

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

**COMMISSIONING TEAM**

**CONTRACT MONITORING REPORT**

**Name \ address Of Provider:** The Partnership of Care, 27a Commercial Street, Ystrad Mynach, Caerphilly, CF82 7DW

**Date of visit:** Tuesday 9<sup>th</sup> April 2019

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

**Present:** Janine Darling: Responsible individual, The partnership of care  
Gemma James: Registered manager, The partnership of care

**1. Background**

**1.1** The Partnership of Care has been a registered provider of Domiciliary Care Services within the borough since 2006. At the time of the visit the organisation was providing approximately 1353 hours of care and support each week to 143 people (a decrease of 185 hours and 1 client since the previous visit last year).

**1.2** The range of care and support tasks undertaken by The Partnership Of Care includes personal care (e.g. assistance with bathing, washing, dressing, administration of medication, personal and intimate care), nutritional care (e.g. assistance with eating and drinking, food and drink preparation, and food and intake monitoring), mobility care (e.g. assistance with getting in and out of bed, general movement), and domestic care (e.g. assistance with cleaning, shopping, other housework, arranging appointments).

**1.3** Dependant on the findings within the report, The Partnership of Care may 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 those deemed to be good practice.

**1.4** The monitoring visit reviewed recommendations made during the previous visit carried out on 17<sup>th</sup> April 2018 and also completed the monitoring tool used by the Commissioning Team. The previous visit identified 3 corrective actions and 4 developmental actions: these were revisited and the findings are outlined in section 2 below.

**2. Previous recommendations**

**2.1** Daily records must provide an accurate reflection of the wellbeing of the individual and tasks undertaken. Records must be accurate, legible, signed and dated (Previously NMS 16.3 but now comes under RISCA regulation 59). This recommendation was originally made in June 2016.

**Not met.** This was not evidenced in the daily notes seen. The information provided was very limited. It is disappointing that this action has been ongoing for a period of time and some carers are still unable to accurately record the necessary detail.

**2.2** Service delivery plans (personal plans) to be consistent with and incorporate all the information provided in the Caerphilly CBC care plan (RISCA regulation 15). Original deadline was 20<sup>th</sup> June 2013.

**Met.** The personal plans were consistent with the CCBC care plans on the 3 files viewed during the visit.

**2.3** If the full amount of time for the call is no longer required, the Manager must contact the relevant team to inform them that a review is required to reduce call times (Caerphilly Domiciliary Care Contract, Clause 9.5)

**Partly met.** Reports were printed off for 2 people who are in receipt of a package of care and both were having 4 calls a day of 30minutes, 15minutes, 15minutes and 30minutes: although there were gaps in both reports, one consistently evidenced that the evening call was taking less than the allocated time. There were 4 occasions noted where calls had been completed in under 6 minutes during a 2 - 3 week period.

**2.4** Carers to refrain from using abbreviations in the daily records.

**Partly met.** It was noted that improvements had been made, however some carers are still using abbreviations such as FBW to indicate 'full body wash': staff need to be mindful that daily notes are legal documents and should be clear to anybody reading them.

**2.5** It is recommended that when reviews are carried out, a record is held of what information was used/who was spoken to in order to complete the review.

**Partly met.** It was not clear on one file what information had been used to complete the review but it appeared that this was compiled following a conversation with the individual receiving care. There was evidence forwarded to the contract monitoring officer for another client where feedback had been obtained in relation to equipment that had been purchased. It has been recommended previously when conducting a review that feedback is obtained from the individual and closest relative (where appropriate) the main carers and if necessary, the social worker. It was discussed with the manager and agreed that reviews would contain a box in order to act as a prompt to include social worker feedback if needed (although it is acknowledged that this may only be once a year where the reviews will be completed quarterly).

**2.6** Key workers to incorporate more information around the life histories of people they work with into their files. This will assist new staff to gain an understanding of the person to help them feel more relaxed around a new carer coming into their home.

**Partly met.** This information was inconsistent across the 3 files viewed: there was no life history in the first file but there was a basic pen picture in the personal plan. The second file contained very limited information in the personal plan but did not state if she had worked or what her preferences are. The contract monitoring officer noted that the third file contained information around the gentleman's preferences, that he had worked as a coal miner and enjoys woodwork and gardening. It is recommended that files are consistent and as much information is obtained during the initial assessment as possible, or developed as part of the 6 week review when members of staff have had conversations and got to know a bit more about the individual.

**2.7** Interviews to be carried out by at least 2 suitably qualified members of staff.  
**Met.** It was evidenced on the 2 files viewed that both members of staff had been interviewed by 2 appropriate senior staff members.

### **3. Findings from visit**

#### **3.1 Registered individual**

**3.1.1** The last inspection carried out by CIW was on the 10.12.18 and at this time there were concerns regarding recruitment records, the lack of oversight of the responsible individual into the domiciliary care service, complaints not being appropriately recorded and insufficient consideration being given to people's needs and wishes when calls are scheduled.

