

CAERPHILLY COUNTY BOROUGH COUNCIL DIRECTORATE OF SOCIAL SERVICES
COMMISSIONING TEAM

CONTRACT MONITORING REPORT

Name/Address of Provider: Partnership of Care, Alexander House, Colliery Road,
Llanbradach, Caerphilly, CF83 8QQ

Date of Visit: Thursday 5th May 2022

Visiting Officer(s): Amelia Tyler: Contract monitoring officer, CCBC
Ceri Williams: Contract monitoring officer, CCBC

Present: Janine Darling: Responsible individual, 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 22 different properties throughout the borough, which accommodate individuals who have learning disabilities and/or mental health difficulties.
- 1.2** Due to the covid pandemic and the restrictions implemented, it was not possible for the commissioning team to visit any supported living premises for the past 2 years and this is now being addressed. It was not necessary to visit every supported living property in the borough as some only had tenants placed by the local health board and some only had individuals placed out of county. Individual reports were completed for each property and this report focusses on the findings at the main office in Alexander House.
- 1.3** The previous visit to the main office was completed on Monday 25th March 2019 and at this time there were 7 corrective and 3 developmental actions identified: these were reviewed, and the findings are outlined in section 2 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. (RISCA regulation 35)
Partly met. Tenant files were viewed at the individual properties, and there were some personal plans had not recorded who had been involved in compiling the plans and this was fed back to the service managers.
- 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. (RISCA regulation 35)
Partly met. There were still some plans that required signatures or an explanation of why this couldn't be obtained.

- 2.3** The registered manager to ensure a policy is in place in relation to the commencement of a service (RISCA regulation 14)
Not met. There was no policy in place in relation to the starting of service provision.
- 2.4** Policies and procedures to be reviewed annually and for this to be clearly evidenced (RISCA regulation 14)
Partly met. The safeguarding, restraint, infection control, medication, complaints, and whistleblowing policies had all been reviewed within the previous 12 months. There was also a policy in place in relation to supporting individuals manage their finances: this was incorporated into the tenancy related support booklet, but the date of review had not been recorded. There was no policy for staff support and development, but the information was included in the training section of the staff handbook which had been reviewed 29.03.20
- 2.5** A copy of the annual QA report to be emailed to the commissioning team (RISCA regulation 80)
Met. A copy of the care review for 2021 was provided during the visit but had not been signed or dated: it is recommended when this is completed it is clearly signed by the author/reviewer and dated to maintain transparency.
- 2.6** Mandatory training to be up to date for all employees and the matrix updated accordingly (RISCA regulations 35 and 36)
Partly met. The training matrix for the staff group identified gaps in training courses and it was noted that service managers were aware of this and were arranging these refresher courses as required.
- 2.7** Positive consideration to be given to involve people using the service in the recruitment process (RISCA regulation 35)
Partly met. Due to the pandemic this had had to be stopped due to restrictions being put in place. It was noted that where tenants are willing and able to participate in the interview process this will be encouraged for future recruitment.
- 2.8** The training matrix to clearly label the courses attended rather than using abbreviations.
Met. No abbreviations were noted on the matrix.
- 2.9** 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.
Partly met. Tenant's files were not viewed as part of the office visit, but there was nothing viewed in the individual properties to highlight which language the individual wished to speak in. The responsible individual did highlight there was 1 gentleman in 1 of the properties that enjoyed speaking to one of the service managers in Welsh. It was explained that although a large proportion of the people supported have complex communication difficulties and some are unable to communicate verbally, they understand English, and it is felt they prefer to be spoken to in English.

- 2.10** Information around staffing levels and the number of new starters and leavers to be available upon request.
Not met. The information had not been shared at the time of completing this report.

3. Findings from Visit

3.1 Training

- 3.1.1** The contract monitoring officers were told that positive behaviour management training is provided by the responsible individual and one of the service managers; both have completed the necessary training to be able to deliver this course.
- 3.1.2** An external trainer (CTR training) is sourced to carry out classroom-based training for mandatory courses and the community disability nurse delivers formal training for catheter and epilepsy.
- 3.1.3** Supervision sessions, competency assessments, training feedback forms and end of course tests are all used to gauge the quality of the training provided. It was also highlighted that team meetings are used as an opportunity to discuss any sessions held. It was agreed that it might be beneficial to add a column on the training matrix to record the start date of the employee to explain any gaps such as the registration number for Social Care Wales.
- 3.1.4** The responsible individual said the All-Wales Induction Framework is used for any new starters. As mentioned in section 2.6 there were some gaps identified on the matrix for some courses, but the service managers were aware of this and were nominating support staff as spaces become available. During conversations with the staff team, it was acknowledged that they feel they have more than adequate training to carry out their role.

