

CAERPHILLY COUNTY BOROUGH COUNCIL, DIRECTORATE OF SOCIAL SERVICES

COMMISSIONING TEAM

CONTRACT MONITORING REPORT

Name of Provider: Village Support Services

Date of Visit(s): 07.03.18

Visiting Officer: Andrew Davies, Contract Monitoring Officer

Present: Kathryn Stanford, Registered Manager
Mary Stanford, Responsible Individual

1. Background

- 1.1 Village Support Services has been a registered provider of Domiciliary Care services with Caerphilly County Borough council since 2005. The company was awarded a new domiciliary care contract in 2011, following a tender process.
- 1.2 The range of care and support tasks undertaken by Village Support include personal care (e.g. assistance in bathing, washing, dressing, medication, using the toilet), nutritional care (e.g. assistance with eating and drinking, food and drink preparation, and food and drink 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 Dependent on the findings within the report, the provider will be given corrective and developmental actions to complete. Corrective actions are those which must be completed (as governed by the contract, legislation etc), and developmental actions are good practice recommendations.

2. Findings

2.1 Previous Corrective Actions

- 2.1.1 Village Support are to ensure that staff stay for the full length of time allocated for each call, or to notify Social Services where calls are consistently taking less time than expected. (*Domiciliary Care Service Specification*).
Findings: Call monitoring records for three service users were seen, and from these records it was noted that there was good consistency of call times and call duration.
Met
- 2.1.2 Village Support are to ensure that all new staff commence a structured, formal induction and shadowing process (*National Minimum Standard 19.2*).
Findings: Staff attend an induction day when they are given information about the role of a care worker, and following this they are given an induction pack to be completed. The completed induction packs were not seen on all staff files, and there was no evidence of any shadowing. **Not met.**

- 2.1.3 Village Support are to ensure that regular spot checks are undertaken and that these form part of the staff supervision process (*National Minimum Standard 21.3*).
Findings: The provider regularly audits staff files, and these audits identify any areas that need to be actioned. The last audit showed that some staff were overdue for a spot check, and evidence of regular spot checks were not present on the staff files.
Not met.
- 2.1.4 Village Support are to ensure that all staff receive one to one supervision every three months (*National Minimum Standard 21.2*)
Findings: From looking through staff files it was noted that not all staff had attended a supervision session every 3 months in the last year, and evidence of regular supervision was not present on the staff files. **Not met.**
- 2.1.5 Village Support are to ensure that all assessed needs, as identified within the CCBC Care Plan, are migrated into the service delivery plan (NMS 4.2) **Findings:** There was some information from the care plan that had not been covered in the service delivery plan, as mentioned below. **Not met.**
- 2.1.6 Village Support are to ensure that they keep up to date records relating staff using their cars for business use (NMS 11.4) **Findings:** The staff file audit completed by the provider showed that several staff files did not contain proof of insurance and MOT certificates. **Not Met.**
- 2.1.7 At least 50% of care staff to have completed an NVQ/QCF qualification appropriate to their role. (*National Minimum Standard 20.3*)
Findings: The Manager has encouraged as many staff as possible to work towards a QCF qualification, however due to the fact that a large number of staff have been appointed recently, more than 50% of staff have not completed the qualification. A discussion took place regarding the new Social Care Wales induction framework and the minimum qualification requirements for the registration of domiciliary care workers with Social Care Wales. This action is removed and will form part of the registration process.
- 2.1.8 Village Support are to ensure that daily records are signed and printed with the full name. (NMS 16.3) **Findings:** The records seen had all been dated, but in most cases just the first name of the member of staff was entered rather than full name. **Not Met.**

3.1 Service Performance

- 3.1.1 It was noted that there was good consistency of care workers, with a small group of regular carers scheduled to attend most calls for each person. For example, over a 2 week period for one person it was noted that 8 different care staff attended the calls; there were a total of 37 calls. Out of these 37 calls, 30 were attended by 3 regular carers, with 5 other staff attending the remaining 7. For another person the number of carers was higher, but this was due to the fact that 2 carers were required for each call. It was evident that the office staff had made efforts to rota regular carers as much as possible.
- 3.1.2 The consistency of call times on the records seen was very good, with most calls taking place within fifteen minutes of the planned time. There were some occasions where calls took place over half an hour outside the planned time, although these were not a regular occurrence on the files seen.

3.1.3 The electronic call monitoring system sends alerts if calls are late or potentially missed, and this system is monitored at all times. When alerts come through, care staff are contacted to ask if they are on their way and if necessary other arrangements are made to cover calls, and service users informed of any issues. The system is monitored during evenings and weekends. The Manager advised that there had been some problems with the monitoring system recently, and during these times other arrangements were put in place to monitor calls, whereby office staff and on call staff had to check that each call had taken place by contacting carers.

