

**CAERPHILLY COUNTY BOROUGH COUNCIL DIRECTORATE OF SOCIAL
SERVICES
COMMISSIONING TEAM**

CONTRACT MONITORING REPORT

Name/Address of Provider: Expanding Horizons

Date/Time of Visit: Friday 2nd December 2016

Visiting Officer(s): Ceri Williams, Contract Monitoring Officer, CCBC

Present: Tim Jenkins Registered Manager

1. Background

- 1.1 Expanding Horizons has been a registered provider of Supported Living in Caerphilly Borough for several years. At the time of the visit Expanding Horizons was providing a 24 hour supported living service in four properties within the borough whilst also supporting CCBC service users in a property in a neighbouring borough.
- 1.2 The monitoring visit consisted of a visit to the office in Blaenavon. A range of documentation was examined and a follow up visit will be arranged to one of the supported living properties to speak to tenants with a separate report to follow.
- 1.3 Dependant on the findings within the report, corrective and developmental actions will 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 Corrective and Developmental Actions

- 2.1 There are no previous corrective or developmental actions to be followed up.

3. Findings

3.1 Service Planning

- 3.1.1 Files are stored securely on the companies 'cloud based' online computer system. Two service users' files were viewed during the visit.
- 3.1.2 Both individual service plans contained all the relevant information from the original CCBC care plan. The individual service plan's also contained risk assessments for needs identified in the care plan and initial assessment.

- 3.1.3 Individual Service Plans were seen to be person centered and included likes, dislikes and prompts of how much support or encouragement staff should offer.
- 3.1.4 Within the individual service plans there was evidence of support to maintain relationships and also leisure and recreational opportunities that service users participate in.
- 3.1.5 Service plans seen also included a positive behaviour support plan which covered aspects of the individuals mental health needs, triggers for behaviour issues and how to manage the issue.
- 3.1.6 Individual service plans provided clear instructions regarding how service users are supported with medication including, prompting, reminding and completion of medication administration records (MAR) charts. They also contained information regarding when and why a service user could request medication if they felt they needed it.
- 3.1.7 MAR charts are audited monthly by the group manager when undertaking monthly quality audit.

3.2 Risk Assessments

- 3.2.1 The risk assessments viewed included how to deal with a medical emergency and how to deal with a tenant who goes missing.
- 3.2.2 Risk assessments were clear and concise and included information about the risk, the possible triggers for the risk occurring, the likely outcomes and the management plans.
- 3.2.3 They also included prompts for staff including how to communicate with a tenant, emergency telephone numbers and how to keep the person safe.

3.3 Approach to Care

- 3.3.1 Service users and their families are involved in service planning and reviews and are offered choice in decisions made about themselves and the property in which they live.
- 3.3.2 The scheme promotes a person centered approach to care. Encouraging independence wherever possible and using an 'outcome star' where goals are agreed with the service user and staff and reviewed regularly on how they are going to achieve them.
- 3.3.4 Daily records are written online and feed into 'mood charts' which can help identify a tenant's well-being and how to improve it.

3.3.5 The contract monitoring officer saw evidence of referrals and involvement from professionals and outside agencies in order to support the individuals, e.g. Social Services, Community Psychiatric Nurse.

3.4 Complaints and Compliments

3.4.1 There have been no complaints or POVA referrals received by CCBC for this provider within the last twelve months.

3.4.2 Evidence was seen of compliments from professionals and family. Registered Manager reminded to send in evidence of Compliments so Commissioning can add to quarterly Q.A. meetings.

3.5 Service User and Stakeholder Feedback

3.5.1 Annual stakeholder surveys are undertaken by the provider to obtain service user and stakeholder feedback.

3.5.2 The information from this survey then feeds into the company's annual development and action plan which was provided to the contract monitoring officer at the visit.

3.5.3 Examples of changes made on feedback received include changes to systems and promotion of healthy eating.

3.6 Induction & Training

3.6.1 The staff training matrix was viewed at the monitoring visit. This evidenced that all staff had completed and were up to date with all mandatory training.

3.6.2 It was also evident that staff had attended additional training needs relevant to the service users they were supporting such as mental health first aid and drug and alcohol.

3.7 Supervision and Appraisal

3.7.1 Staff supervision is carried out every eight weeks which is more frequently than the national minimum standards require.

3.7.2 Supervision is conducted with a specific template which can then be used to form an action plan.

3.7.3 Staff receive annual appraisals and also take part in quarterly team meetings.

3.7.4 The contract monitoring officer was given access to the staff supervision matrix which evidenced all staff were up to date with supervision.

3.8 Staffing Issues

- 3.8.1 The provider advised that over the last 12 months 5 staff out of approx. 50 have left the organisation. Reasons varied from leaving the profession to re-train to one member of staff being dismissed due to unsuitability to the role.
- 3.8.2 Staffing levels are reviewed on an ongoing basis depending on the needs of the service user. The provider works closely with the local authority and social workers and if necessary additional hours are requested.
- 3.8.3 At the time of the visit there were no members of staff on long term sick absence.
- 3.8.4 The provider uses agency staff if needed. The same two agencies are used and, as far as possible, the same agency staff are used.
- 3.8.5 Two staff files were viewed during the visit. Both were in good order with necessary documents present e.g. two verified references, training certificates, current employment contracts, evidence of DBS check etc.
- 3.8.6 It was also evident that the provider has a robust interview process. The monitoring officer was able to view evidence of application forms and interview records that included scoring mechanism. The residents are also involved in the recruitment process with the second interview being held at the home where they reside and the residents being able to give feedback on the interviewee. This is noted as good practice by the provider.

4. Corrective / Development Actions

- 4.1 Corrective Actions - None
- 4.2 Developmental Actions - None

5. Conclusion

The visit was positive with no corrective or developmental actions being identified. The monitoring officer found evidence of high standards of practice and several examples were seen which are in excess of the National Minimum Standards requirement. The provider is encouraged to continue to maintain the high standards evidenced at the visit and, with the companies own monthly audit report and service user and stakeholder feedback, continue to proactively improve practice even further.

The monitoring officer would like to thank the staff for their hospitality during the visit.

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Date: 05/01/2017