

CAERPHILLY COUNTY BOROUGH COUNCIL DIRECTORATE OF SOCIAL SERVICES
COMMISSIONING TEAM

CONTRACT MONITORING REPORT

Name/Address of Provider: Evergreen Care Wales, Hebron House, Libanus Road,
Blackwood, NP12 1EH

Date Of Visit: Tuesday 25th October 2022

Visiting Officer(s): Amelia Tyler: Contract monitoring officer, Caerphilly CBC

Present: Chris Davis: Responsible individual, Evergreen Care

1. Background

- 1.1 Evergreen Care is a registered domiciliary care provider based in Blackwood. They currently provide a supported living service in five properties in the Caerphilly borough.
- 1.2 The purpose of the visit was to complete the monitoring tool, view staff and resident files and to look at the policies and procedures. Separate visits were also carried out to the individual properties.
- 1.3 Due to covid restrictions, this is the first monitoring visit to be completed at the office since 22nd November 2018. The previous report did not identify any corrective or developmental actions.
- 1.4 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 There were no corrective or developmental actions identified in the previous visit.

3. Findings from visit

3.1 Documents obtained prior to visit

- 3.1.1 Copies of the training matrix were provided for each property, and it was noted these did not contain the full date of when the course was completed. The matrix records the expiry date, and it was discussed that either the full date be recorded, or the length of refresher, i.e. some courses need to be completed as a stand-alone course and only need to be completed once, some are annual and some are every three years.
- 3.1.2 It wasn't possible to tell if some staff had completed the training as the matrix recorded 'booked on-line'. The responsible individual explained that training is provided 50/50 between classroom based and on-line learning.

3.1.3 All members of staff had completed their supervisions at least every three months and annual appraisals, apart from three that were on maternity leave, and two new starters who were not yet due for their appraisal.

3.2 Responsible individual

3.2.1 A copy of the most recent quarterly report was provided, and this had been completed 23rd September 2022; the report evidenced finance and medication audits, staffing, the environment, discussions with staff and clients and contained a clear action plan.

3.2.2 The statement of purpose was seen and noted to have been update to provide further information around the on-call system, increased staffing levels, advocacy and updates to outcomes monitoring. It was acknowledged this had last bee updated 18th March 2022 and is carried out annually.

3.2.3 If the responsible individual and one of the registered managers were both unexpectedly absent for a period, it was explained that a regulation 60 notification would be submitted to Caerphilly CBC and CIW. At the time of the visit, there were two deputy managers and four directors that would support the service.

3.2.4 All policies and procedures, including safeguarding, client finances, restraint, training, and development staff discipline etc, were available electronically. There was no date recorded o the policies of when the last review had been completed and to ensure transparency, it was advised this be added. The contract monitoring did note the date of the next planned review, and these were all due in April 2023.

3.3 Tenant information

3.3.1 The contract monitoring officer was told there are five properties within the borough and Evergreen own three of them, the remaining two have separate, private landlords. There are long term lease agreements with these parties.

3.3.2 At the time of the visit there were no plans to take on any more properties. It was explained that the clients are not contractually obligated to the provider in terms of their support provision, and this is discussed during the quarterly reviews. If the client expressed a wish to have their support delivered by a different provider, they would be assisted to find a new agency with involvement from the care management team.

3.3.3 Individuals are only referred to Evergreen through the care management teams and it was stated there were no vacancies at the time of the visit.

3.3.4 The tenancy selection process consists of a pre-admission assessment, a review of the assessed needs and whether the provider can meet these needs. It was also explained that a compatibility assessment would need to be carried out, which would involve transitional visits with any existing clients, and if it was one of the privately owned properties, it may be necessary to liaise with the landlord.

3.3.5 Although there are no set probationary periods, it was highlighted that there is a month's 'settling in' period: this would incorporate three or four short visits which would

increase in time, eventually leading to an overnight stay before moving fully into the property.