3.2 Care and Service Planning

3.2.1 Three service user's files were seen during the visit. The initial assessment documentation was comprehensive and contained detailed and relevant information. The document is broken down into sections, and the information gathered during the assessment links into the service delivery plan

3.2.2 The assessments on all files had been signed by the member of staff, and also by the service user or a family member.

3.2.3 The preferred call times were shown on the service delivery plan on one file, and shown on a weekly calls planner on another file. On the third file the call times were not recorded on the file.

3.2.4 The service plans were personalised and contained the required information for care staff to follow on each call. The service plans are written in a step by step format, and state what can be done independently, and what support is required from the care staff. The service plans had been signed by a member of staff and also by the person to evidence that they had been involved and agreed with the information in the plan.

3.2.5 A Social Services care plan was seen on all files, and in most cases the information from the care plan had been transferred to the service delivery plan, however it was noted that some details from the care plans had not been covered, in relation to skin care and nutrition. This was discussed with the Manager who said that she would amend the service delivery plans as soon as possible. It was also noted that on one file there was no mention of the provider having any responsibilities for medication, however on the service plan it was recorded that care staff should be administering eye drops. The Manager advised that she would clarify this with the Social Worker.

3.2.6 Service plan review documents were seen on the files, however some of these were dated on the same date as the service plan, so it was not clear that reviews had taken place every 6 months. This was queried with the Manager, who advised that she would discuss this with the member of staff to clarify the purpose of the reviews.

3.2.7 The provider undertakes risk assessments of not just the environmental factors (e.g. the electrical appliances, or the outside of the property) but also risks associated with providing care, or with medical conditions.

3.2.8 The provider does not use a separate life history document, however there is a section for life history information in the support plans as well as a section to record people's preferences. These sections had been filled in on some files, but on others there was no information, or very limited information.

- 3.2.9 Daily records for each were completed fully, and there was evidence in the records to show that the care staff had reported any relevant information or changes in need to the office, or to the next of kin if appropriate.
- 3.2.10 Daily records books are collected and returned to the office when the books are full. It is recommended that a sample of books are audited by the Manager or office staff, however the Manager advised that this is not taking place regularly at present.
- 3.2.11 There is a communication system in place to log calls received from care staff to the office to report concerns about a service user, or to report cancelled calls etc.

3.3 Recruitment, Training and Supervision

- 3.3.1 The provider audits staff files to check that all necessary information is present on the files, and this audit was seen during the visit, as well as two staff files.
- 3.3.2 Both staff files all included required information such as a photograph, a detailed application form, and at least two detailed references, however the staff file audit identified that references were outstanding for several new employees.
- 3.3.3 Both files contained a signed contract of the employment.
- 3.3.4 The staff file audit showed that all staff had been DBS checked before they started work, and these are repeated every three years.
- 3.3.5 The staff file audit includes checking that staff have provided proof of insurance and MOT, and it was noted that some staff had not provided up to date information, although the office staff had recorded that they had been requested.
- 3.3.6 The training matrix showed that some staff had attended all mandatory training courses and refresher training, although other staff overdue for mandatory training or refresher training in medication, food safety, health and safety and infection control.

4 Corrective Actions

- 4.1 Village Support are to ensure that all new staff commence a structured, formal induction and shadowing process (*National Minimum Standard 19.2*).
- 4.2 Village Support are to ensure that regular spot checks are undertaken and that these form part of the staff supervision process (*National Minimum Standard 21.3*)
- 4.3 Village Support are to ensure that all staff receive one to one supervision every three months (*National Minimum Standard 21.2*)
- 4.3 Village Support are to ensure that all assessed needs, as identified within the CCBC Care Plan, are migrated into the service delivery plan (NMS 4.2)
- 4.4 Village Support are to ensure that they keep up to date records relating staff using their cars for business use (NMS 11.4)
- 4.5 Village Support are to ensure that daily records are signed and printed with the full

name. (NMS 16.3)

- 4.6 Village Support are to ensure that all care staff have attended mandatory training, and refresher training. (NMS 19.1)
- 4.7 Village Support are to ensure that service delivery plans are reviewed every 6 months, and to ensure that staff understand the review process. (CCBC domiciliary care contract)

5. Developmental Actions

- 5.1 Village Support are to ensure that life history information, and personal preferences are fully completed in the initial assessment, and where appropriate the information is incorporated into the service delivery plan

6. Conclusion

- 6.1 It was positive to see that some actions were completed, however there are still several actions to be addressed. Village Support are encouraged to work towards completing the remaining actions as soon as possible.
- 6.2 Although there are corrective actions, there were also areas of good practice in relation to rota planning, and consistency of care staff and call times on the files seen.
- 6.3 The Contract Monitoring Officer would like to thank staff at Village Support for their hospitality during the visit. A further visit will be arranged later in the year to review progress.

Author: Andrew Davies

Designation: Contract Monitoring Officer

Date: 26.04.18

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.