3.2 Staffing

- 3.2.1** It was highlighted there were 5 members of staff currently off on long term sick leave and the responsible individual explained these were all genuine reasons and had no concerns about their validity.
- 3.2.2** Support staff have regular supervisions, and these are completed at least every 3 months. Supervisions are carried out as formal 1:1 meetings and spot checks. 1 of the files checked evidenced the employee was overdue for their annual appraisal which was last completed 10.04.21.
- 3.2.3** Support is offered to support staff through their training, team meetings, supervisions, and private group chats. The service managers and responsible individual have a regular presence within each of the properties and can be contacted if there are any issues or concerns.
- 3.2.4** Partnership of Care do not use agency staff and it was noted in the statement of purpose 2022 that they had 320 support workers as of December 2021. The responsible individual said although there aren't employment contracts of over 45 hours, staff are willing to pick up additional shifts, and have explained to their line

manager that they want to work these additional hours. It was explained there are staff that work over 48 hours a week and there are opt out forms in place for the working time directive where relevant. Service managers discuss the wellbeing of staff during supervisions and would raise any issues with the responsible individual and employee if they thought they were working too many hours.

- 3.2.5** It was explained that there is an on-call system for support staff to be able to contact senior members of staff in an emergency and team leaders are also on-call during office hours.

3.3 File and documentation audit

- 3.3.1** 2 staff files were viewed, and both contained 2 written references with one being from the most recent employer. There were also job descriptions and application forms in place. One interview record did not provide the name of the interviewer(s), the date of the interview or the outcome: to maintain consistency, it is recommended these forms are completed fully.
- 3.3.2** Both files contained full employment histories, DBS checks, and signed contracts of employment (signed by the employee but not the employer). It is good practice for both parties to sign and date the contracts of employment.
- 3.3.3** Neither file contained a birth certificate: the responsible individual explained this was because these had been lost and the employees were not prepared to pay for a replacement. It was suggested by the contract monitoring officers that a disclaimer is completed and held on file that is signed and dated by the individual stating their refusal to provide this certificate.
- 3.3.4** 1 of the staff files didn't contain a photo as required or a copy of their passport.
- 3.3.5** The contract monitoring officers noted that training certificates were held for mandatory courses.

3.4 Quality assurance

- 3.4.1** It was explained that most of the feedback was obtained verbally rather than a formal completed questionnaire. The responsible individual said they do ask relatives to write any comments down and some of them will do this if they have time.
- 3.4.2** AT was provided with 7 compliments that had been received across the services: 2 were from parents, 1 was from a learning disability nurse, 1 was a letter from a consultant psychiatrist, 1 from the local health board and 1 from a social worker. There was a further compliment, but it wasn't recorded what their relationship was to the individual being supported or which company they worked for. It was pleasing to see that the care and support provided had been acknowledged and the improvement to the tenants had been noted.
- 3.4.3** Not all compliments were dated: to ensure they are captured in the correct QA report staff must clearly record the date completed or received.

3.4.4 The responsible individual acknowledged that they need to improve getting feedback from social workers and other visiting professionals to get a full picture of the service and see if there are any potential areas for improvement. It was also noted that feeding back to stakeholders could be improved once the annual report is completed.

3.5 Manager's questions

3.5.1 Staff feedback was obtained during the individual monitoring visit to each property. The responsible individual completed this section of the template with the contract monitoring officers: It was explained that medication audits are carried out every month by a team leader or service manager. Covert medication is administered and there are appropriate assessments in relation to these but none of these were currently funded by Caerphilly CBC.

3.5.2 It was asked what changes had been made to any of the services as a result of feedback received and the responsible individual stated any changes were on an individual basis rather than organisation wide i.e., 1 of the gentlemen at one of the properties moved into the annexe on the same grounds or the pairing up of clients with different support workers.

