

CAERPHILLY COUNTY BOROUGH COUNCIL DIRECTORATE OF SOCIAL SERVICES
COMMISSIONING TEAM

CONTRACT MONITORING REPORT

Name/Address of Provider: Enable Care Services, Fair Oak Farm, Woodland Terrace, Argoed, Blackwood, NP12 0HA

Date of Visit: Monday 16th December 2019

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

Present: Laura Witcombe: Manager, Enable Care Services

1. Background

- 1.1** Ty Gwernen is a large detached home situated just outside of Blackwood town. The home is owned by Enable Care Services and was registered with CSSIW in 2007 and can provide care for a maximum of 7 younger adults (aged 18 and older) with mental health needs.
- 1.2** At the time of the visit there were 6 people living at the home: 5 of which had been assisted by Caerphilly to move a 1 by Torfaen County Borough Council. It was noted that the remaining vacancy at the property had been allocated.
- 1.3** The previous monitoring visit was completed on the 16th November 2018 and at this time there were 3 corrective actions and 7 developmental actions identified. The purpose of this visit was to determine whether these actions had been completed and to work through the monitoring tool used by the commissioning team. The findings are outlined in section 2 of this report.
- 1.4** Dependant on the findings within the report, corrective and/or 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 to be good practice.

2. Previous Recommendations

- 2.1** Risk assessments and personal plans for residents to be regularly reviewed to ensure accuracy of the information provided (RISCA regulations 7 and 16)
Met. The home manager said this was being completed every month which is more frequent than the required 3 months specified in the regulations. 2 resident files were viewed and it was noted that the personal plans were being reviewed as entire documents rather than specific areas i.e. personal care, mobility, eating and drinking etc. This is looked at in more detail later in the report.
- 2.2** The Manager is to record observations of staff carrying out specific tasks to evidence the effectiveness of training and staff competence (RISCA regulation 36)
Not met. The contract monitoring officer was told that if the manager witnesses any issues this is dealt with at the time but this is not formalised or evidenced. It was

emphasised that this should also be a positive way of reinforcing good practice and recording special moments between staff and residents.

- 2.3** Each member of staff to complete their annual appraisal (RISCA regulation 36)
Met. At the time of the visit there were 6 to be completed by the end of the year: the manager's appraisal was planned for the 17th December, 1 member of staff was on maternity leave and due to return in February and 1 member of staff was on sick leave. It was requested that the matrix be updated at the end of December and emailed to the contract monitoring officer. This was forwarded on the 23rd January and evidenced all appraisals had been completed.
- 2.4** The manager to explore ways to deliver the active offer in future in the event that someone whose first language is Welsh and wishes to move to the property (RISCA regulation 24)
Not met. The manager explained that although this is in the service user guide, there is nowhere in the home that highlights which members of staff are able to communicate in Welsh and there are no bi-lingual signs anywhere within the home. It was acknowledged that there is 1 gentleman who is bi-lingual and only the manager who is able to speak any Welsh.
- 2.5** Additional information to be incorporated into activities record to evidence the promotion of independence. Consideration was to be given to the managers swapping homes to deliver training.
Not met. The manager explained at the time of the visit there was only 1 resident that would do this as well as the resident who moved into the property the same day as the monitoring visit. There was nothing available on file to demonstrate what members of staff have done to try and encourage this, however, the new resident was observed sweeping the laundry room floor. It was explained that the managers have not yet swapped homes to deliver training.
- 2.6** All staff to be vigilant in recording any refusals of people not wishing to participate in activities.
Met. It was explained that this is now being recorded on an hourly basis and this was seen on file for 1 of the residents. The contract monitoring officer also noted that one of the residents is particularly independent and is able to go out and about safely in the community without any support. If people don't wish to do a particular activity, it is recorded what they had decided to do instead.
- 2.7** It is good practice to ensure there are a minimum of 2 interviewers present during all interviews.
Partly met. It was not possible to complete this action as this had only been done on 1 of the files seen. The contract monitoring officer acknowledges that this documentation cannot be completed retrospectively and the manager has explained that any new starters will be interviewed by 2 senior members of staff. During the next monitoring visit the files selected will be from the most recent recruits.
- 2.8** All interviewers to sign and date the document and record their designation within the company
Not met. None of the interview records seen had been signed or highlighted the role of the interviewer. Although some forms had the date of interview logged, this wasn't on all

of them. It is good practice to keep this information on file to ensure consistency and transparency.

