

CAERPHILLY COUNTY BOROUGH COUNCIL, DIRECTORATE OF SOCIAL SERVICES

COMMISSIONING TEAM

CONTRACT MONITORING REPORT

Name/Address Of Provider: Newport House, Abertysswg

Date of Visit: Friday 10 January, 2020, 9.30 – 2.45 p.m.

Visiting Officer(s): Andrea Crahart, Contract Monitoring Officer, Caerphilly CBC

Present: Claire Hobbs, Registered Manager

1. Background

- 1.1 Newport House is a large, 2-storey property which is home to people with a learning disability, and/or physical disability. It is set in a quiet residential area of Abertysswg within the Rhymney valley.
- 1.2 At the time of the visit there were 5 residents living at the home (3 people were funded by Caerphilly Borough council and 2 people via Newport City Council).
- 1.3 Previously a Contract Monitoring visit was undertaken in November, 2018. The report concluded that there were robust systems and processes in place to ensure staff were suitably trained and supervised, with no complaints having been received since the Home opened in 2017. Positive feedback had also been received from visiting professionals. Some Corrective actions were identified as part of the monitoring process, and progress with these was examined during the visit.
- 1.4 During 2019 and to date, the Contract Monitoring Officer had been made aware of positive feedback via a social worker who visits from Caerphilly borough, who relayed the significant progress that a person had made since moving to Newport House.
- 1.5 The Manager is registered with Social Care Wales (the workforce regulator).
- 1.6 No complaints or safeguarding concerns have been received within CCBC Social Services in the previous year.
- 1.7 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 etc), and developmental actions are those which are deemed good practice to be completed. A Contract Monitoring Tool was completed for the purposes of undertaking the monitoring visit.

2. Previous Recommendations

Corrective Actions

- 2.1 To read 'The Active Offer – More than Just Words' (Welsh Language Act) to gain an understanding of the expectations on social care providers, and to implement in future if required. Timescale: Within 6 months. (RISCA Reg. 24). **Action Met.**
- 2.2 DBS disclosures to be checked on an annual basis, where they are updated via the electronic update service. Timescale: Immediately and on going. (RISCA Reg. 35). **Action met.**
- 2.3 To document when difficulties have been experienced in gaining references so that an audit of communication is retained for the file. Timescale: Immediately and on going. (RISCA Reg. 34). **Action met.**
- 2.4 Key Policies and Procedures to be up to date, and planned review dates to be set. Timescale: Within 1 month (RISCA Reg. 6). Evidence to be forwarded to Contract Monitoring Officer within the timescale. **Not met to date.**

Developmental Actions

- 2.5 None identified.

3. Responsible Individual

- 3.1 Within the new Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA) there is a requirement for providers of care to register their service with the Care Inspectorate Wales (CIW). Newport House successfully registered in 2018 and as part of this process submitted an up to date Statement of Purpose, other associated documentation, and an appointment of a 'Responsible Individual' (RI) was agreed. The Home's Statement of Purpose is required to be kept up to date on an ongoing basis and was made available.
- 3.2 The RISCA places expectations on the 'Responsible Individual' of the service to hold accountability for both service quality, compliance and performance. Part of their duties is to visit the service on a quarterly basis in order to have an oversight of the service and provide a written report. It was evident that the Responsible Individual had produced reports on a regular basis, examining areas such as health and safety, care files, the environment, staffing etc.
- 3.3 The Homes contingency plan, in the event that the Registered Manager and Responsible Individual are unavailable would be the permanent Senior Carer or member of Pride in Care's management team would cover in their absence.
- 3.4 The Home's Policies and Procedures were available to view, however had not been reviewed for a number of years. Following the visit the RI made arrangements to review all mandatory policies to ensure they were up to date and reflective of the service. The Manager is encouraged to ensure staff sign up to these to indicate that they have read, understood and will adhere to them.

4. Registered Manager

- 4.1 The Manager manages another service within Caerphilly borough as well as Newport House.

