

/CAERPHILLY COUNTY BOROUGH COUNCIL DIRECTORATE OF SOCIAL SERVICES

COMMISSIONING TEAM

CONTRACT MONITORING REPORT

Name/Address of Provider: The partnership of care (supported living service)
27A Commercial Street, Ystrad Mynach,
Caerphilly, CF82 7DW

Date of Visit: Monday 25th March 2019

Visiting Officer(s): Amelia Tyler, Contract Monitoring Officer, CCBC

Present: Janine Darling, Responsible Individual, The partnership of care

1. Background

- 1.1 The Partnership of Care has been providing supported living services to residents of Caerphilly Borough since 2006. The organisation offers tenancies in 10 different properties throughout the borough, which accommodate individuals who have learning disabilities and/or mental health difficulties
- 1.2 The supported living monitoring tool was completed during an announced visit to the office which followed separate visits to 3 of the properties. The reports have all been completed individually
- 1.3 It was highlighted that the last visit to the main office was carried out on the 12th September 2017 and at this time there were 3 corrective and 3 developmental actions identified. All recommendations were reviewed and the findings are outlined below.

2. Previous recommendations

- 2.1 Personal plans to be drawn up with the involvement of the tenant (wherever possible) or their representative. This was originally highlighted 29.04.16.
Partly met. During the visits it was not possible to evidence on each file that the individual receiving support had been involved in the compilation of their personal plan. In order to comply with the new RISCA guidelines the service managers must ensure all personal plans clearly evidence the involvement of the individual and/or representative.
- 2.2 Service plans to be signed by the tenant or representative. If the tenant is unable to sign, the reason for this should be clearly recorded. This was originally highlighted 29.04.16.
Partly met. Service managers are to be proactive in obtaining signatures from tenants or appropriate representative and ensure this is present at the property and the main office. If this cannot be completed, a clear reason should be recorded along with the attempts made to obtain signatures.

2.3 All staff files to contain appropriate, timely photos of the staff member.
Met. Staff files were not viewed during the office visit but it was confirmed by the responsible individual following the visit that photos were on file and all employees also have an ID badge.

3. Responsible individual

3.1 The contract monitoring officer was informed that there weren't any quarterly reports completed for the supported living properties but was told these would be forwarded to the commissioning team once they had been carried out. It was explained that the service was still going through the registration process with CIW.

3.2 A copy of the statement of purpose was provided but the responsible individual mentioned this needed to be updated to combine the supported living and domiciliary care services. Once registered it was emphasised that the document should be clearly dated with the name and designation of the author.

3.3 It was noted that the responsible individual is also the registered manager of the supported living service. The staffing structure consists of 1 responsible individual, 2 service managers and 3 deputy managers: the contract monitoring officer was told that if the registered manager was absent unexpectedly for a significant period of time that the duties would be absorbed by the rest of the management team.

3.4 A file containing all the policies and procedures was seen at the office and it was acknowledged that the majority of the necessary documents were present with the exception of the admissions and commencement of service. It is required by the new RISCA legislation that a policy is in place in relation to beginning a new package of care with a new person. It was also noted that some of the policies were due for review.

4. Tenant information

4.1 It was explained that The Partnership of Care are both the landlord and support providers in their properties. However, it was highlighted that if a client decided they wanted to remain in the property but have their support provided by another agency they would be supported to liaise with a social worker to find an alternative provider.

4.2 The responsible individual said that there were plans to buy 1 more property in the local area with the intention of turning it into 4 self contained units for younger adults with support needs.

4.3 Tenants are referred to the service either through contract monitoring or assessment care management from the local health board or assessment care management from the local authority. The tenancy selection process was discussed and it was explained that the process normally takes place over a period of time (depending on the needs of the individual), and this will include visits to the property, meeting with staff members and other tenants and incorporate family members if appropriate. There are trial periods and a probationary period of 3 months to allow the individual to settle in.

5. Manager's questions

- 5.1** Medication audits are completed every month in addition to the end of week checks carried out by the team leaders. There was no covert medication being administered in any of the three properties that were visited at the time of the visit.
- 5.2** The contract monitoring officer was told that all medication is stored securely and checks always require a double signatory from staff members.
- 5.3** Feedback is sought every three months from the clients and representative (where appropriate). The team leaders will complete a QA form with the individual and discuss any concerns or areas for improvement. No changes have been required as a result of this feedback as no issues necessitated any action. The outcome of the QA process will be shared with tenants and families in an easy-read report. The contract monitoring officer asked for a copy of this to be emailed once completed.
- 5.4** It was explained that when recruiting new support staff the existing tenants are involved in the selection process if they are willing and able. It was emphasised that it would be beneficial to record evidence of the feedback obtained from the interviewing tenants on the employee file.

