

**CAERPHILLY COUNTY BOROUGH COUNCIL, DIRECTORATE OF SOCIAL SERVICES
AND THE ANEURIN BEVAN HEALTH BOARD**

COMMISSIONING TEAM

CONTRACT MONITORING REPORT

Name of Provider: Crossroads Care South East Wales

Name of Service: Respite Sitting Service

Date of Visit: Friday 11th January 2013

Visiting Officer: Andrew Davies, Contract Monitoring Officer

Present: Liz Prosser, Operations Manager

1. Background

- 1.1 Caerphilly County Borough Council and the Aneurin Bevan Health Board currently contract with Crossroads South East Wales to provide a respite sitting service. The aim of the service is to support the carers of older people, physically disabled people, those with learning disabilities and individuals suffering from mental health difficulties by relieving stress and enabling the carer to have time for themselves.
- 1.2 Various support is given to service users including personal care, domestic duties, prompting of medication, participating in meaningful activities and preparing meals and drinks etc.
- 1.3 Crossroads are one of three successful providers who were commissioned by Social Services in 2009 to provide the respite sitting service, following a tender process.
- 1.4 No complaints or protection of vulnerable adults referrals have been received by Social Services with regards to Crossroads in the last 12 months.
- 1.5 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 regulations such as the National Minimum Standards (NMS), and developmental actions are good practice recommendations

2. Previous recommendations

- 2.1 The provider is to ensure that daily recordings are specific and detailed, which reflect and comment upon the information that is recorded within the service plan (*Respite Sitting Service Specification*).

Findings:- The daily records seen on the files viewed were very detailed and personalised, and did comment on the needs identified in the service plan. **Outcome:-** Met

- 2.2 The provider is to ensure that staff who are due refreshers in mandatory training courses are undertaken as soon as possible (*Respite Sitting Service Specification*).
Findings:- Training continues to be arranged on an ongoing basis and the training matrix showed most outstanding courses from the last visit have been arranged, however it was noted some other training is now out of date. **Outcome:** Partially Met.
- 2.3 The provider should ensure that when inducting staff, the induction should preferably be based (or similar to) on the areas within and issues stated within the Care Council for Wales Induction Framework (2003).
Findings:- The Manager advised that she has recently attended a training course on using the Care Council for Wales Induction Framework, and felt that it was a very comprehensive induction programme. The framework will be used with the next new starter. **Outcome:-** Partially Met.

3. Findings

- 3.1 The files of two new members of staff were seen. It was positive to note that all necessary documentation was on file, such as fully completed application form, two references, car details etc. The files are audited by the Manager or administrator, and any missing information is requested, for example on one application form the previous employment history did not have any dates, and these were requested later and added to the file.
- 3.2 Evidence was on file to show that staff have enhanced CRB checks before starting work, and LP advised that these are refreshed every 3 years.
- 3.3 The interview records are also kept on file to show the responses given and the scores, to evidence the rationale for offering the candidate employment with the provider.
- 3.4 As well as the sitting service, Crossroads also has a domiciliary care contract with CCBC. Most care staff work both sitting and domiciliary care calls as required.
- 3.5 The supervision matrix was not up to date so this was not viewed during the visit. The Manager confirmed that each staff member receives a mixture of supervision sessions including one on one supervisions, spot checks, group supervisions and telephone supervisions. Supervision sessions have been planned on a matrix at necessary intervals for 2013, and this will be monitored at the next domiciliary care visit.
- 3.6 As previously mentioned the training matrix showed that some staff were due for refresher training sessions. The training file showed that many of these had been booked in for the next few months. Some staff had missing training records, however the Manager advised that these staff also work for CCBC and have received training through this route. AD advised that the provider contacted CCBC to request dates and course titles of training attended.
- 3.7 The provider has not received any complaints for the Caerphilly County Borough area, in the last 12 months. There is a complaints procedure in place and the Manager ensures that the service users are satisfied prior to closing down any complaint.
- 3.8 Two service user files were analysed during the visit and all necessary documentation was on file and presented in a clear format.

- 3.9 The initial assessment booklets contained detailed and personalised information, which was transferred to the service plans and risk assessments.
- 3.10 Both files contained up to date CCBC care plans, and the information from the care plans had been used as a basis for the service plans.
- 3.11 As mentioned, the standard of daily recordings was very good. The daily records also showed a good level of continuity of care, with a limited number of different care staff being utilised.
- 3.12 It was noted that on one file there was inconsistency between the initial assessment, the service plan and the risk assessment regarding the medication needs of the service user. The Manager advised that this would be investigated and clarified.
- 3.13 The level of detail in the service plans was generally good and there was clear instruction for staff to follow. On both files it was positive to see that the service plans had been signed by a representative from Crossroads, as well as the service user or family member.
- 3.14 The risk assessments tended to focus on environmental factors rather than care needs, however there was evidence of some care needs being risk assessed. On one file some queries were raised regarding some of the risk ratings e.g. risk of falls rated as low, which appeared to contradict information in the CCBC care plan and service plan.
- 3.15 It is evident that quality assurance is of high importance to the provider. In 2012, questionnaires were sent out to all carers who benefit from respite sitting from Crossroads, and a report was written on the findings. The responses overall were very positive, and it was clear that the carers are very pleased with all aspects of the service provided.
- 3.16 Questionnaires were also sent out to members of staff, and again the responses were positive, with just a few minor suggestions for improvement.

4. Corrective Actions

- 4.1 The provider is to ensure consistency between the service plan, risk assessment, and CCBC care plan with regard to assessed needs for each service user. (*National Minimum Standard, 4*)
- 4.2 Manager to contact CCBC to request current training information for the members of staff who work for both CCBC and Crossroads (*National Minimum Standard, 19*)

5. Developmental Actions

- 5.1 None

6. Conclusion

6.1 There were several examples of good practice seen during the visit, and it is encouraging to see the very positive feedback received from the service users and staff, which evidences a high standard of service is being provided. There are a minimal number of actions required for the provider to undertake following the monitoring visit, and credit must be given to all staff concerned. Crossroads are encouraged to ensure these standards are maintained and improved upon further where applicable.

Author: Andrew Davies

Date: 25th January 2013

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.