

**COMMISSIONING TEAM**

**CONTRACT MONITORING REPORT – PART A – THE OFFICE**

**Name of Provider:** PRESS

**Date of Visit:** Thursday 4<sup>th</sup> February 2016

**Visiting Officer:** Geraldine Powell, Contract Monitoring Officer

**Present:** Leanne Gough, Registered Manager  
Stephen Smothers, General Manager

**1. Background**

- 1.1 PRESS are a supported living provider based in Ebbw Vale, who currently have a contract with Caerphilly CBC to provide care and support to people living within and outside the borough.
- 1.2 The monitoring visit consisted of a visit to the office on Thursday 4<sup>th</sup> February 2016, followed by a visit to the house on Friday 19<sup>th</sup> February 2016. The monitoring officer was able to meet all three of the people who live in the property and two members of staff. A range of documentation was also examined.
- 1.3 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 provider advised that the landlord and support provider are separate, and there would not be an issue if the tenants wanted a change of support provider.
- 2.1.2 The provider receives referrals from the Local Authority, but will also consider referrals via SEWIC. If PRESS thinks they can provide support to a new tenant, there are then “feeder” sessions, whereby the person visits the house, comes for overnight stays and food, meets the other tenants and overall compatibility is assessed.
- 2.1.3 The Manager stated that they would always give existing tenants the opportunity to feedback after meeting a new person to see if they were happy with them.
- 2.1.4 The Manager explained that there is a probationary period before the tenancy agreement is signed that could be used if someone wanted to leave or it was felt they were not compatible.

- 2.1.5 PRESS currently have no vacancies at their property in Caerphilly and there is no-one on the waiting list.
- 2.2 Documentation
- 2.2.1 As part of the monitoring visit, one person's file was examined at the office. These are kept securely and no-one apart from staff have access to the office building.
- 2.2.2 The Social Services care plan was up to date in the file and the areas contained within it were reflected in the provider's own service plan. All areas were very detailed and it was easy to understand from the written information what staff would need to do to support the person.
- 2.2.3 It was very positive to note that there was a great deal of focus on outcomes for people. For example, in one person's file, there was a plan detailing how she wanted to access public transport to visit Cardiff and therefore there was evidence of how the support provider is helping people to retain independence.
- 2.2.4 The needs assessment on file was also very detailed and comprehensive and contained very specific details about the person, including the reasons why they like things the way they do.
- 2.2.5 There was also clear instruction for staff to ensure they respond to someone's bad mood in a consistent way, as that has been found to be the most effective. Similarly, there were details in the communication plan that tells staff that this person in particular might misinterpret things from time to time, so clarification is very important.
- 2.2.6 Although the service plans were not signed by the individual they related to, the documentation did state that she had been involved, and the level of detail contained throughout supported this.
- 2.2.7 Risk assessments on file were not generic and were very specific to the person in question. They were linked to service plans and included appropriate actions to mitigate unnecessary risk.
- 2.2.8 All three files had been updated in the last six months, which is good practice.
- 2.3 Approach to Care
- 2.3.1 The Manager advised that there is a tenant meeting once per week to ensure everyone living in a property has their say, but the tenants are also involved in day to day decisions. Families are involved as much as they wish to be.
- 2.3.2 The Manager felt that the very established nature of the staff team adds to good continuity and people all knowing each other and therefore working together very well. She added that the staff team are in contact with her frequently, so she is able to answer any queries as soon as they arise.
- 2.3.3 The provider can evidence that it promotes person-centred care with its very individualised documentation and the fact that the "Keeping Track" documents contain goals for people to work towards.