6. Complaints and compliments

- 6.1** Tenants are supported to make complaints as outlined in the easy read policy that is available to all employees and people supported by the agency. It was stated that if staff notice any changes in behaviour or gestures of individuals that are not able to communicate verbally they would try to discuss this and carry out some investigation to find out if anything is wrong and if they wished to make a complaint.
- 6.2** The responsible individual highlighted that when a complaint is received, the complainant can choose how they wish to receive feedback on the outcome. It was stated that most people like to meet face-to-face but this can also be done via email or letter.
- 6.3** Staff members would be informed of any complaints during team meetings unless the matter was concerning a particular employee in which case it would be dealt with via the supervision and disciplinary process. There were no practices that have needed to be changed as a result of concerns being raised but it was mentioned that the domiciliary care side of the agency had held training around making beds as this was something highlighted by a client.
- 6.4** No compliments were identified during the meeting but Janine did mention that compliment slips have been introduced: These will assist in completing weekly reports and it is hoped this will encourage staff to be more proactive in recording positive feedback. It was requested that the responsible individual share any compliments with the commissioning team so they can be logged and shared at the bi-monthly QA report in the council attended by senior managers.

Staffing issues

- 6.1 It was not possible to obtain the number of staff within the supported living side of the agency who had left and been recruited over the previous 12 months. In order to maintain clear and accurate information, this information should be readily available.
- 6.2 The responsible individual stated that they do not use agency staff but use their own pool of carers to cover any unexpected absences.
- 6.3 There is an on call-system where senior members of staff are available 24 hours for advice and support in the event of an emergency.
- 6.4 Copies of the training matrix were provided and it was noted that there were gaps identified where the members of staff need to be nominated as a priority. Some of the training was also out of date and the responsible individual must ensure that refresher training is attended to cover mandatory courses such as infection control, manual handling, medication awareness etc.

7. Training

- 7.1 A copy of the training matrix was emailed to the contract monitoring officer following the visit and it was noted that there were gaps
- 7.2 Some courses were not clearly labelled i.e. 'data', 'intensive' and 'E&D': In order to reduce any possible confusion it is recommended that these are recorded plainly.
- 7.3 The training that is provided is classroom based which allows for group discussion and for people to highlight real life scenarios. Most of the training is sourced from an external company and it was explained that managers also sit in and attend these courses. Following feedback from the domiciliary care side of the company, training is now being given into bed making for people who don't have fitted elasticated sheets.
- 7.4 It was noted that although the 'active offer' is not being fully implemented at the moment it was acknowledged that the domiciliary care side of the agency have written to clients to ask if they wish to converse in the Welsh language. In order to evidence that the agency are compliant with the Welsh Assembly legislation, it is recommended that these surveys are completed with all tenants and/or their family, signed and dated and held on file.

9. Corrective and developmental actions

9.1 Corrective actions (the deadline for all actions is 23rd August 2019)

- 9.1.1 Personal plans to be drawn up with the involvement of the tenant (wherever possible) or their representative. This was originally highlighted 29.04.16. (RISCA regulation 35)
- 9.1.2 Service plans to be signed by the tenant or representative. If the tenant is unable to sign, the reason for this should be clearly recorded. (RISCA regulation 35)

- 9.1.3 The registered manager to ensure a policy is in place in relation to the commencement of a service (RISCA regulation 14)
- 9.1.4 Policies and procedures to be reviewed annually and for this to be clearly evidenced (RISCA regulation 14)
- 9.1.5 A copy of the annual QA report to be emailed to the commissioning team (RISCA regulation 80)
- 9.1.6 Mandatory training to be up to date for all employees and the matrix updated accordingly (RISCA regulations 35 and 36)
- 9.1.7 Positive consideration to be given to involve people using the service in the recruitment process (RISCA regulation 35)

9.2 **Developmental actions**

- 9.2.1 The training matrix to clearly label the courses attended rather than using abbreviations.
- 9.2.2 In order to evidence the 'active offer' all tenants and/or representatives to be given a copy of the survey asking which language they would like to converse in and this be retained on file.
- 9.2.3 Information around staffing levels and the number of new starters and leavers to be available upon request.

10. **Conclusion**

- 10.1 Although there are more actions identified during this monitoring visit than the previous visit, it was acknowledged that some of these are due to the new legislation that has been introduced.
- 10.2 As mentioned in the body of the report, the service has not yet been fully registered with CIW and it is requested that the responsible individual keeps the commissioning team updated in relation to this.
- 10.3 The Contract Monitoring Officer would like to take this opportunity to thank the responsible individual for their time and hospitality during the meeting.

Author: Amelia Tyler
Designation: Contract Monitoring Officer
Date: 22nd May 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.