3.4 File audit

- 3.4.1** The contract monitoring officer was informed that all tenant files are stored securely in a lockable cabinet at the office. When required, the documentation is transferred for archiving in a container unit.
- 3.4.2** During the visit, two files were seen for current tenants placed by Caerphilly CBC. Personal plans contained detail around communication, sleep patterns, cultural / spiritual needs (although this may only involve an interest in reading the bible, or if they have never expressed any desire to practice a chosen religion). There was detail around epilepsy, medication (or the refusal to take prescribed medication) and behaviour.
- 3.4.3** There were no initial assessments on file for the two individuals viewed, however, following the visit, it was highlighted that there were pre-placement summaries held at the back of the file which the responsible individual shared with the contract monitoring officer. Both files contained care and support plans developed by Caerphilly CBC.
- 3.4.4** It was acknowledged that both plans were very outcome focussed and documented personal goals such as getting hair and beard cut without prompts, disposing of expired foods, reordering medication etc. The plans also emphasised what the tenants can do independently.
- 3.4.5** Risk assessments were linked to personal plans and included action to address the identified risk such as anything that might trigger a behaviour or what action is required if the tenant had a seizure.
- 3.4.6** Daily records contained information around the daily activities and what tasks were carried out. The contract monitoring officer recommended more detail around the wellbeing of the client to assist in identifying any trends.
- 3.4.7** Both files contained evidence that the tenants are appropriately referred to health professionals as and when needed: the community OT had been contacted 19.10.22 for one tenant, and there was evidence following the visit that an OT had visited the other tenant the day after.
- 3.4.8** Neither of the plans had been signed by the tenant, but it was recorded they were unable to sign and explained there were no appropriate representatives that were able to sign on their behalf.
- 3.4.9** All plans and risk assessments had been reviewed at least every three months and there was a very clear records if there had been any amendments, and if so, what these had been. Both tenants had a missing persons profile, and it was noted that one file also contained a thorough pen picture when detailed their sociable personality, how much they loved their dogs (which now lived with their brother-in-law) and how much they enjoyed going to the salon for a 'pamper' every month.

3.5 Manager's questions

- 3.5.1** The responsible individual answered these questions and explained that medication audits were carried out every month and finance audits were also completed by the quality manager. There were no tenants within the Caerphilly borough that were administered medication covertly.
- 3.5.2** It was explained that the medication procedure involves all medication being stored securely in locked cabinets, daily counts, and double signatures at the end of each day.
- 3.5.3** Feedback from tenants is obtained informally (where possible) daily through general conversation. It was evident from the visit to the office, and from individual conversations with tenants and visits to the individual properties, that there is a strong relationship between the managers, responsible individual, and clients. There appeared to be a culture that empowers the clients to be open and honest about their wishes, and if there is anything they wanted to change. Clients can phone the responsible individual directly (where able to do so) and this was observed during the visit, and it was also acknowledged that clients can pop into the office in Blackwood if they want an informal chat or to discuss any issues.
- 3.5.4** The contract monitoring officer noted that the annual QA reports contain an action plan with any outstanding tasks. The most recent report recorded that more money to sought for one of the clients and additional male staff was requested by another client. Outcomes from the surveys are fed back verbally to clients and evidenced as part of the action plan.
- 3.5.5** Members of staff are aware of how to access advocacy services and the responsible individual explained this is signposted in each property. At the time of the visit, there was only one individual that required support from this service.
- 3.5.6** It was stated that if needed, they will contact the private landlords via phone or email and any action required is completed immediately if possible, or as soon as possible e.g., waiting for a tradesman to become available or waiting for a particular part. The responsible individual told the contact monitoring officer they have a good working relationship with current landlords.
- 3.5.7** If there was a dispute where a client wanted another to leave, the responsible individual explained they would try conflict resolution and speak to them about the situation and look at ways to mediate it, but if this was unsuccessful, they would need to involve care management teams and look at holding multi-disciplinary team meetings.
- 3.5.8** If a member of staff was having difficulty supporting someone, they would arrange a meeting away from the setting, offer guidance, training, and advice. It was explained they would look at fact finding and liaise with the safeguarding team if appropriate and as a last resort, may offer the member of staff a position in an alternative property. It was emphasised that the clients can choose who supports them.
- 3.5.9** Training is discussed during supervision sessions, and it was noted that managers also attend the mandatory courses and are able to feed back any concerns. End of course

evaluation forms and end of course tests are used to determine the level of understanding. The contract monitoring officer was also told that trainers will provide feedback on the participation of the group.

- 3.5.10** Although there are staff members that work more than 48hours a week, it was commented they had opted out of the working time directive and checks are carried out on their sickness levels and general wellbeing.
- 3.5.11** The active offer is mentioned in the statement of purpose and clients can choose their preferred method of communication. At the time of the visit the responsible individual said there were no Welsh speaking client and three members of staff that could communicate in Welsh.
- 3.5.12** Although clients who are able have the option to be involved in the interview process for new starters, most decline. When a candidate attends an interview, they won't necessarily be working at a specific home and compatibility is taken into consideration as to who they could work well with.
- 3.5.13** Discussion was held around the safeguarding policy, and it was stated that the safeguarding team would be contacted in any area of concern or poor practice: any allegation of misconduct, verbal abuse or financial issues would be appropriately referred to the safeguarding team and investigated thoroughly.