- 4.2 The Manager confirmed that the property has CCTV in operation (surveillance) that is just used to survey the outside area of the property. This was operating during the visit.
- 4.3 In terms of the property, the Manager confirmed that issues had been experienced with the internal lift, however a new replacement lift had been installed.
- 4.4 People are able to alter the temperature in their rooms as radiators are able to be individually controlled.
- 4.5 The Manager confirmed that Regulation 60's (incident records regarding the service or individuals) are forwarded to CIW as a regulatory requirement and that there were none outstanding at the present time.
- 4.6 It was clearly evident that timely referrals are sent to health professionals in order to receive the care and support that is required e.g. Occupational therapy, Speech and Language therapy, dental appointments etc.
- 4.7 It was evident from a file that a Deprivation of Liberty (DoLS) application for individuals who do not have capacity to make their own decisions had been submitted to the DoLS Team for their assessment. In addition 'Best Interests' meetings had been held, as appropriate for this person also.
- 4.8 Community participation is encouraged by the home where care workers undertake visits into the community. This was noted to have occurred during the visit where a person was taken to the shops.

5. File and Documentation Audit

- 5.1 One file was examined during the visit (JP). This included Personal Information Sheet at the front of the file which included useful information such as, GP details, Care Manager contact details etc.
- 5.2 The file contained a Pre-admission Assessment providing initial information in order to help produce the Personal Plan, Risk Assessments etc. Although the person's background had been difficult to gather, staff had sought information from professionals who had cared for her previously.
- 5.3 A Personal Plan (Service Delivery Plan) was available which included a pictorial illustration of some of the elements of care and covered pertinent areas such as, mobility, diet/nutrition, communication outcomes/goals to aim for etc. Although the Plan had been signed up to by the Manager there are no opportunities to have this signed by a family member.
- 5.4 The Personal Plan was due to be reviewed in 3 months time (in line with the new CIW regulations).
- 5.5 Risk Assessments were in place in relation to appropriate areas e.g. seizures that may occur when the person is unwell, meal time management plan etc.

- 5.6 'Records of Achievement' are captured, where it has been noted that individuals have made an achievement in their daily lives and a number of these were seen on this person's file.
- 5.7 It was evident from conversations that the Manager and Senior Carer had a good understanding of this person's needs and were capturing as much as possible in her documentation so that other staff would know how to care for her as well as possible.

6. Staffing and Training

- 6.1 Good continuity of carers continues to be enjoyed at Newport House, which is valuable in terms of people having the same staff caring/supporting them, particularly where their needs require consistency.
- 6.2 Staffing levels appeared sufficient during the day (2 carers and a Manager on duty). The service has a waking night shift in place.
- 6.3 Any staff absences are covered from the existing staff team undertaking additional hours, or via the sister home within the borough. Agency staff are not required due to these arrangements being in place.
- 6.4 Staff undertake training in the form of class room type training and E-learning. The class room training is undertaken via the Caerphilly/Blaenau Gwent Workforce Development Team, who provide a range of training to care and support providers within both boroughs.
- 6.5 The Home's training matrix indicated that good attendance had been achieved on mandatory courses, such as manual handling, safeguarding, medication awareness etc., however some gaps were identified which were brought to the Manager's attention. Non mandatory training on offer includes courses such as, health and safety/fire safety, autism, Deprivation of Liberty Safeguards (DoLS), epilepsy and Positive Behaviour Management
- 6.6 The Manager confirmed that no staff members were working over 40 hours a week, alternatively staff largely work part time hours with the senior carer working full time hours.
- 6.7 'The Active Offer – More than just words' (new Welsh Language Act) is not currently being implemented at Newport House due to no one requiring the use of the welsh language. However, the Manager is familiar with the principles of the Act in the event that this would be needed in future.

Staff files

- 6.8 Two staff files were examined during the visit. Files included two written references (employer and character), however one file did not contain a reference from the previous employer of the service. Arrangements will be made to ensure this is undertaken. Files contained a photograph of the staff member in addition to photocopied ID. Application forms were present, and it was evident that a DBS (Disclosure and Barring Service) had been obtained. Other information present included, interview records, signed Contract of Employment (including a Job Description) and training certificates. However, one Contract of Employment

appeared to relate to another part of Pride in Care's service, therefore it was advised that up to date contracts are issued/signed up to that relate to the staff members current role.

7. Supervision and Appraisal

- 7.1 Newport House continue to have a supervision and appraisal matrix. From the 2 files checked it was evident that regular supervisions had been undertaken in addition to 'observations of practice' in relation to e.g. medication, manual handling techniques, service user interactions etc.
- 7.2 It was evident that a member of staff had received an appraisal in the past year, however the other person had been appointed relatively recently so therefore would not be due one until next year.

