

# CAERPHILLY COUNTY BOROUGH COUNCIL, DIRECTORATE OF SOCIAL SERVICES

## COMMISSIONING TEAM

### CONTRACT MONITORING REPORT

**Name of Provider:** Reach

**Name of Extra Care Service:** Plas Hyfryd

**Date of Visit:** Tuesday 13<sup>th</sup> February 2018  
Wednesday 21<sup>st</sup> February 2018

**Visiting Officer:** Caroline Roberts, Contract Monitoring Officer

**Present:** Llian Parry, Care Services Manager  
Caroline McCarthy, Senior Operational Manager (for the 1<sup>st</sup> visit only)

#### **1. Background**

- 1.1 Reach have been providing domiciliary care support in the Caerphilly Borough for several years, within a range of supported living and extra care services. In December 2017, Reach were awarded a new contract to continue to provide care and support at Plas Hyfryd.
- 1.2 The landlord at Plas Hyfryd is United Welsh and there are 49 flats.
- 1.3 The range of care and support tasks undertaken by Reach under the contract includes personal care (e.g. assistance in bathing, washing, dressing, medication intake, toileting), nutritional care (e.g. assistance with eating and drinking, food and drink preparation, and food and drink intake monitoring), mobility care (e.g. assistance with getting in and out of bed, general movement), and domestic care (e.g. assistance with cleaning, shopping, other housework, arranging appointments). Staff are on site at all times, and people living at Plas Hyfryd are able to contact them at any time through the use of Tunstall.
- 1.4 Dependent on the findings within the report, the provider will be given corrective and developmental actions to complete. Corrective actions are those which must be completed (as governed by legislation, or the CCBC contract), and developmental actions are good practice recommendations.

#### **2. Findings**

##### **2.1 Previous Corrective Actions**

- 2.2 Reach are to ensure needs assessment documents are completed for all new tenants, prior to them coming to live within the scheme. (NMS 2.1) **Timescale: Immediately and ongoing.**

- 2.3 Service plans should be detailed and comprehensive, with all relevant information contained within. These plans should also contain reference to outcomes agreed and how these are to be achieved. (NMS 4.2, Service Specification 12.3 and 12.4). Timescale: Within three months from the date of this report. **Findings:** Service Plans viewed were detailed, containing information from the Local Authority's Care Plan. **Met**
- 2.4 Reach to ensure that any support provided at lunch time is recorded in the daily records. (National Minimum Standard 16.1) Timescale: Immediately and ongoing. **Findings:** Lunch calls have been observed to be recorded separately. **Met.**
- 2.5 MAR charts are to be completed appropriately with all medication administered signed for accordingly. (NMS 10.4, Service Specification 3.2) Timescale: Immediately and ongoing. **Findings:** Mar charts viewed were seen to be signed accordingly. **Met.**
- 2.6 Service plans should be reviewed at least quarterly, and updated when the needs of the service user change. In addition, when no changes occur, this should also be recorded. (Service Specification 12.3) Timescale: Immediately and ongoing. **Findings:** Regular reviews were observed to be taking place. **Met.**
- 2.7 The provider should ensure good continuity of care. (NMS 7.3, Service Specification 6) Timescale: Within one month from the date of this report. **Findings:** Whilst viewing 3 tenants files, over a 2/3 week period, it was noted that tenants are still in receipt of a high number of carers. **Not Met.**
- 2.8 Reach are required to carry out regular spot checks to ascertain the quality and reliability of care provided by its staff to individual service users. (NMS 21.3, Service Specification 13.7) **Timescale:** All staff to be spot checked within 3 months of the date of this report. **Findings:** Whilst two staff files were viewed, one was a new appointment and therefore, no spot checks had been undertaken. However, on the second file viewed, regular spot checks were evident as being undertaken, with the latest being recorded as 17 January 2018. **Not Met.**
- 2.9 Reach are required to compile a quality assurance report and forward to the commissioning team annually, (NMS 27.5) Timescale: Report to be completed and sent to Commissioning Team within 3 months. **Findings:** Quality Assurance report has been compiled; however, not shared with tenants, family/friends/relations or stakeholders. **Partially Met.**
- 2.10 All staff should receive a structured induction programme on the first day of their employment and records of such should be kept. (NMS 19.2, Service Specification 13.4) Timescale: Immediately and ongoing. **Findings:** One new member of staff file was viewed and a full induction had been undertaken and signed by the mentor. **Met.**
- 2.11 Ensure that the preferred times of calls agreed with service users is recorded in the service delivery plan or other documentation (NMS 7.2) Timescale: Times to be recorded within 1 month of the date of this report and continued for future placements. **Findings:** Separate Service Timetable on each file. **Met**