**3.1.2** The contract monitoring officer was told that the responsible individual has weekly meetings with the registered manager and that the manager will be returning to full time hours in May.

**3.1.3** There were no quarterly reports following inspections carried out by the responsible individual as it was highlighted that the service has yet to be fully registered, however the contract monitoring officer was informed that this will be carried out once registration is complete.

**3.1.4** It was noted that the statement of purpose had been reviewed within the past 12 months and was up to date. If the registered manager and responsible individual were absent at the same time for a significant amount of time it was stated the 2 deputy managers would carry out the role between them.

#### **3.2 Recruitment, training and supervision**

**3.2.1** At the time of the visit it was reported that 44 members of staff had left the agency and 61 had been recruited during the past 12 months. The main reasons for members of staff leaving were due to travelling, the cost of fuel and the rate of pay.

**3.2.2** 2 staff files were looked at as part of the monitoring process and both contained verified references, job descriptions and application forms (although it was noted the application forms did not have any scoring mechanism to highlight the decision making). The contract monitoring officer noted that interview records were also available on both files and contained meaningful scenarios to judge the applicant's suitability i.e. what would you do if you found a client unconscious? What if you noticed a medication error? What action would you take if someone you were providing care to became physically and/or verbally aggressive?

**3.2.3** There were no unexplained gaps in employment; photos were present as well as a signed contract of employment. Dated DBS numbers were recorded and held on file and both of these were within 3 years. It was acknowledged these were recorded as 'green' indicating that no issues were raised on the certificate. The manager stated that if any of these were returned with any warnings or convictions this would be marked as 'red' and an appropriate risk assessment would be completed.

- 3.2.4** There were training certificates held on file and certificates for the successful completion of their induction. There were 2 different types of certificate on the files viewed and 1 of these needed to be signed and dated by the carer. There was also evidence that new members of staff had undertaken a meaningful shadowing process to ensure all aspects of the role are covered and the individual is confident in carrying out the calls independently.
- 3.2.5** The appraisal matrix was emailed to the contract monitoring officer and it was noted that the only gaps present were to the individuals being on maternity leave. A comprehensive electronic copy of the training matrix was also provided which was very clear, detailed and easy to interpret. All mandatory courses such as medication, manual handling, safeguarding and infection control were recorded with the appropriate refresher period and the expiry date of their current training. There was a senior member of staff that had a number of blank cells on the matrix and it was explained this was due to her being a new starter who commenced employment 25.04.19 and her name had been placed on the spreadsheet in readiness for her starting. . It was also noted that one of the dates recorded was November 2019: it is believed this is a typing error; however, it is highlighted that courses should only be entered onto the matrix once complete to avoid confusion.
- 3.2.6** There were 2 staff members that didn't have a date recorded for first aid training and 1 that was overdue: it is recommended that the manager ensures their names are down for the next available courses within the Caerphilly workforce development team or with the provider used by the agency.

### **3.3** Service performance

- 3.3.1** The call monitoring reports provided contained multiple gaps where carers were not logging in and /or out of calls, one of these reports had a significant number of voids. In order to be compliant with the new legislation, the provider must be able to clearly evidence the time carers spend providing care, on rest breaks and travelling.
- 3.3.2** As part of the monitoring process, the contract monitoring officer completed surveys with 10 people that were either in receipt of a package of care or their relative. The packages of care ranged from 2 hours to 21 hours a week. In order to get a broad range of clients, the packages had also been in place from as recent as 6 months to 4 years.
- 3.3.3** 8 surveys were completed during a home visit and 2 were completed over the phone (1 with the client and 1 with a relative): Out of the homes visited 1 file was unable to be located. Only 1 of the files seen contained an up to date care plan completed by CCBC, 1 file didn't have the plan in place, 2 care plans had not been dated and 3 were out of date and due for review. All 7 files had an up to date personal plan detailing the needs and preferences of the individual. It was acknowledged that all the files contained contact numbers for the agency including the emergency out of hour's number except 1.
- 3.3.4** 4 out of 10 surveys said they had complained about the care received: 1 was around medication being found on the floor due to the poor eyesight of the client, 1 reported

the carer had refused to put the rubbish in the wheelie bin, 1 relative felt staff were not careful enough when their mother was mobilising, and 1 complained about a particular member of staff and once the complaint was made via the social worker the member of staff was removed from the call. All reported that they were satisfied with the way the complaint had been dealt with.