## 2.4 Complaints and Compliments

- 2.4.1 There is an easy-read complaints advice sheet as part of the service user guide. This clearly states that people can approach the manager of each scheme, but gives alternative avenues if this is not appropriate or possible, such as the Learning Disability Team within Social Services, CSSIW or the Health Board.
- 2.4.2 The complaints policy states that complaints would be acknowledged informally within 14 days, and formally and in writing within 28 days (unless an extension is needed and agreed with the complainant).
- 2.4.3 The complaints file is audited by both the Scheme Manager and General Manager on a two-monthly basis.
- 2.4.4 The outcome of complaints is communicated to all staff through team meetings, which occur every five weeks or so. This timescale is not always rigid due to the very small staff team and therefore improved communication.
- 2.4.5 Quality assurance forms have been issued to all stakeholders within the last year, however only a few have been returned. There have been no changes as a result of complaints as there have not been any.
- 2.4.6 The Manager added that tenants are asked if they have any issues, concerns and complaints as part of each weekly tenants' meeting.
- 2.4.7 There is currently no advocacy service in-house but the Manager was aware of outside agencies that provide this that would be utilised if needs be. This has been used in the past for legal issues.
- 2.4.8 The Manager was asked what would happen if tenants no longer got on. This has happened in one scheme and the way it has been addressed is to ensure that one tenant has her own living space, except for a shared kitchen. This was seen as part of the visit to the house.
- 2.4.9 The Manager added that another solution might be to look at other houses that PRESS provide support in to see if there might be a way to find more compatible living arrangements for people.

## 2.5 Service User and Stakeholder Feedback

- 2.5.1 The provider sends out quality assurance questionnaires to stakeholder and service users on an annual basis.
- 2.5.2 There have been no changes made based on information received as part of the quality assurance process to date.
- 2.5.3 The results of any quality assurance surveys are published within the service user guide, and this can be requested at any time. It is also accessible from the provider's website.

## 2.6 Induction and Training

- 2.6.1 The training matrix was provided prior to the office visit. It was positive to note that apart from one relief staff member, the whole staff team have achieved the relevant NVQ/QCF.
- 2.6.2 There were some gaps in mandatory training, although of the courses that were overdue, it was noted that some had been booked for staff to attend.
- 2.6.3 There were several courses undertaken in addition to the usual mandatory courses, such as diabetes awareness, deaf/hard of hearing awareness, epilepsy, DoLS (Deprivation of Liberty Safeguards) and person-centred planning.
- 2.6.4 The Manager stated that PRESS use the Care Council for Wales Social Care Induction Framework to form the basis of their induction programme.
- 2.6.5 Training is evaluated by speaking to staff members when they have completed a course. As they use a variety of different companies for training, this information is used to ascertain where certain training providers are better than others.

## 2.7 Supervision and Appraisal

- 2.7.1 The supervision and appraisal matrix was also provided prior to the office visit, and it was evident that all staff are up to date with both supervision and appraisal, the exception being if they were off on sick leave.
- 2.7.2 The Manager stated that the format of supervision is currently being reviewed to make it more meaningful.
- 2.7.3 The Manager receives support from the General Manager for PRESS.

## 2.8 Staffing

- 2.8.1 Information in the statement of purpose indicated that staff are not required to wear uniforms but carry identification badges to be used as necessary. This is positive as it removes any distinction between staff and the people they support.
- 2.8.2 As part of the statement of purpose, service users are encouraged to be part of the selection and recruitment process, wherever possible. This was discussed with the Manager, who added that people being supported would sit in on interviews if they were happy to do so. If they were not comfortable with this, PRESS would still ask them for questions they could ask prospective staff members during interview.
- 2.8.3 In addition to this, staff undertake shadow shifts within the property, and feedback is sought from service users after this.
- 2.8.4 One member of staff has left the employment of the company in the last year, however this was due to ill health. The role was filled by someone already working within the company but doing a slightly different job.
- 2.8.5 There are no staff members currently on long term sick leave. The company do not use agency staff to cover shifts, as they have a relief pool of staff they can draw upon.

- 2.8.6 None of the staff at the property are currently subject to disciplinary procedures.
- 2.8.7 One staff member's file was examined as part of the monitoring visit, and she had been employed by the company since 2002. The staff file contained all of the required information. There was an up to date DBS check on file, dated 2015.
- 2.8.8 The Manager advised that none of the staff work more than 40 hours per week, with the largest contract being 33 hours.
- 2.8.9 There is an on-call policy in place which means there is always a manager available to contact in the event of an emergency.