2.9 Once reviewed, policies and procedures should be signed and dated with the designation of the reviewer and the date of the next review.

Partly met. It was noted that the policies and procedures seen had been signed and dated but there was no information around who had reviewed the document, what their position is within the company or when the next review is due.

2.10 It is good practice for policies and procedures to be reviewed every year and updated where necessary

Met. There was evidence seen on the policies and procedures to demonstrate they had been reviewed within the previous 12 months.

3. Findings from Visit

3.1. Training

3.1.1 It was discussed that although the manager works on the floor with support staff, formal records of observations need to be held that can be incorporated into the supervision sessions, team meetings, appraisals and the QA reports.

3.1.2 A copy of the training matrix was provided which was clear and easy to follow with the refresher periods plainly recorded. There was 1 employee who had 3 gaps in her training record but was noted as being a new starter; however the contract monitoring officer believes this should be considered as there are courses on the matrix suggesting she has worked at the home since 2012.

3.1.3 Fire awareness training is to be updated for all staff as it is recorded on the matrix that has not been carried out since 2012 but should be appraised every 6 months. It was acknowledged by the contract monitoring officer that the last fire assessment had been completed in July 2019 (no recommendations made) and fire drills had been recorded for 30.11.19 / 02.12.19 and 09.12.19. Challenging behaviour and disability awareness training were not shown on the training matrix and it was recommended that these be included as mandatory training.

3.1.4 It was explained that in-house training is used and classroom based learning which is primarily provided by the workforce development team within CCBC. The manager said the matrix is reviewed every month and training is always discussed as part of their team meetings. During the conversation the manager explained her plans to do some experiential training around non-verbal communication to develop the understanding of support staff about how it would feel not to be able to talk.

3.2. Staffing

3.2.1 Both staff files viewed contained interview records, however, only 1 of them contained evidence of 2 interviewers: the manager explained that they now ensure 2 interviewers take part in recruiting new employees. The interview records had not been signed or dated and did not record the position of the interviewer: it is advised that this be recorded in case there is ever an issue with misconduct etc.

3.2.2 At the time of the visit staffing levels were 3 by day and 2 by night which was assessed by the manager as sufficient to meet the residents' needs. The contract monitoring officer was told there were no employees working more than 48 hours a week and any staff absences are covered by the staff team as they do not use agency staff.

3.2.3 The contract monitoring officer advised that the safeguarding training (SOVA) and recording and reporting training is booked through the workforce development team within CCBC for all employees.

3.2.4 It was noted that the staff team had remained quite static over the past 12 months and there had only been 1 new recruit and 1 member of staff who had left. It was felt that this was positive and encourages the knowledge and relationships within the team and with residents.

3.3. File and documentation audit

3.3.1 It was noted that the personal plan is reviewed as an entire document rather than individual goals and outcomes: Regulation 16 of the new legislation states that reviews must include a review of the extent to which the individual has been able to achieve their personal goals and it is advised that these are documented separately i.e. personal care, eating and drinking, communication, activities etc. The goals may vary hugely depending on the person i.e. one individual might be able to strip and change their bed completely independently and another might be able to put the pillowcases on but a goal might be to put the bedding in the washing machine or help with fastening the buttons/poppers. The goals should be agreed with the resident as much as possible and should be clearly documented.

3.3.2 The contract monitoring officer was given copies of the quarterly reports completed by the responsible individual that were dated 16.09.19, 19.06.19 and 19.03.19; these reports demonstrated the involvement of the RI within the home and that all areas are looked at including the environment, the fabric of the home, the wellbeing of staff and residents and any actions that need to be carried out.