## 2.12 Previous Developmental Actions

- 2.13 Reach are encouraged to complete life histories (or similar) for all service users. **Findings:** Within the 3 files viewed, no life history was evidence, only those contained with in the Local Authority's Care Plan. **Not Met.**
- 2.14 Reach should carry out a formal, written audit of daily records to ensure any issues that are not reported can be picked up, and any issues with how or what staff record can be addressed. **Findings:** Weekly audits are undertaken by the Lead Support Worker and shared with the Manager. **Met.**
- 2.15 Reach are encouraged to record details of staff members who possess NVQ qualifications on the training matrix. **Findings:** Appropriate NVQ's are now recorded on the training matrix. **Met.**
- 2.16 Reach to consider keeping a copy of references and DBS checks on the staff files at Plas Hyfryd. **Findings:** Since the last monitoring visit, such information has and will be copied and retained on the new employees file. **Met.**

## 3. Service Performance

- 3.1.1 Prior to the visit, feedback from social workers and others involved in the care provided at Plas Hyfryd was sought. No formal complaints had been received via the Customer Services Team of the Directorate of Social Services, whilst seven contacts had been made with the Adult Services Safeguarding Team for advice and assistance.
- 3.1.2 Tunstall phones are used and this assists with getting in touch with tenants and care staff.
- 3.1.3 Prior to conducting the announced monitoring visit, the Contract Monitoring Officer visited Plas Hyfryd to observe the lunchtime experience and had the opportunity of speaking with some of the residents that receive Extra Care support. The mealtime experience, was observed to be a positive one, with catering staff being very attentive toward the tenants.
- 3.1.4 The schedules are displayed in the office and they are set out in such a way to ensure that appropriate time is scheduled for each call. Tenants are aware in advance when they will be receiving care and support as the schedules are the same from one week to the next. On each tenant file viewed, there was a Service Timetable which indicated the individuals preferred times.
- 3.1.5 Rotas are provided to staff members. The rotas provide the carers with a brief as to what support is required and allows the carers to record the actual time of arrival and the time on leaving the flat. Whist viewing the rotas, it was evident that one member of staff was not signing in/out and this matter was brought to the attention of the Manager.
- 3.1.6 The rotas are organised to ensure that the number of carers increases and decreases during the day to meet demand for calls.

- 3.1.7 Tenants are able to access support at any time of day by using the telecare system (Tunstall). At the time of the visit, one individual had recently been shown how to make a payment via the telephone; a Tunstall call was made to the Manager as the individual was experiencing some difficulty. However, on returning the office, the Manager advised that the individual had already resolved the problem prior to the managing reaching the flat.
- 3.1.8 A member of staff is on site at all times, including a sleep in shift at night.
- 3.1.9 Feedback was sought from the visiting officer speaking with a tenant and her family. The family recalled their relative being contacted by the care agency prior to commencing the tenancy in order to explain the services on offer and to explain what Extra Care is. However, the family, nor the tenant, could recall receiving a written information pack i.e. welcome pack, Terms & Conditions.
- 3.1.10 At one stage, the tenant felt the care calls were too early and therefore, this matter was raised with the Manager. The care calls were then altered to meet the tenant's request.
- 3.1.11 The tenant was aware of the complaints procedure and advised she would not hesitate to discuss any concerns or dissatisfaction with the Manager.
- 3.1.12 The tenant advised that the care staff treat her with dignity and respect and it is rare for them to miss a call. The carers undertake the tasks that are required of them and the tenant advised that she is allowed to make her own choices.
- 3.1.13 Unfortunately, the tenant reported that the carers do not often have the time to sit and talk and should they be late for the call (which was reported to be rare), they do not Tunstall through to notify the tenant.
- 3.1.14 Whilst the visiting officer observed individuals accessing the community, the tenant interviewed felt more could be done for her to access the community.
- 3.1.15 When asked if the tenant was happy (or not) with the service, the tenant replied 'no'. However, family advised that the reason for this is that the tenant would like to live back in the community; however, the tenant and family know that this unfortunately would not be possible for safety reasons.

## 3.2 Service Planning and Documentation

- 3.2.1 Documents were provided to the visiting officer from a lockable cabinet, secured in the Manager's office.
- 3.2.2 Three tenant files were viewed and on each file was a photograph of the tenant.
- 3.2.3 Present on all files were the Local Authority's Care Plan, along with a Reach Service Plan. The Service Plan was detailed and included valuable information from the Care Plan. However, the visiting officer only observed life history of the individuals within the Local Authority's Care plan and not the Service Plan.
- 3.2.4 One tenant had signed a Service Plan, a relative had signed another and for one tenant, the Manager had signed on their behalf after reading the document to the

tenant. Therefore, it was evident that all three tenants had been involved in the development of their Service Plan.