## 2.9 Health and Fire Safety

- 2.9.1 The provider ensures that all staff participate in a fire drill at least once annually, however there was no evidence to support staff having attended any fire safety training since 2013.

## 2.10 Mobility Aids and Equipment

- 2.10.1 The Manager stated that all electrical equipment in use (such as the bath chair) at the property is tested annually to ensure it is in good working order, and that PAT is also in place to ensure other smaller electrical equipment is deemed safe to use.
- 2.10.2 The Manager further stated that all mobility aids required by people living in the property are available for them to use and any that require footplates have these in place.
- 2.10.3 There is one person at the property that uses a rollator, however there is nothing in place to have this checked/serviced so the staff carry out visual checks.

## 2.11 Nutrition

- 2.11.1 Within the file examined, the service plans concerning nutrition were very specific about likes and dislikes and contained a high level of detail.
- 2.11.2 There were specific and individual plans for snacks, making a sandwich, cooking a meal, making a cold drink, etc. that provides staff not only with a very comprehensive list of instructions to support the person, but also what they particularly like or dislike.
- 2.11.3 Staff told the monitoring officer that the people they support are very independent in choosing what they want to eat on a daily basis, and indeed when they want to eat also.
- 2.11.4 Everyone is involved in food shopping and meal preparation and all the tenants go out regularly to pick up groceries. People are asked if someone else is popping to the shops if they need anything or they wish to go too.
- 2.11.5 The Manager gave an example of a recent change to one person's dietary requirements, and said they are supporting this with a dietary review and trying to increase staff knowledge through training and education.

### **3. Corrective/Developmental Actions**

#### **3.1 Corrective Actions**

3.1.1 Mandatory training to be completed for all staff. (NMS 20.1) **Timescale: Within six months from the date of this report.**

#### **3.2 Developmental Actions**

3.2.1 None given.

### **4. Conclusion**

4.1 The monitoring visit was positive with only one corrective action given, which had already been identified and planned for the provider.

4.2 A good standard of documentation was seen as part of the visit, and the provider clearly has a focus on the people it supports.

**Author:** Geraldine Powell  
**Designation:** Contract Monitoring Officer  
**Date:** Monday 18<sup>th</sup> April 2016

**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.

**CAERPHILLY COUNTY BOROUGH COUNCIL, DIRECTORATE OF SOCIAL SERVICES**

**COMMISSIONING TEAM**

**CONTRACT MONITORING REPORT – PART B – THE PROPERTY**

**Name of Provider:** PRESS  
**Date of Visit:** Friday 19<sup>th</sup> February 2016  
**Visiting Officer:** Geraldine Powell, Contract Monitoring Officer  
**Present:** Staff and tenants at the property

**1. Background**

- 1.1 PRESS are a supported living provider based in Ebbw Vale, who currently have a contract with Caerphilly CBC to provide care and support to people living within and outside the borough.
- 1.2 The monitoring visit consisted of a visit to the office on Thursday 4<sup>th</sup> February 2016, followed by a visit to the house on Friday 19<sup>th</sup> February 2016. The monitoring officer was able to meet all three of the people who live in the property and two members of staff. A range of documentation was also examined.
- 1.3 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 Interests and Activities**

- 2.1.1 There is a clear focus on integration into the community for the people living at the property. People are supported to go out as much as they would like and partake in activities like bingo and going out into town.
- 2.1.2 All of the tenants are able to let staff know what they would like to do on a daily basis.
- 2.1.3 Documentation within the files supported the fact that people enjoy a range of activities.
- 2.1.4 Through discussion with one the people living in the property in particular, it was evident that people are encouraged and supported to do a range of things within the house and out in the community.

## 2.2 Environment

- 2.2.1 The house is a large property in Caerphilly. Staff informed the monitoring officer that the house is in a prime position for accessing the community and is close to a range of amenities.
- 2.2.2 It was clear from the documentation that the tenants participate in a range of activities, including going out for drinks, going to the library, cafés, shopping etc.
- 2.2.3 Each person's room was extremely personalised and the tenants were happy for the monitoring officer to spend some time with them in their bedrooms. The rooms were clean and tidy, and the tenants appeared very happy with them.