3.5.3 In relation to the maintenance team and keeping on top of running repairs, the contract monitoring officers were told the team leaders complete monthly feedback forms of any work required and this is then prioritised. Partnership of care employ a maintenance team of 4: a painter, gardener and 2 additional people to carry out general repair work and DIY.

3.5.4 Discussion was held around what would happen if there was a dispute in one of the properties, such as 1 tenant wanted the other to leave. The responsible individual explained this is the reason it is so important to get the compatibility of the tenants right and this situation had not happened to date. Historically, there had been a tenant that had expressed a wish to live alone with help from staff as they were not happy, and they had been supported to do this in another property within the company.

3.5.5 If there was a tenant that wanted another tenant to move out, it was explained the situation would be managed with involvement from the social work team: resolutions would be investigated, such as mediation, the layout of the property, extensions, sheds etc. if this was not possible, alternative accommodation would have to be considered.

3.5.6 If a situation arose where an employee was having problems supporting someone or there was a complaint, this would be appropriately dealt with using the policies in place. If an employee highlighted, they were struggling, this would be monitored, and discussion would be held with the tenant (where possible) and the support staff. The situation would be monitored and if it may mean that the employee works with another client as a key worker. The responsible individual explained that if the matter couldn't be resolved the employee would have the option to work in one of the other projects. If a complaint were received from one of the clients against a

member of staff, this would be investigated and addressed in line with the complaints and staff disciplinary policies.

3.6 Resident feedback

- 3.6.1** No residents were spoken to during this visit and where possible, this was completed during the visit to the specific property.

3.7 Relative feedback

- 3.7.1** Relative views were not carried out as part of this visit but were spoken to during the home visits.

3.8 General observations

- 3.8.1** As well as being used as the head office of the company, Alexander House is also used as a day centre to be utilised by tenants supported by Partnership of Care. It was observed that the building had undergone a lot of renovation and was almost near completion where it can welcome clients back.
- 3.8.2** The vast majority of feedback received from relatives across the company was positive, there were matters raised by parents from the Malt House and Llanciach House: these had been addressed with social workers and it was acknowledged how well these were being managed by the staff and service managers. It was felt that the support staff always acted in the best interests of the people they support and do everything possible to maximise their quality of life.
- 3.8.3** It was clear that the support staff work closely as a team and have a thorough understanding of the people in their care and what their support needs are as well as their preferences, dislikes, and any triggers

4. **Corrective / Developmental Actions**

4.1 Corrective actions

- 4.1.1** 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 version 2 (April 2019) Regulation 35**
- 4.1.2** 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 version 2 (April 2019) Regulation 35**
- 4.1.3** The registered manager to ensure a policy is in place in relation to the commencement of a service. **RISCA version 2 (April 2019) RISCA regulation 14**
- 4.1.4** Mandatory training to be up to date for all employees and the matrix updated accordingly (RISCA regulations 35 and 36)

- 4.1.5 Positive consideration to be given to involve people using the service in the recruitment process **RISCA version 2 (April 2019) regulation 35**
- 4.1.6 Birth certificates to be held on file for all members of staff. **RISCA version 2 (April 2019) Regulation 59 and Schedule 2, part 1 (8) b**
- 4.1.7 Photographs of employee to be available on file. **RISCA version 2 (April 2019) Schedule 1 part 1 (1)**
- 4.2 Developmental actions
- 4.2.1 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.
- 4.2.2 Compliments to be clearly dated and the relationship with the person being supported.
- 4.2.3 The provider to be more pro-active in getting feedback from social workers and other visiting professionals.
- 4.2.4 Interview records to be completed fully and contain the name(s), dates and designation of the staff conducting the interview.
- 4.2.5 Contracts of employment to be signed by manager and employee

5. Conclusion

- 5.1 No concerns were raised in relation to the support provided, and the feedback received from the one parent was well documented and shared with all professionals involved. It was acknowledged this was being worked through in great detail and the provider was protecting the best interests of the individual and was doing as much as possible to enhance their quality of life and maximise independence.
- 5.2 The contract monitoring officers would like to thank the responsible Individual and the service managers for their time, assistance, and hospitality throughout the entire monitoring process.

Author: Amelia Tyler
Designation: Contract monitoring officer
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