- 3.2.5 The Service Plans were very detailed, outlining what support is required, how support should be delivered and what aspect of care the tenant would like to undertake themselves. The Service Plan also specifies how carers are to enter each flat.
- 3.2.6 Service Plans had been reviewed in December 2017 and therefore, indicates that the plans are reviewed on a regular basis and kept up to date.
- 3.2.7 Reach use a traffic light system for any hospital admission. The information is coded to the appropriate colour i.e. Red – Alert: things a professional will need to know about the tenant (GP, allergies etc.), Amber – Things Important to Me: communication, eating/swallowing, pain, mobility etc., Green – Things I like/dislike.
- 3.2.8 Appropriate Risk Assessments were found to be in place for identified risks i.e. Moving & Handling, Medication, finances, skin integrity.
- 3.2.9 Daily records were signed and dated with start and end times recorded for each call. However, lunch calls were not recorded. When discussing this with the Manager, the visiting officer was shown a separate recording for all lunch calls provided. The reason for the separate recording is that some individual's are only assisted to the dining area with no other support being provided.
- 3.2.10 There was evidence staff were aware on how to contact appropriate professionals should the need arise i.e. Occupational Therapists, Out of Hours GP.

### 3.3 Recruitment, Training and Supervision

- 3.3.1 The visiting officer viewed two staff files held at Plas Hyfryd in a lockable cabinet, in the Manager's office. Both files had recent photographs of the staff and present on file was a detailed interview record. The record evidenced that each candidate was asked six questions in respect of Care Plans, Person Centre approach, Support Plans etc. Both interviews used a score rating system, which showed how the applicants had responded to the questions to an acceptable standard.
- 3.3.2 There was a full employment history with no gaps identified.
- 3.3.3 One file contained a DBS, whilst the other did not. This was discussed with the Manager who explained that since last year, any new member of staff will now have their DBS copied and retained on file. For the file that did not contain the DBS, the information is retained at the Head Office in Newport.
- 3.3.4 There were no references on either file and the visiting officer was advised that such information is retained at the Head Office.
- 3.3.5 The visiting officer viewed the training matrix and it was evident that training is arranged for all staff, and refreshed at regular intervals. The training matrix listed the level of NVQs held by individual staff and the date the qualification had been achieved.
- 3.3.6 Mandatory training was also up-to-date.

- 3.3.7 A full indication is provided to new staff and is signed off by the mentor. This also demonstrated that staff were being shadowed when commencing their duties.
- 3.3.8 Competency tests are undertaken every 3-6 months, along with spot checks. Should a tenant wish to comment during a spot check, they are given the opportunity to do so.
- 3.3.9 A PDR (Personal Development Record) was also viewed on one file; however not on the second. This is because the second file was that of a new member of staff.
- 3.3.10 In the last twelve months, 3 members of staff have left the employment of Reach. All three due to long term sickness. However, the Manager advised that the staffing levels are now consistent.
- 3.3.11 The largest employment contract is for 37 hours; however, staff are aware of the European Directive should they work more than 48 hours.
- 3.3.12 Teams meetings are held every three months and are recorded. It was suggested to the Manager that the staff sign and date the minutes to evidence that they are fully up-to-date with the information being shared via the meeting.
- 3.3.13 A copy of the Quality Assurance Report (February 2017) was shared with the visiting officer and contained an overview of the service, comments/feedback from the tenants.
- 3.3.14 The Quality Assurance Report also covers the vision of the organisation, management ethos, training and development, care planning, life history of tenants, regular reviews, advocacy etc. however, the visiting officer was informed that the report is not currently shared with tenants, family/friends/representatives or stakeholders.

#### **4. Corrective Actions**

- 4.1 Whilst a Quality Assurance report is undertaken annually, the document should be shared with tenants, family/representatives, stakeholders, CIW and the Local Authority (NMS 27.5) **Timescale: From the development of the 2018 QA report**
- 4.2 Daily logs to be more personal centred, describing mood, detailing likes/dislikes etc. (NMS 16.1) **Timescale: Immediately and on-going.**

#### **5. Developmental Actions**

- 5.1 That all care staff enter the actual in/out times on the rota's provided for internal/external audit purpose.
- 5.2 The date to be entered at the top of each sheet on the daily record.
- 5.3 For files to contain detailed life histories for all tenants.

5.4 For both carers, attending a double handed call, to sign the schedules and daily record sheet.

5.5 For staff to read and sign minutes of staff meetings.

**6. Conclusion**

6.1. There were several corrective actions highlighted within the last monitoring report, 2017. The visiting officer was pleased to note that the Manager and staff have actively worked on the improvements requested and all areas were noted to have been met during the 2018 visit.

6.1.2 The Contract Monitoring Officer would like to thank staff at Plas Hyfryd for their hospitality during the visit.

**Author:** Caroline Roberts  
**Designation:** Contract Monitoring Officer  
**Date:** 08 March 2018

**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.