

CAERPHILLY COUNTY BOROUGH COUNCIL

DIRECTORATE OF SOCIAL SERVICES - COMMISSIONING TEAM

CONTRACT MONITORING REPORT

Name Of Provider: PC Cymru Care Ltd Supported Living Service

Date Of Visit: Wednesday 22 February, 2023, 11.30 a.m. – 3.00 p.m.

Visiting Officer(s): Andrea Crahart, Contract Monitoring Officer, CCBC

Present: Pamela James, Registered Manager

1. Introduction

- 1.1 PC Cymru Care provide a 'shared supported living' service, where staff support a small number of people in a home, who hold their own tenancy agreements. Some of the areas that people are assisted with include, household management, finances, skills/independence and community participation.
- 1.2 The property where people reside is in a pleasant neighbourhood and is close to local amenities. There are currently no vacancies and three people are supported by the staff team.
- 1.3 There have been no known concerns or safeguarding issues over the previous year reported to the Caerphilly Commissioning or Safeguarding Team.
- 1.4 The services Statement of Purpose was up to date and the Service User guide had been reviewed this year.
- 1.5 Dependent on the findings within the report PC Cymru Care will be given corrective and developmental actions to be completed. Corrective actions are those, which must be completed (as governed by legislation etc), and developmental actions are those, which are deemed good practice to be completed.

2. Previous Recommendations

2.1 Corrective action

- 2.1.1 Staff files would benefit from an index at the front of the file and to include references to where other information is held (i.e. electronically). Robust recruitment processes to always be followed to ensure all information is sought and stored e.g. 2 written references, application forms, interview records, job descriptions. Timescale: Within 1 month and ongoing. (*RISCA Regulation 35*). *Action met*.
- 2.1.2 Staff training to be organised and delivered to the staff team to ensure they are up to date with all relevant training. Timescale: Within 3 months and ongoing. (*RISCA Regulation 36*). *Action not met*.

- 2.1.3 All documentation e.g. Statement of Purpose, policies etc. to be updated to reflect the Registration and Inspection of Social Care (Wales) Act 2016 and current terminology. Timescale: Within 1 month and on going. (*RISCA Regulation 79*). *Action met.*

3. Responsible Individual

- 3.1. Within the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA) which governs how care and support should be delivered, there is an expectation that the Responsible Individual (RI) belonging to the service will visit the service regularly and produce quarterly reports relating to the quality and compliance of the service. It was evident that the RI for the service had completed quarterly reports over recent months, however some further development is required to capture additional information to evidence what is being achieved/worked towards within the service.
- 3.2 The Registered Manager had compiled a Quality of Care Review 6 month review (dated June 2022).
- 3.2 The service has Policies/Procedures to adhere to relating to key areas e.g. safeguarding, whistleblowing, medication etc. which had been reviewed within the last year, however one of the policies required revising to make more aligned to the service and some additional information requires adding to the Infection Control policy.

4. Induction and training

- 4.1 PC Cymru Care Ltd. continue to use electronic training matrices to record the training that staff have attended. There were considerable gaps in staff's training, and the reasons for these were relayed. The manager intends to liaise with another care and support provider to share training resources so that staff can benefit from face to face training in particular. The manager explained that staff had tried to undertake some training on-line however there had been difficulties accessing this in some instances. The contract monitoring officer suggested a different way of capturing the information contained on the spreadsheet, and for out of date information to be removed.
- 4.2 The manager made the contract monitoring officer aware that she would be sourcing a trainer who specialises in autism in due course in order that staff can benefit from this training.
- 4.3 Staff employed at PC Cymru Care have QCF level 2, 3, 4 or 5 in Social Care, and during the visit a staff member confirmed they had completed their Level 2 qualification yesterday.
- 4.4 The manager is aware of the new All Wales Induction Framework which has been introduced by Social Care Wales (the workforce regulator). This framework provides an induction for new carers/support workers, whilst also working towards a qualification in social care.

Supervision and appraisal

- 4.5 It was evident that supervision sessions had been held with staff on a one to one basis at regular intervals (i.e. 3 monthly). Typical subjects discussed included wellbeing of the staff member, people supported, health and safety, training, and any actions to take forward etc.

Staff Documentation

- 4.6 Two staff files were viewed relating to the newest appointed staff members. The files included an index and contained job descriptions, application forms, written references, interview records, proof of ID, Disclosure and Barring Service information (DBS) etc. The interviews that had been held with potential support staff did not include the answers given, a scoring system or had been signed by the interviewer. A Contract of Employment for a person within their probationary period was not present, but the contract monitoring officer was informed that they would be once they had passed their probationary period. DBS certificates were stored on files, however just the basic details of these are to be retained.
- 4.7 The manager informed the contract monitoring officer that the information contained in staff files would be transferred to an electronic record system in due course.

Staffing

- 4.8 PC Cymru Care benefit from a stable staff team and where people supported have consistency of support. The majority of the staff work part time hours, including some relief staff, and therefore it enables the manager to have the flexibility to cover shifts more easily, when required from the existing team.
- 4.9 During the visit the staff were respectful of people's privacy and communicated well with the individuals who were at home.

5. Personal Plans (Service Delivery Plans)

- 5.1 Two files belonging to people supported were viewed. These contained information such as contact details to access support e.g. GP, social worker's details etc. in addition to an information sheet. Also present were Caerphilly County Borough Council (CCBC) Care Plans, CCBC Reviews etc. and Service Delivery Plans that had been written by PC Cymru Care to guide staff in how to support the individuals concerned.
- 5.2 The Personal Plan covered pertinent areas, such as the person's medical conditions, medication needs, health, communication, safety within the community, health and safety, activities, nutrition etc. However, the plans would benefit from additional information to explain more fully how to support people, and to be written in a person-centred way e.g. to identify if the person needs to be prompted to take their medication or to have it administered to them.
- 5.3 The Plans were unsigned and therefore require signing by the person supported (if able), relatives and staff members.