3.6 Complaints and compliments

- 3.6.1** Clients are supported to make complaints through a range of different avenues: they can phone one of the managers or responsible individual, meet in person or by letter. It was highlighted that if the client was unable to express their concerns verbally, that staff would be expected to advocate initially on their behalf and look at daily notes and behaviour charts to identify trends to try and determine the cause. As previously mentioned, the responsible individual is very accessible, and the service as a whole appeared to be very client led.
- 3.6.2** There were no formal complaints logged since the previous visit, although the contract monitoring officer was told that an allegation was made against a member of staff by another employee, and this was appropriately addressed.
- 3.6.3** If a client made a complaint, the outcome would be fed back in any way they wished: meeting, letter, email, or phone call. It was explained that confidentiality would have to be applied to adhere to legislation.
- 3.6.4** No complaints had been raised within Caerphilly, but risk assessments had been carried out which resulted in all kettles had been moved to a safe area or machines that only dispense one cup of water at a time had been installed.
- 3.6.5** Although informal compliments had been given, it was explained there had been no official compliments since the previous visit. The contract monitoring officer recommends that staff are mindful of recording any positive feedback, verbally, as part of a review meeting or email; this will assist the responsible individual in completing any QA reports.

3.7 Induction and training

- 3.7.1** The Social Care Induction Framework is incorporated into the joint induction booklet that is completed by all members of staff. This was evidenced on the two staff files viewed: One contained a Social Care Wales principles and values award dated 23rd March 2022 and the second file contained receipt of the induction pack on the 28th September 2022 and completion is due 1st December 2022. The responsible individual highlighted that there were only two new starters that had yet to register with Social Care Wales.
- 3.7.2** It was discussed that the training is evaluated and the application in practice is carried out by the team leaders and managers at the home: this is done through observations, supervisions, and competency assessments.
- 3.7.3** Mandatory training had been carried out to ensure support staff are able to safely carry out their role, including manual handling, safeguarding, food hygiene, infection control, first aid and medication awareness.
- 3.7.4** It was acknowledged that non-mandatory training was also provided in relation to the specific needs of clients such as PBM removals and Huntington's disease.
- 3.7.5** Both staff files contained at least two references, a job description, application form and interview record. The contract monitoring officer noted that both interview records had only been completed by one interviewer: where possible, it is recommended that interviews are carried out by at least two senior staff in case the outcome is challenged.
- 3.7.6** There were no gaps in employment history and one file contained a comprehensive separate employment record. Each file also contained a signed contract of employment, birth certificates, proof of DBS check, and photographs. Some training certificates were held on file, although the responsible individual commented that they sometimes have difficulty obtaining these from some external providers.
- 3.7.7** Only one of the files contained a passport; it is recommended that all staff that have a passport provide a copy, and if they don't, this should be recorded.

3.8 Supervision and appraisal

- 3.8.1** It was evidenced that all staff (apart from those on maternity leave) received supervision at least every three months and annual appraisals, where these had been in post for twelve months.
- 3.8.2** The contract monitoring officer was informed that supervisions are formal 1:1 meetings that are expected to be a two-way conversation with the member of staff contributing any issues, training needs or any tasks they feel they have completed successfully within the supervision period.
- 3.8.3** The home managers are given daily support from the responsible individual and from each other. Regular team meetings provide the opportunity to share good practice and discuss any themes or trends within their homes.

3.9 Staffing issues

- 3.9.1 Twelve members of staff have left the organisation within the past year (9% of the staff team within Caerphilly). It was explained that the majority of these had left for improved pay or to join the NHS for different terms and conditions. It was pleasing to note that Evergreen had been able to recruit 15 new starters.
- 3.9.2 At the time of the meeting there was one employee on long term sick leave and three that were on maternity.
- 3.9.3 Evergreen does not access agency staff and use their current pool of employees to cover any absences.
- 3.9.4 It was explained that there is an on-call system in place for any emergencies; there are four managers that operate a weekly duty rota. The responsible individual said he is always available, and the managers would contact him if there were an issue they weren't able to resolve.

4. Corrective / Developmental Actions

4.1 Corrective

- 4.1.1 If an employee is not able to provide a copy of their passport, this should be clearly recorded and dated. **RISCA version 2 (April 2019)** Schedule 2, Regulation 59, part 1, 8 (b)

4.2 Developmental

- 4.2.1 The matrix to be updated to record refresher periods, or full date the training was completed.
- 4.2.2 Consideration to be given to adding the date the policy / procedure was last reviewed to the document.
- 4.2.3 It is recommended that staff be more pro-active in recording positive feedback.
- 4.2.4 Where possible, interviews should be completed by two senior members of staff.
- 4.2.5 Staff to be mindful of recording emotional wellbeing as part of the daily records

5. Conclusion

- 5.1 It was acknowledged that the provider operates an open and transparent service that encourages the input of the people they support. All files were well organised and person-centred. Information was easily located and there was a clear organisational structure.

- 5.2 No concerns were raised in relation to the support provided and there was evidence of a thorough understanding of the needs and preferences of their tenants.
- 5.3 The contract monitoring officer would like to thank the responsible individual and home manager involved in the monitoring process for their time, assistance and hospitality throughout the monitoring process.

Author: Amelia Tyler
Designation: Contract monitoring officer
Date: 10th November 2022

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