**3.3.5** When asked if there was anything that could be improved about the service it was mentioned by 1 respondent that there are 2 regular carers that carry out the call, but if it isn't either of these, they aren't informed of who else will be coming. 2 relatives said that the washing up was not being done properly and carers appeared to just be rinsing items under the cold tap and the plates are left greasy on the draining board. It was also mentioned that the meals are not always well presented (resulting in their Mother not eating properly) and evening calls always being early when the regular carer is on holiday. One client said that the gaps of the call between breakfast and lunch can vary between 2 to 5 hours and if the morning calls are too late the lady will try to get herself out of bed. It was highlighted that the individual had been in bed for 12 hours the previous day which increases the risk of pressure areas. The contract monitoring officer was informed by 2 other relatives that although the individual has a diagnosis of dementia, staff do not always offer a choice and feel the calls are very task orientated and sometimes only last for approx. 5 minutes. They did not feel this had been addressed properly when raised. 1 respondent said the only thing they felt could be improved was the communication from the office, particularly if they have been made aware a member of staff is running late and 2 stated that there were a lot of different carers carrying out their calls

**3.3.6** All respondents were asked rating they would give the service out of 10: 1 said 5 or 6, 2 said 7, 1 said 8, 4 said 9 and 2 gave the service 100%. It was noted that the family of one client commented that they would give the service a 5 or 6 as an overall reflection of the service but they would give 8 or 9 if they were focussing solely on the evening calls.

#### **3.4** Carer related questions

**3.4.1** As part of the monitoring process, feedback was obtained from 2 members of staff selected at random: both said they had sufficient travel times between calls and they had enough time to provide the care outlined in the personal plans, although 1 carer did mention that the lunch time calls can sometimes be a bit stretched.

**3.4.2** When asked if the office rota system was working ok both said yes and they felt supported by their supervisor and if they had any problems with the 'runs' they would be able to speak to their line manager to try and resolve the matter.

**3.4.3** It was stated that both members of staff had a full induction with shadowing to enable them to carry out their role fully. One carer highlighted that she had been with the company for 14 years and explained that she was able to go to her line manager if she had any concerns about any of the calls or the role.

**3.4.4** It was mentioned that the information available within the homes of the clients can sometimes be a bit vague, particularly following a hospital discharge. In order to ensure that the care is provided to the wishes of the client, it is important that as much

information is given to the carers as possible, particularly where the client is unable to express their wishes or what tasks are needed to be carried out.

**3.4.5** There were no issues or concerns raised by either carer and both felt confident in being able to raise the issues directly should they arise.

#### **4. Corrective / developmental actions**

##### **4.1 Corrective actions (Deadline for all corrective actions is 31<sup>st</sup> July 2017)**

**4.1.1** The registered manager to carry out audits of the ECMS reports and taking appropriate action against carers who are consistently failing to clock in / out of their calls. (RISCA regulation 41.5)

**4.1.2** Detailed personal plans to be available to staff to assist in carrying out the calls effectively. (RISCA regulation 15)

**4.1.3** Daily records must provide an accurate reflection of the wellbeing of the individual and tasks undertaken. Records must be accurate, legible, signed and dated (RISCA regulation 59). This recommendation was originally made in June 2016.

**4.1.4** If the full amount of time for the call is no longer required, the Manager must contact the relevant team to inform them that a review is required to reduce call times (Caerphilly Domiciliary Care Contract, Clause 9.5)

**4.2.5** It is recommended that when reviews are carried out, a record is held of what information was used/who was spoken to in order to complete the review. (RISCA regulation 15)

##### **4.2 Developmental actions**

**4.2.1** It is recommended that application forms contain a scoring mechanism to assist in making the decision whether or not to interview the applicant (RISCA regulation 35)

**4.2.2** Carers to refrain from using abbreviations in the daily records.

**4.2.3** Key workers to incorporate more information around the life histories of people they care for into their files. This will assist new staff to gain an understanding of the person to help them feel more relaxed around a new carer coming into their home.

#### **5. Conclusion**

**5.1** From the previous recommendation made during the last visit 2 had been made, 3 were partly met and 2 were not met. It was noted that where the recommendations had not been fully completed, there was evidence of work being carried out towards these being met.

**5.2** Although there were 8 actions identified, this is resulting from the amended monitoring template against the new legislation. As mentioned earlier in the report, the service

was not fully registered against the new regulations at the time of the visit but will be working towards the same requirements.

- 5.3 All the files seen were well presented, organised and clearly labelled which made the information required much easier to locate. The spreadsheets provided were also clear, comprehensive and easy to use.
- 5.4 Feedback received from clients and care staff has been fed back to the agency on an individual basis, but generally the feedback was positive with the main issues tending to be around consistency of carers and call times.
- 5.5 In line with the contract monitoring strategy the next monitoring visit will be carried out in approx. 12 months time unless it is deemed necessary for this to be carried out beforehand. The Contract Monitoring Officer would like to take this opportunity to thank the Manager for her time and hospitality during the visit.

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**Date:** 10<sup>th</sup> June 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 prospective residents and/or their families should they ask to see them