

CAERPHILLY COUNTY BOROUGH COUNCIL
DIRECTORATE OF SOCIAL SERVICES

COMMISSIONING TEAM (ADULTS)

CONTRACT MONITORING REPORT

Name & Address of Provider: Compass Community Care
 St David's House
 New Road
 Newtown
 Powys
 SY16 1RB

Date of Monitoring: 08 August 2019

Visiting Officer(s): Diane Davies – Contract Monitoring Officer

Present: Louisa Britton – Responsible Individual

1 Background

Compass Community Care is a registered domiciliary care provider based in Newtown, Powys. They are a registered provider with Caerphilly County Borough Council and provide a supported living service in one property in the borough.

Compass Community Care is an established company that provides a supported living service in several properties in mid and north Wales and also operate a floating support service.

The monitoring visit undertaken consisted of a visit to the supported living property in the Caerphilly borough and a visit to the office in Newtown. The monitoring officer viewed a number of files, documentation, discussed processes and procedures, met two tenants, some members of staff and the Responsible Individual.

Dependant on the findings within the report, corrective and developmental actions may be given to the provider to complete. Corrective actions are those which must be completed (as governed by legislation), and developmental actions are good practice recommendations.

2 Previous Recommendations

2.1 Corrective Actions

None

2.2 Developmental Actions

None

3 **Findings from Visit**

3.1 Tenancy

The landlord of the property is First Choice Housing Association and the tenants are not contractually obliged to receive support from Compass Community Care in order to keep their tenancy.

When considering new tenants, the existing tenants are involved in the process. Their views are established through meetings and initial introductions in the community or common place of interest. This is followed by several tea visits at the property to ensure compatibility prior to overnight stays and the placement being progressed.

3.2 Documentation

All documentation relating to tenants is saved on a computer, in word and excel IT packages. Each tenant has an individual folder which contains current and historic documents which the Responsible Individual was able to access and produce. Although documents were detailed and personalised, they had not been signed and dated by the tenant or the tenant's representative.

Personal plans outlined the individual needs and contained information about all aspects of care including communication, personal needs, hygiene, eating, medical requirements, financial support etc. as well as likes and dislikes, routines and support requirements. It was evident from the personal plans and discussions with the Responsible Individual that tenants are encouraged to be as independent as possible in all areas.

There were a number of risk assessments in place to support individuals with tasks such as medication, accessing the community, out in the car, moving and handling etc. It was noted that some risk assessments are generic and filed separately.

The one page profile viewed at the property provided a good description of the tenant, informing of likes and dislikes and what is important to them and the missing persons profile was also of a good standard and held a current photograph of the resident although this was not apparent on the computer.

The provider does not scan and save any personal correspondence such as funeral plans, letters from professionals, the bank, charts to monitor health e.g. MAR charts at the office however, the Responsible Individual informed that such correspondence is filed on individual personal files at the property and this was evidenced during my visit.

All plans and risk assessments had been reviewed yearly however, the provider has recently introduced a process to coincide with the requirements of the Regulations Inspection of Social Care Act and this will ensure that reviews are undertaken at least 3 monthly.

All policies and procedures had recently been updated and were stored on file with review dates stipulated.

It was noted that tenants are not able to sign and date their plans, however, the Responsible Individual informed that families and representatives are party to all plans but choose not to sign on the tenants behalf.

3.3 Approach to Care

The provider is outcome focussed and will promote individuals' independence in as many aspects of their daily life as possible. The Responsible Individual informed that the current paperwork and processes are being updated to record and reflect the outcomes achieved more efficiently.

The personal plan is compiled and updated following reviews with involvement from family and professionals to ensure that the care and support being provided meets the current identified needs and remains person centred.

Daily recordings evidenced a very active social life with weekly outings to the bank, shopping, bowling, going to the pub and out for meals etc. as well as the support provided for personal care, independent living skills, medication etc.

There are a number of charts being completed to record and monitor different aspects of each individual's life and evidence of professionals being involved where required.

Each tenant has a communication profile informing of understanding and words used etc. Tenants were observed being supported by staff members and good communication and interaction was acknowledged. The tenants were relaxed and appeared very comfortable in their own home surroundings.

The provider encourages family involvement and supports with maintaining relationships.

3.4 Complaints and Compliments

Compass Community Care have a clear complaints policy to deal with any complaints should they arise. All complaints are logged on an excel spreadsheet and responded to within stipulated timescales to adhere to the

complaints process. Compass Community Care has not received any complaints this year.

It was positive to note that compliments and praise are formerly shared with staff members and this had been acknowledged on staff files.

3.5 Staff

Two staff files were viewed during the visit and both were clearly compiled with an index and dividers being used to provide ease of access to information.

Both files contained the necessary documentation to support the recruitment and selection process with DBS reference numbers being saved separately on an excel spreadsheet. However, training certificates were not available to view on one file.

Compass Community Care provide staff with an in house induction process and there is a 6 month probationary period in place to ensure that new staff are fully trained and confident to carry out their duties.

Supervision and appraisal dates viewed were regular and up to date.

Apart from First Aid, all training is provided by Compass Community Care and the training matrix evidenced that staff had undertaken all mandatory training.

A number of staff have been working at the same scheme for many years and have never had any issues with how the service operates. The company benefits from a duty line that staff can access on a 24/7 basis to seek advice as required.

The company share information about the scheme with staff members through the daily communication log as well as team meetings and support and development sessions.

Staff members are able to talk to senior members of staff and any suggestions for improvements that will benefit the tenants, staff and the home are welcome. E.g. handrails were fitted in the bathroom, a different shower screen was fitted for easier access etc.

3.6 Health and Fire Safety

Each tenant has a PEEP that provides information on day time requirements.

Evidence of regular fire drills being undertaken was acknowledged however, not all staff signatures were apparent.

3.7 Quality Assurance

The provider sends out quality assurance questionnaires to all stakeholders throughout the year. Information is also obtained through home visits, tenants meetings, service discussions group meetings and one to one meetings. All information received is collated and a yearly report is produced.

4 Corrective / Developmental Actions

4.1 Corrective Actions

Reviews of support plans and risk assessments to be undertaken every 3 months or sooner if required.

Ensure staff signatures are obtained following a fire drill.

4.2 Developmental Actions

It is advised that the provider makes reference to any attempts to obtain signature.

5 Conclusion

Good practices were observed over the course of the monitoring visit with the provider continuing to update systems and paperwork to meet the requirements of RISCA.

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.