

CAERPHILLY COUNTY BOROUGH COUNCIL, DIRECTORATE OF SOCIAL SERVICES

COMMISSIONING TEAM

CONTRACT MONITORING REPORT

Name of Provider: Q Care

Date of Visit: 26.10.16

Visiting Officers: Andrew Davies (Contract Monitoring Officer)

Present: Anne Cook (Registered Manager)

1. Background

- 1.1 Q Care have been a registered provider of domiciliary care services within the Caerphilly Borough for several years. The provider was awarded a domiciliary care contract in 2011, following a tender process.
- 1.2 Over the last few months there has been a restructure within Q Care which has meant that the Caerphilly branch has moved from Ebbw Vale to Pontypool. The Manager is relatively new in post, starting in May 2016
- 1.3 The range of care and support tasks undertaken by Q Care under the contract includes personal care (e.g. assistance with bathing, washing, dressing, medication intake, using the toilet), 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).
- 1.4 Dependent on the findings within the report, Q Care will be given corrective and developmental actions to complete. Corrective actions are those which must be completed (as governed by legislation etc), and developmental actions are good practice recommendations.

2. Findings

2.1 Previous Actions

- 2.1.1 Previous actions were addressed via a separate monitoring process in 2015.

3.1 Service Performance

- 3.1.1 Call monitoring records were viewed for three service users over a period of two weeks, and these were compared to the scheduled times. It was positive to note that the majority of calls lasted very close to the planned length of time. For one service user the calls were generally shorter than the contracted hours, and the Manager explained that this had been raised with the Social Worker and at the moment the

calls times were not being reduced.

- 3.1.2 It was noted that there was good consistency of care workers, with a small group of regular carers scheduled to attend most calls for each person. When the regular group were unavailable, there could be several members of staff covering a few calls each which made the overall number of carers look higher.
- 3.1.3 It was noted from the call monitoring records that for one service user there were several examples of calls taking place more than 30 minutes earlier or later than the scheduled time. This did not apply to two other service users, who appeared to receive very consistent call times.
- 3.1.4 The electronic call monitoring system sends alerts if calls are late or potentially missed, and this system is monitored at all times. When alerts come through, staff are contacted to ask if they are on their way and if necessary other arrangements are made to cover calls, and service users informed of any issues. The system is monitored during evenings and weekends, and the Manager advised that during her time in post there had been no missed calls that she was aware of.
- 3.1.5 There is an on call system for staff to use when the office is closed, which is run by office staff and field care supervisors.
- 3.1.6 Several staff rotas were seen, and it was apparent that calls are planned well, and appropriate travelling time is always scheduled between calls.
- 3.1.7 From looking at the staff rotas along with actual times, it appeared that there were some examples of staff attending calls in a different order to what was planned, and there were some examples of early or late calls, but in general it was apparent from the information seen that the staff were able to follow their planned calls very consistently most days.
- 3.1.8 There is a communication system in place to log calls received from care staff to the office to report concerns about a service user, or to report cancelled calls etc. This acts as an audit trail to explain any calls which appear to be not attended, or any other relevant information that needs to be logged.
- 3.1.9 Daily records are collected from properties when completed and brought back to the office to be audited. This involves the office staff reading through a sample of books to see if there are any issues that need to be raised with staff, for example if they fail to make an entry, forget to sign in an out etc., or if anything is mentioned in the books that should have been reported to the office. On the audits seen there were no issues picked up that needed to be addressed.

3.2 Care and Service Planning Process

- 3.2.1 The provider has introduced new documentation since the last monitoring visit. The initial assessment and service delivery plan are now combined into 'My Support Plan' rather than having separate documents. It was discussed with the Manager how changes to the service delivery plan would be made given the new format, and she advised that only the relevant sections would be changed, and the whole document would be reprinted without changing the initial assessment.

- 3.2.2 The documentation was person centred and included likes and dislikes, and levels of independence in each area of support. The level of detail in the support plans was very good and provided sufficient information for staff to follow.
- 3.2.3 It was positive to note that the new support plans cover outcomes for each person, and these are reviewed every 6 months to show any changes or progress made.
- 3.2.4 The files do not contain a life history document, and although there is a section for 'personal information about me' in the support plan, these tended to be filled in quite briefly.
- 3.2.5 The support plans seen had all been signed by the service user (or family member) to evidence their involvement, and by a representative from Q Care.
- 3.2.6 The support plans contained risk assessments that covered the risks associated with providing care, as well as the environmental factors in the property.
- 3.2.7 The daily records were fully completed, and all were signed, timed and dated. Most entries were detailed and gave a good description of what support was provided on each call, as well as mentioning any updates on the well being of the service user.
- 3.2.8 The daily records were consistent with the service delivery plans regarding medication, and there were recordings that medication had been prompted on the files seen. There have been some recent issues reported to the Commissioning Team regarding members of staff failing to appropriately complete MAR charts, and this was discussed following the visit. The Manager advised that this had been addressed with the individual members of staff.
- 3.2.9 The files seen did not contain 6 monthly service plan reviews, however all of the support plans had been written recently. The files did contain satisfaction questionnaires that had been completed within the last 6 months. The questionnaires covered areas such as the attitude of the staff, their reliability, call times, any complaints, and whether the staff follow the service plan, and the responses seen were positive.

3.3 Recruitment, Training and Supervision

- 3.3.1 Two staff files were viewed, and they both included required information such as a photograph, a detailed application form, signed contract of employment, job description, and at least 2 references.
- 3.3.2 Both files contained Interview records which showed that the applicant answered the interview questions to a high standard, and included some scenarios to respond to.
- 3.3.3 The provider uses an induction process and these were seen on the staff files.
- 3.3.4 A matrix is used to record and plan supervision sessions and spot checks throughout the year, and it was apparent that these are taking place regularly, although some staff were overdue for a supervision session. There were also some staff overdue for an annual appraisal.
- 3.3.5 DBS checks are undertaken before new members of staff start work, and repeated

every 3 years, and evidence was provided to show that this has been done for all staff.

- 3.3.6 The training matrix showed most staff had received all mandatory training and had attended refresher training where required. Some staff appeared to be out of date for several courses, however this was explained (e.g. sickness absence). The provider uses a mixture e-learning and traditional face to face training.
- 3.3.7 It was noted from the matrix that few staff have completed an NVQ/QCF qualification appropriate for their role, below the NMS requirement of at least 50% of staff.

4. Corrective Actions

- 4.1 Ensure that supervision and appraisals are up to date for all staff (*National Minimum Standards 21.1, 21.2*) Timescale: Within three months of date of report
- 4.2 At least 50% of care staff to have completed (or be working towards) an NVQ/QCF qualification appropriate to their role. (NMS 20.3) Timescale: Within six months of date of report
- 4.3 Ensure that calls take place within 15 minutes of the agreed time, and in the correct order as shown on the rota. (*NMS 16.1*). Timescale: Immediately and ongoing

5. Developmental Actions

- 5.1 Q Care are encouraged to develop a life history document, or to include some life history information in the support plans.

6. Conclusion

- 6.1 The visit was positive with several examples of good practice seen in all areas looked at during the monitoring visit.
- 6.2 The documentation relating to service users was completed in a comprehensive manner, and the recruitment practices were completed fully. Good monitoring systems are in place to ensure that staff files and service user files (and care packages) are continually kept under review, and that all required information is present.
- 6.3 The monitoring officer would like to thank staff at Q Care for their hospitality during the visit. Further visits will be arranged as per the normal monitoring process.

Author: Andrew Davies

Designation: Contract Monitoring Officer

Date: 20.12.16

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.