8 Approach to care/Observations

Nutrition

- 8.1 Carers continue to take the lead in food preparation and serving meals.
- 8.2 It was evident that people's nutritional needs are catered for with appropriate referrals having been made to e.g. Speech and Language Team (SALT) to ensure the correct consistency of food is provided for.

Activities

- 8.3 No actual activities timetable is in place due to the differing needs and interests of people. However, there is much evidence that many activities are being undertaken and individual's likes/dislikes are recorded within their Personal Plan in order for people to be supported to access activities in the community and in the home itself.

Mobility Aids and Equipment

- 8.4 Some people require the use of wheelchairs (both manual and electric), in addition to one person requiring a specialist chair. This equipment appeared to be in good order with footplates present on the wheelchairs to ensure elevation/safety.
- 8.5 There is a lift to transfer people between floors which has been renewed during the previous year. Arrangements are made for this to be serviced via a contractor on an annual basis.

Managing individual's funds

- 8.6 When financial records are completed to record income and expenditure, arrangements are in place for these transactions to be signed up to by 2 appropriate signatory's i.e. the Manager and Senior Carer.
- 8.7 Receipts are currently kept separate to the financial records and labelled accordingly, however the Manager has revised the process and will be ensuring that receipts are attached to the financial records in the future.

9. Health and Safety

Fire Safety

- 9.1 A Fire Risk Assessment was completed during 2018 and a certificate of conformity issued following this.
- 9.2 Fire drills have been held regularly (on a 6 monthly basis).

10. Complaints/Compliments

- 10.1 Newport House have a Complaints and Compliments file in place. It was positive to note that no complaints have been received since the service began in May 2017. In the event that any are received, the Manager would be responsible for responding and auditing these.
- 10.2 Individuals are made aware of how to raise a complaint through their staff induction, and by making people cared for and families aware of the procedure.
- 10.3 The Contract Monitoring Officer was made aware of a number of additional compliments that had been received since the last monitoring visit. These had been received from social workers who have been involved in the life of the home.

11. Service user and Stakeholder feedback

- 11.1 Newport House continue to monitor/review to continually improve the quality of care and support provided by the service.
- 11.2 Feedback was sought from a Community Nurse who has visited the Home on a number of occasions. She relayed that staff appear knowledgeable and interact well with people in the Home.

12. The Home Environment

- 12.1 Newport House is a very spacious detached house which benefits from large communal areas and bedrooms, which are beneficial to people living in the Home.
- 12.2 Areas of the home seen during the visit were clean and tidy and had been well maintained. There were no malodours noted in any areas seen.
- 12.3 The home benefits from a 'sensory room' on the first floor, and is used by individuals as a 'chill out space'.
- 12.4 There are locks on bathrooms and bedroom doors in addition to there being lockable cabinets in each persons own bedroom for personal belongings to be stored.

13. Staff questions

- 13.1 Specific questions from the monitoring tool were not asked during this monitoring visit.

14. Resident questions

- 14.1 During the monitoring visit there were 5 people at Home during this time.
- 14.2 Although no specific questions were asked from the Monitoring tool, some brief conversations with held with people.

15. Corrective Actions

- 15.1 Policies/Procedures to be accessible to staff and signed up to on a regular basis.
Timescale: Within 1 month and on going. RISCA Reg. 12.
- 15.2 Contracts of Employment and other recruitment documentation to be issued in accordance to the role being undertaken. **Timescale: Immediate and on going. RISCA Reg. 35.**

16. Conclusion

- 16.1 Newport House is a very spacious property that enables people to live in a Home that offers plenty of space and privacy and can easily accommodate people who are wheelchair users. The Home has a very relaxed and friendly atmosphere and is decorated and furnished to a high standard.
- 16.2 It was evident that people have made significant progress in areas of their lives since living at Newport House, and are supported to make achievements/meet goals. A number of items of positive feedback have also been received from visiting professionals.
- 16.3 Systems and processes are in place to ensure staff are suitably trained and supervised on an ongoing basis, in addition to systems being in place regarding e.g. fire safety, management of service user funds etc.
- 16.4 The Contract Monitoring Officer would like to take this opportunity to thank the Manager, staff and people supported at Newport House for their time and hospitality.

Author: Andrea Crahart
Designation: Contract Monitoring Officer
Date: February, 2020

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