- 5.4 'Personal Planning Books' had been completed with the help of the support worker to identify likes/dislikes, what the person enjoys/does not enjoy, goals to aim for etc. The Monitoring Officer was informed that these are referred to so that areas can be re-visited and an example was given where a gent has been supported to travel to the local shops by himself which was undertaken in a phased way to build the person's confidence.
- 5.5 PC Cymru Care have a 'Daily routine' record where staff record if certain tasks have been achieved, or not e.g. bed changes, baths, change of clothes, and these are noted as 'yes' or 'no'. The manager is encouraged to incorporate this information into the 'Daily Notes' which capture more information about the daily life of the person being supported.

6. The Property

- 6.1 The home is very well maintained, clean and tidy, and has benefited from re-decoration in the hall, landing and stairs areas. New furniture has been purchased for the living room which was very comfortable and was an inviting space.
- 6.2 The contract monitoring officer was made aware that a new bathroom would fitted soon due to some leaks, and there are potentially plans to extend to the side of the property to benefit from an additional bedroom.
- 6.3 There were some difficulties unlocking the bathroom door during the visit which was brought to the manager's attention, and one of the people supported said that he had experienced issues unlocking it also.

7. Fire Safety/Health & Safety

- 7.1 There was evidence to suggest that a fire drill had been undertaken at the property in July 2022 and Personal Emergency Evacuation Plans (PEEPS) were present on the files seen, with a master copy being available for all staff to see also. Further developments are needed to ensure that records are made of who is present during a fire drill (both staff and people supported), the date/time, length of the drill, what fire protocols were discussed (if any), any issues/any actions to learn from to take forward.

8. Quality Assurance

- 8.1 The manager confirmed that no complaints had been received since the previous Contract Monitoring visit in February 2022, with two compliments being received from family members, who were very complimentary of staff in how they had supported their sons/daughter.

9. General observations from the Contract Monitoring Officer

- 9.1 There were 2 people at home during the visit, in addition to 3 members of staff (including the registered manager). The people supported were well presented, enjoyed a good rapport with staff and were treated with dignity and respect.

10. Corrective / Developmental Actions

- 10.1 Training for staff to be arranged by prioritising mandatory training initially, and any other training that staff would benefit from. **Timescale: Within 2 months.** *RISCA regulation 36.*
- 10.2 Staff files – DBS certificates to be removed from files and only limited information retained. Contracts of Employment to be issued and to include reference to the probationary period, and signed up to by both parties. Interview question and answers to be captured, scored answers to indicate suitability to the role and signed/dated by interviewer. **Timescale: Within one month and ongoing.** *RISCA regulation 35.*
- 10.3 Bathroom door lock to be repaired to ensure people can easily open and close it without any issues. **Timescale: Within 1 month.** *RISCA regulations 43 and 44.*
- 10.4 All Personal Plans (Service Delivery Plans) to be made more detailed and person centred to reflect the person's care and support more fully, and provide more information for staff to follow. All plans to be signed up to by stakeholders. **Timescale: Within 2 months.** *RISCA regulation 15.*
- 10.5 Fire safety to be improved in terms of recording who is present during fire drills, length of the drill, areas discussed, any issues/any actions for improvement **Timescale: Within 6 months and ongoing.** *RISCA regulation 57.*
- 10.6 Quarterly reports written by the Responsible Individual to include further analysis of findings and feedback from people supported, staff, relatives and other stakeholders. **Timescale: Within 3 months and ongoing.** *RISCA regulation 74.*
- 10.7 Quality of Care Review to be completed at regular 6 monthly intervals to report on the services quality and performance. **Timescale: Within 1 month.** *RISCA regulation 80.*
- 10.8 Infection control policy to be updated to reflect the service being delivered and to include how people are supported where/if there are outbreaks of Covid-19. **Timescale: Within 2 months.** *RISCA regulation 79*

Developmental Actions

- 10.9 Training matrices to be brought up to date by removing out of date information, and to consider merging all information onto 1 matrix to make it easier to view. **Timescale: Within 3 months.**
- 10.10 Daily routines to be captured via the Daily Notes so that more detailed information can be recorded, and in more of a person centred way. **Timescale: Within 3 months.**

11. Conclusion

- 11.1 Individuals continue to be supported by a stable staff team who are managed by the registered manager.
- 11.2 Individuals are supported to meet their goals, and there is evidence that these have been achieved, and positive feedback has been received from relatives which reflect this. A recent Social Services review from a social worker also confirmed that an individual had settled in well into the service and was doing well.
- 11.3 Although there have been some improvements, and most corrective actions met following the previous monitoring visit in 2022, there remains some areas for development/improvement. These include for example, that the service needs to concentrate on ensuring staff are up to date with their mandatory training in addition to any other training that staff require. Some improvements have been made in relation e.g. to the staff files, following recommendations from the previous monitoring visit, but further development of Personal Plans (service user information) is needed to make more comprehensive and person centred.
- 11.4 The contract monitoring officer would like to thank PC Cymru Care for their time and hospitality during the monitoring visit.

Author: Andrea Crahart
Designation: Contract Monitoring Officer
Date: February 2023

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 tenants and/or their families should they ask to see them.