3.3.3 Both staff files viewed contained 2 written references (with 1 being from their previous employer) both contained job descriptions and application forms as required. There were no unexplained gaps in employment and both files contained a signed contract of employment. It was acknowledged that although both staff files contained copies of passports there was no birth certificate on one of them: in order to comply with new legislation, all employees should provide a copy of their birth certificate.

3.3.4 There was evidence of DBS checks held on the files viewed and both of these had been completed within the past 3 years and both had been returned clear so no risk assessments were required.

3.4. Quality assurance

3.4.1 A copy of the 6 month review was provided for the period April - October 2019: this was very detailed and provided feedback from the service users meeting and questionnaires from staff, family, the pharmacy and feedback from the manager.

3.4.2 The outcomes of the annual QA process are fed back to the residents and relatives/advocates: everyone is invited to attend a meeting to discuss the findings in October or December and they are also made aware that they can have a copy of the report if requested. It was not necessary to make any changes following the feedback received during the last QA period.

3.4.3 It was noted that there had been 4 compliments recorded in the compliments book since the last visit and that had been 1 issue that had to be dealt with which was between 2 members of staff. It was explained that the 2 staff members were spoken to about the matter and followed up formally. The contract monitoring officer was informed that 1 member of staff has since sought employment elsewhere.

3.4.4 Discussion was held around how the home involves residents and the families/friends in activities and the manager said it is through encouragement and conversations: a 'what's on' sheet is sent out with pre planned activities that are known at the beginning of the year to give choices for those that wish to participate and to try and stimulate the interest of other parties that might wish to be involved.

3.5. Staff feedback

3.5.1 A staff member was spoken to as part of the monitoring process who had been working at the home for approx. 10 months: it was explained that they were aware of the personal plans and risk assessments and where to access these and stated that they were kept up to date with any changes made to these documents.

3.5.2 It was commented that the manager spends time walking around the home and engages with staff and residents and is approachable. When the contract monitoring officer asked about where they took residents out in the community they responded 'we go out for food, bowling, we go to the cinema, local garden centres or local shows e.g. we recently went to the Robin Beverley concert'. Although the member of staff said they were able to be flexible in their role, the only thing that was structured and could sometimes be restrictive was the medication.

3.5.3 The individual explained that she does have time to just sit and chat to the residents, but they have more free time in the afternoons because the mornings and lunch periods can be quite busy. If they have a few minutes spare where there isn't much going on it was stated that they would offer to play a board game, file/paint their nails, put a CD on, brush their hair or do a word search.

3.5.4 It was pleasing to note that the staff member felt able to identify any training needs and was able to raise this with the home manager: at the time of the visit it was explained that they wanted some training around blood sugars in order to meet the needs of any diabetic residents.

3.6. Resident feedback

3.6.1 As mentioned earlier in the report that meetings are held for residents and family members/advocates to review the care provided and discuss any issues with the social worker and home manager. Although some individuals decline this opportunity, it is

important that they have this chance to speak on behalf of the resident and provide their own views of the service.

- 3.6.2** The 6 monthly QA report outlined that 6 questionnaires had been sent out to the residents and all had been completed and returned (with assistance from staff if needed or requested). I was noted that all had come back with positive feedback and no comments and this would be carried out again in January 2020.
- 3.6.3** A brief conversation was held with one of the gentlemen at the home who told the contract monitoring officer that he was happy at the home and that his son visits him regularly. The most important thing to him was that he could get a taxi into Blackwood independently. It was pleasing to note that he enjoyed seeing the Roy Orbison tribute act and is planning to go and see Cats at the cinema when it is released. The gentleman said that if there was anything at all he wasn't happy with he would go straight to the manager.
- 3.6.4** It was explained that the individual had lived at Ty Gwernen for approx. 6 months and could not speak highly enough of the service: it was shared that he had suffered with anxiety and depression in the previous home because he was unhappy but feels so much happier in his new home and said he could have a chat and a laugh with the members of staff and there wasn't anything he would change.