## 2.3 Feedback from Tenants

- 2.3.1 All tenants were spoken to on the day of the visit and all gave positive feedback. One tenant was able to give more detailed information about life in her house.
- 2.3.2 She said that she felt able to say if she did not like someone living with her in her house and said she was able to visit the house before she moved in.
- 2.3.3 When asked what she liked about living in the property, she said that she liked the staff, the area, that it was close to shops and that there was nothing she disliked about it. If she ever felt unhappy, she would leave.
- 2.3.4 The tenant said that she would be able to help choose the colours she liked for both her room and the other communal rooms in the house.
- 2.3.5 Staff support her to shop, choose clothes, tidy up and go out. If she did not want staff's help with something, she said she felt able to say this. The tenant was asked what she likes to do. She mentioned going out for meals, spending her money on clothes, DVDs and CDs.
- 2.3.6 The staff who work in the house were discussed. The tenant said that she does not pick the staff who support her, that they just come to the house, but that this was not a problem because she likes them all. She went on to say that they are friendly, kind and helpful.
- 2.3.7 The tenant said that she visits friends and family outside of her house and that she goes to the cinema and retirement group where she can meet new people. She was asked what she would do if she wanted to do something that staff did not think was a good idea, and said she would do it anyway.
- 2.3.8 There was nothing new that this lady wanted to try or do. She said that if the other people she lives with are going out and she does not want to, she can stay in the house with staff. Trips and holidays are discussed in the house meeting that takes place every Thursday and told the monitoring officer that a trip to Minehead had already been planned.
- 2.3.9 She knew that there was a maintenance person that will fix anything that is broken or needs replacing in the house and that a copy of her support plan is kept in the office. The tenant said that the staff will speak up for her if she needs someone to.

## 2.4 Feedback from Staff

- 2.4.1 Two support staff were spoken to on the day of the visit. Both were happy that they can access support plans, risk assessments and any other relevant documentation.
- 2.4.2 The scheme operates a key worker system and the staff elaborated on what this means for them and the people they support. The key worker is the person who makes sure medication is up to date, organises holidays, trips out, and shopping. They also ensure that any monies the person has in the house are accounted.
- 2.4.3 Both staff said that they felt they are consulted about the general running of the house, and that their manager listens to any suggestions they may make. Neither had major issues with the general running of the home.
- 2.4.4 Staff were asked what they would do if they found themselves in a situation where they did not get on with one of the people they supported. One staff member said they would speak to their managers about the situation, and ultimately try and deal with it and put it behind them. The other member of staff said that she had actually had to deal with a similar situation, where one tenant became too close to her and this had resulted in the staff member having to work in another property, which she had found difficult to deal with.
- 2.4.5 Communication was discussed. Both staff members showed a good understanding of the people they supported and through observation communicated with the tenants very well. In relation to making a complaint, both staff said that they were aware how to support someone to do this, and said that they hoped any difficulties could be addressed formally on a weekly basis, through tenants' meetings.
- 2.4.6 Through discussion about working hours, one staff member stated that she regularly completes a 24 hour shift at the property (including a sleep-in shift in the middle of this). The staff member stated that it was not always possible to get a good night's sleep for the duration of the sleep-in shift. This was raised with the Manager and General Manager, who agreed to review the process to ensure it was still meeting both staff and service users' requirements.

## 3. **Corrective/Developmental Actions**

### 3.1 Corrective Actions

- 3.1.1 None given.

### 3.2 Developmental Actions

- 3.2.1 PRESS to review shift process to ensure it is still meeting both staff and service users' needs.

## 4. **Conclusion**

- 4.1 The monitoring visit was positive with only one developmental action given, which was discussed with the provider who has already begun review of the process involved.
- 4.2 A good atmosphere was observed between the tenants, and the staff. The provider is encouraged to maintain the standards seen during the visit.

**Author:** Geraldine Powell  
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