

# **CAERPHILLY COUNTY BOROUGH COUNCIL**

## **DIRECTORATE OF SOCIAL SERVICES - COMMISSIONING TEAM**

### **CONTRACT MONITORING REPORT – FOLLOW UP VISIT**

**Name Of Provider:** PC Cymru Care Ltd Supported Living Service

**Date Of Visit:** Tuesday 16 February, 10.00 a.m. – 1.00 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 A focussed monitoring visit was undertaken on this occasion and a Monitoring Tool used to capture the information.
- 1.3 No safeguarding referrals, complaints or issues had been received/communicated since the previous monitoring visit carried out in January 2018.
- 1.4 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 Employer reference for the new member of staff (GJ) to be chased by the Manager. Timescale: within 1 month. **Action met.**
- 2.1.2 Training courses to be accessed for all staff on a regular basis. To ensure that relief staff receive the same training as permanent staff. Timescale: on going. **Remains on going.**

##### **Developmental Actions**

- 2.1.3 None

#### **3. Responsible Individual**

- 3.1 The service has recently re-registered with the Care Inspectorate Wales (CIW) as required within the new Regulation and Inspection (Wales) Act 2016 (RISCA). There is now a requirement to have a Responsible Individual in addition to a Manager, which was confirmed to be in place. Within the new regulations/Act there is an expectation that the Responsible Individual will visit the service frequently and produce quarterly reports regarding their findings and that their Statement of Purpose will reflect the service delivered, and be updated in accordance with any changes. The Manager and Responsible Individual understand the requirements in relation to this.
- 3.2 The services current policies/procedures were requested (e.g. safeguarding, staff support/development, medication etc.). The majority of these were provided, however they were currently un-dated and did not include a planned review date, therefore it was uncertain how up to date they were. There is an expectation that these would be reviewed annually, or more frequently where there are changes.

#### **4. Manager's Questions**

- 4.1 The Manager confirmed that medication is administered to 2 of the people supported by the support workers employed. Medication could be seen to be locked away in suitable cabinets, with each cabinet clearly identifiable to the person concerned. Support Workers complete a Medication Administration Record (MAR) that has been compiled by themselves as opposed to being issued by a pharmacy. The Monitoring Officer advised that arrangements should be made for the pharmacy to produce these on an ongoing basis to mitigate against any errors occurring, and for these records to be completed in line with the CCBC Medication policy. Arrangements are currently in place to check the MAR chart for accuracy twice a day, where 2 signatures are required, and on a monthly basis the senior support worker carries out a medication audit to identify any issues.
- 4.2 The Manager knows how to access advocacy services if the need arose for the individuals supported. Advocacy can be beneficial for people with a learning disability to assist them in gaining control of their lives, assist with making their own choices and to be as independent as possible.
- 4.3 PC Cymru Care continue to access training via the Caerphilly/Blaenau Gwent Workforce Development Team in order to provide suitable training to staff. Other specialist trainers are accessed also for courses such as autism, positive behaviour etc. More recently, the Manager had delivered fire training to staff in-house and wishes to work more collaboratively with another supported living provider in order to access and deliver training to others.
- 4.4 The 'Active Offer – More than Just Words' (revised Welsh Language Act policy) requires providers of social care to provide communication in welsh to people whose first language is welsh, without the person asking for it. Information/guidance was made available so that the Manager had an awareness of the policy.

#### **5. Induction and training**

- 5.1 PC Cymru Care Ltd. continue to use electronic training matrices to record the training that staff have attended.

- 5.2 There were some gaps in staff's training (including both mandatory and non-mandatory). The Manager confirmed that she was exploring alternative ways of accessing/delivering training to ensure that staff receive this in a timely way. Most staff employed at PC Cymru Care have a QCF level 2 or 3 in social care which will enable them to 'register' when it is required to do so via Social Care Wales (workforce regulator).
- 5.3 PC Cymru Care access non-mandatory courses, which include courses, such as positive behaviour, Autism Spectrum Disorder (ASD) workshop, TEACCH implementation (an autism programme), understanding eating disorders, person centred thinking and health and safety.
- 5.4 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**

- 5.5 It continues to be the Manager's role to undertake supervision sessions for all staff on a one to one basis. A supervision matrix was provided prior to the monitoring visit which evidenced that supervisions and appraisals were taking place.
- 5.6 The manager of the agency has support in her role from the Responsible Individual/landlord of the agency.

### **Staff Documentation**

- 5.7 The Monitoring Officer was informed that files are stored securely in the temporary office base. In due course all information will be transferred to a more permanent office base.
- 5.8 Two staff files were viewed. Files were absent of some information i.e. a job description and an interview record. Other information present included an application form, photograph, Contract of Employment/letter relating to the appointment.
- 5.9 Disclosure and Barring Service (DBS) checks had been undertaken and are renewed on a 3 yearly basis, with staff being aware of their obligations regarding this process.

## **6. File Audit – Findings from visit**

### **Personal Plans (previously Service Delivery Plans)**

- 6.1 This area was not examined during this monitoring visit.

## **7. The Property**

- 7.1 The visit was undertaken at the property where individuals reside. From areas seen there were no issues with regards to the safety, cleanliness or comfort of the home.

## **8. General observations from the Contract Monitoring Officer**

- 8.1 Individuals who were home at the time looked well presented, and staff enjoyed a good rapport with the individuals. Both people seemed settled and it was evident that one gent's ability to access voluntary opportunities had made an improvement to him and his confidence levels.

## **9. Corrective / Developmental Actions**

- 9.1 Arrangements to be made to have Medication Administration Record (MAR) charts produced by the local pharmacy, in place of the current charts being used. **Timescale: Within 2 months. (RISCA Reg. 58). CMO made aware that this action had been met by May, 2019.**
- 9.2 Access to training to be explored to ensure that all staff receive training in a timely way. **Timescale: Immediately and on going. (RISCA Reg. 36)**
- 9.3 Recruitment Interviews to be documented, signed up to by the interviewer and stored of the staff member's file. **Timescale: Immediately and ongoing. (RISCA Reg. 35)**
- 9.4 Policies/Procedures to include the date that the policy has been reviewed/ a planned review date and be updated when there are changes to the service. **Timescale: Within 1 month and on going. (RISCA Reg. 79)**

## **10. Conclusion**

- 10.1 People benefit from a stable management and staff team who provide consistency and good support.
- 10.2 The management have been fully engaged in the CIW re-registering process, and the manager has an understanding of areas that will effect carers directly e.g. the registration process for carers with Social Care Wales.
- 10.3 PC Cymru Care continue to be receptive to advice/guidance that is relayed, and act on recommendations promptly.
- 10.4 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:** May 2019

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.