3.7. Nutrition

- 3.7.1** It is decided by the residents themselves what they could like to eat and for the lady who is not able to communicate verbally, this is decided by staff on a best interests basis and their prior knowledge of what she enjoys.
- 3.7.2** In order to encourage a healthy diet, employees encourage residents to sit down and discuss the menu plans and their preferences: although this is not set in stone, it assists with planning the weekly shop as well as inspiring a balanced diet.
- 3.7.3** The manager told the contract monitoring officer that although tea time is normally about 4pm and they encourage residents to eat together, and there are rough timescales for their evening meal, it is generally up to the resident when have their meals.
- 3.7.4** Where they are able to, residents take it in turn to do the shopping and this is done twice a week. It was explained that shopping lists are completed and support staff will go out with residents into Blackwood to get what is needed. When asked what would happen if the needs of any of the individuals changed, it was explained that they would contact the relevant professionals e.g. CPN, district nurse, SALT team etc. and update the risk assessments and personal plans if needed.

3.8. General observations

- 3.8.1** There isn't a designated smoking room but there is a covered area outside the home that is safe and protected where residents can smoke if they wish to do so.
- 3.8.2** Residents bedrooms were seen and were noted to be well maintained and personalised to the preferences of the individual. All areas of the home were clean and

tidy and it was noted that the doors on the bathrooms and bedrooms can be locked if needed.

- 3.8.3** The manager explained that the kitchen has been replaced since the last visit and they were just waiting on the new cooker hood. This was seen by the contract monitoring officer and it was acknowledged that the residents were pleased with their modern kitchen.

4. Corrective / Developmental Actions

4.1. Corrective actions (The deadline for all actions is 31.05.20)

- 4.1.1** The Manager is to record observations of staff carrying out specific tasks to evidence the effectiveness of training and staff competence (RISCA regulation 36)
- 4.1.2** The manager to explore ways to deliver the active offer in future in the event that someone whose first language is Welsh and wishes to move to the property (RISCA regulation 24)
- 4.1.3** Fire awareness/safety training to be refreshed for all members of staff and updated on the matrix (RISCA regulation 36)
- 4.1.4** In order to make sure that staff members are competent in meeting the needs of the residents the manager should nominate employees to complete training around diabetes and blood sugars (RISCA regulation 36)
- 4.1.5** Birth certificates to be in place for all employees (RISCA schedule 2. 8(b))

4.2. Developmental actions

- 4.2.1** Additional information to be incorporated into activities record to evidence the promotion of independence. Consideration was to be given to the managers swapping homes to deliver training.
- 4.2.2** It is good practice to ensure there are a minimum of 2 interviewers present during all interviews.
- 4.2.3** All interviewers to sign and date the interview record and highlight their designation within the company.
- 4.2.4** Once reviewed, policies and procedures should be signed and dated with the designation of the reviewer and date of next review
- 4.2.5** It is recommended that the author of the QA reports sign the document and their designation.
- 4.2.6** The manager to consider whether any staff member working at the home for over a year should be considered as a new starter.
- 4.2.7** Challenging behaviour and disability awareness training to be added to the matrix.

4.2.8 Challenging behaviour training, safeguarding and disability awareness and recording and reporting training to be booked through the workforce development team and added to the training matrix

5. **Conclusion**

- 5.1 It was noted that 4 out of the 10 recommendations made previously had been completed, 4 had not been met and 2 had been partly met.
- 5.2 Although there are more actions this monitoring period, a lot of this is due to the new guidance that has been introduced and the contract monitoring officer is confident that the manager will implement these before the deadline that has been set.
- 5.3 During the visit it was observed that a new resident was admitted to Ty Gwernen from another home who presented as being unkempt and the contract monitoring officer was really happy with how all the staff present dealt with the situation and cared for this lady to ensure she settled into the home and the move was as stress-free as possible.
- 5.4 The contract monitoring would like to take this opportunity to thank everyone involved in the monitoring process for their time and hospitality. In line with the monitoring strategy another monitoring visit will be carried out in approx. 12 months time unless it is deemed necessary for it to be carried out beforehand.

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Date: 19th 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 prospective residents and/or their families should they ask to see them.