and induction training in-house. New Start Care Services are encouraged to source an alternative(s) training provider, and/or enable the staff team to gain the 'train the trainer' qualification to be able to deliver training courses in-house.
- 7.7 Non-mandatory training, such as epilepsy, pressure care awareness, diabetes, sensory loss, stroke awareness are also accessed.
- 7.8 Training certificates were available for both staff files viewed.
- 7.9 Some staff have achieved an NVQ/QCF qualification (either level 2 or 3) in Health and Social Care and others are working towards this. At the present time some newer staff do not have a suitable qualification, however upon completion of a successful 3 month

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probationary period support workers will be enrolled onto a QCF course. In addition, the Registered Manager is aware of the requirements of the Social Care Wales registration process that will take effect in April 2020.

- 7.10 There is an expectation that staff will receive a supervision session on a quarterly basis, on a 1:1 basis. The supervision matrix indicated that support workers had received a supervision on a regular basis and from a record viewed it was evident that they had. Areas discussed included, how the carer feels about their role, how they are coping, progress since the previous supervision, service users, daily recordings, training needs and spot check outcomes.
- 7.11 New Start Care Services continue to use their competency/shadowing document that is used to assess the carer/support worker's ability/suitability to the role. This clearly indicated the progress the person had made and whether they were competent in a number of areas e.g. undertaking medication tasks, reporting issues, manual handling etc. It is anticipated that staff will have attained all levels of competency within their 12 week induction period, however if this is not the case then the provider continues to 'spot check' and provided additional training if required.
- 7.12 New Start Care Services use an induction pack for new staff members based on (but a shortened version of) the Social Care Wales Framework. The senior support workers are assigned responsibility for inducting new starters, and for authorising that the staff member is competent in each area, which includes medication, infection control, health and safety etc.
- 7.13 Spot checks continue to take place in order to check that staff are providing a good service e.g. appearance, punctuality, producing ID, communication etc. From a file viewed it was evident that this had been undertaken and covered general observations (if wearing correct uniform, whether they have arrived on time), in addition to other areas e.g. how the staff delivered personal care, moving and handling tasks etc. Direct feedback from the individual is also able to be captured as part of this process.

8 Carer/Support Worker related questions

- 8.1 Two carers/support workers were spoken to gain feedback in relation to their role.
- 8.1.1 Both staff were asked questions in relation to whether they had sufficient time to carry out their duties in terms of providing care and travelling, and both agreed that they did. Where the care tasks take longer than they should the carer has reported this to the office who act upon it/monitor the situation.
- 8.1.2 One of the carers confirmed that her supervision sessions had been very productive and that her supervisor was very approachable. The carer referred to a time when she had difficulties with her rotas and that this was addressed straight away.
- 8.1.3 In terms of induction, it was confirmed that this had been effective and that additional 'shadowing' in her role was offered if required. Both staff confirmed that they were up to date with their training courses.
- 8.1.4 Both carers were asked if there were always sufficient information in people's homes to be able to perform their duties i.e. Personal Plans, Manual Handling Plans/Risk Assessments etc. It was confirmed that this information was always present and up to

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date, in addition to information/messages being relayed via mobile phones ahead of visits.

- 8.1.5 Further comments were invited about the provider, and it was positive to hear that they had no issues at present and a carer said that she worked for a supportive agency whose ethos was supportive and positive.

9. General

- 9.1 The agency's Quality Assurance report (Quality of Care Review) was not viewed during the monitoring visit.
- 9.2 New Start Care Services were asked to consider any evidence of good practice, and/or case studies which illustrated how they have assisted an individual to make progress towards achieving a specific outcome. Some examples were relayed below.
- 9.3 A carer/support worker attended a call and found the individual to be non-responsive. The staff member acted appropriately by contacting the next of kin, calling 999 and the provider. The family were very grateful for the support that had given during the time she had received care.
- 9.4 An individual contacted the provider to inform that she had slipped out of bed, therefore staff from the office were called to assist. The individual was found on the floor, in no pain but felt unwell, and was able to say how she had fallen. The staff called 999 as appropriate and the next of kin. The staff made the person as comfortable as they could and stayed with her for a number of hours waiting for the ambulance to arrive.
- 9.5 The office staff received a phone call from a support worker/carers to say that an individual was unwell and was slurring her words. She was advised to press her pendant, after which the paramedics arrived. Staff were able to provide information as to her health condition and medication currently being taken. An ambulance was called and staff made the person comfortable and stayed with her until the ambulance arrived.
- 9.6 Carers/Support Workers work a variety of hours and over the previous year arrangements have been made to offer permanent contracts (guaranteed hours) to staff. When a new worker is recruited they are initially employed for 3 months on a zero hour contract, after which they are offered a permanent contract with hours starting from 10 hours and increasing according to the availability of the worker. Currently, all apart from 2 staff who are employed as 'relief' are on permanent contracts. An 'Employee Schedule' illustrates the contract that has been offered, however no contract discussions have been captured. The Contract Monitoring Officer suggested that these discussions are captured e.g. during the first supervision held.

10. Corrective Actions

- 10.1 Personal Plans (Service Delivery Plans) to be signed up to by the individuals receiving the service, and/or relative, in addition to New Start Care Services. **Timescale: Immediately and on going.** (RISCA Reg. 21)
- 10.2 Discussions relating to staff contracts (guaranteed hours) to be documented for all new appointments. **Timescale: Immediately and on going.** (RISCA Reg. 42)

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10.3 Current Quality Assurance Report (Quality of Care Review) to be forwarded to Contract Monitoring Officer. **Timescale: Within 1 month.** (*RISCA Reg. 80*)

Developmental

10.4 None

11. Conclusion

11.1 New Start Care Services continue to produce robust documentation, in terms of supporting both the individual receiving the service and in supporting the carer e.g. through the induction process, reviewing and on going supervision.

11.2 It is pleasing to note that the provider have put into place the actions/recommendations that were made from the previous monitoring visits in 2018.

11.3 It was evident that the Registered Manager is very knowledgeable in her role and understands the expectations of Social Care Wales, in terms of The All Wales Induction Framework and registration of domiciliary carers from April next year, and that progress has been made in acting on areas outlined in the RISCA Act. However, quarterly reports relating to the services quality and performance will need to be prioritised.

11.4 The Contract Monitoring Officer would like to thank staff at New Start for their time and hospitality during the visit.

Author: Andrea Crahart

Designation: Contract Monitoring Officer

Date: July, 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 service users and/or their families should they ask to see them.