

# **CAERPHILLY COUNTY BOROUGH COUNCIL, DIRECTORATE OF SOCIAL SERVICES**

## **COMMISSIONING TEAM**

### **CONTRACT MONITORING REPORT**

**Name/Address Of Provider:** Radis, Unit 4, De Clare Business Park, Pontygwindy Road, Caerphilly, CF83 2WA

**Date Of Visit:** Tuesday 4<sup>th</sup> June 2019

**Visiting Officer(s):** Amelia Tyler: Contract Monitoring Officer, Caerphilly CBC

**Present:** Melanie Walters: Branch Manager, Radis  
Teresa Sparey: Assistant Manager, Radis  
Becki Sparey: Co-ordinator, Radis

#### **1. Background**

- 1.1** Radis have been a registered provider of Domiciliary Care Services within Caerphilly since August 2001. As at 20<sup>th</sup> May 2019, the organisation was providing approximately 1665.5 hours of care and support each week to 207 people within the borough. This was a decrease of 124 hours but an increase of 18 people compared with the previous visit.
- 1.2** The monitoring visit focussed on reviewing previous recommendations, documentation relating to people receiving care, staff files and training. This report also incorporates the feedback received from surveys carried out with clients and/or relatives and carers. Although it was acknowledged that the service is not currently registered under the new legislation, the monitoring tool used measures against these requirements to ensure everything is in place prior to registration.
- 1.3** The previous contract monitoring visits were completed on the 3<sup>rd</sup> and 10<sup>th</sup> April 2018 and at this time there were 8 corrective actions and 5 developmental actions identified. These were followed up and the findings are outlined in section 2 below.
- 1.4** The range of care and support tasks undertaken by Radis include personal care (e.g. assistance with bathing, washing, dressing, administration of medication, supporting with personal care), nutritional care (e.g. assistance with eating and drinking, food and drink preparation, and nutritional 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 and arranging appointments).
- 1.5** Dependant on the findings within the report, Radis will be given further corrective and developmental actions to complete. Corrective actions are those, which must

be completed (as governed by legislation etc) and developmental actions are those that are deemed to be good practice.

## **2. Previous recommendations**

- 2.1** Reviews of personal plans for all clients to be carried out every 3 months in line with the RISCA regulations (16.1). The original deadline set for this was the 31<sup>st</sup> July 2017.  
**Not met.** The first file evidenced a review on the 09.04.18 and although there had been 2 telephone monitoring conversations there was no evidence of reviews being completed every 3 months. The second file didn't contain any reviews and it was explained that this was due to anxiety and the main carer having difficulty however, there was a completed telephone monitoring questionnaire in place. The third file contained 4 reviews since the beginning of 2018 but these had not been done every 3 months as required.
- 2.2** The Manager to ensure that all carers are suitably qualified and up to date with all mandatory training. RISCA regulations (35)  
**Partly met.** The training matrix was seen on the electronic system and it was noted that there were gaps and there was training that had also expired. It was acknowledged that the matrix needed to be updated as it still contained names of carers that had either left or never started.
- 2.3** Regular information relating to the performance of late and missed calls to be submitted to the Commissioning team every quarter. Dom care contract clause 6.6.  
**Not met.** This information has yet to be received by the commissioning team. It was noted that there were at least 2 missed calls that were missed by the same staff member and appropriate action was taken to reduce the risk of recurrence.
- 2.4** All care plans and personal plans are to contain consistent information. Where amendments are required, the relevant team within social services are to be contacted. RISCA regulations (15) and dom care contract clause 8.3  
**Partly met.** During the monitoring visit the contract monitoring officer viewed 3 client files: there was no mention in the care plan about the use of continence pads and there was a discrepancy about whether medication was to be prompted or administered on the first file. The daily routines in the second file did not mention anything about catheter or continence pads. It was noted that all tasks from the care plan had been transferred over to the personal plan on the third file.
- 2.5** All staff files to contain recent photos of the individual in line with the RISCA regulations (35, schedule 1.1.)  
**Not met.** There were no staff photos seen on either file viewed during the visit.
- 2.6** Signatures to be obtained on all personal plans from the individual or representative to evidence their involvement. If this is not possible, a clear reason is to be recorded in place of the signature. RISCA regulations (15)  
**Partly met.** There were signatures on 2 out of the 3 files viewed and the one file had not been signed by the individual or the agency. It was noted that one plan had been signed

by a relative of the person but it had not been noted why the person was unable to sign for themselves.

- 2.7** The agency to ensure continuity in relation to the care worker(s) who provide the service to each individual. RISCA regulations (6)  
**Not met.** A concern had been received by the commissioning team 17.05.19 from a relative about the high number of care staff carrying out calls and apparent lack of communication. The rotas viewed highlighted that one client that had had 14 different carers within a 2 month period and another had 25 carers in a 2 week period.
- 2.8** Supervision and/or spot check to be carried out at least quarterly. RISCA regulations (36)  
**Partly met.** A electronic version of the matrix was seen during the visit and this evidenced that there were 3 carers that were overdue for their formal supervision. Current legislation states 'staff meet for one to one supervision with their line manager or equivalent officer, or a more senior member of staff no less than quarterly'.
- 2.9** It is recommended that the 1 page profiles are rolled out for all individuals that wish to participate and it is noted on file if they do not wish for this to be completed.  
**Not met.** The contact monitoring officer was told that approx. 10% of clients have a completed 1 page profile in place.
- 2.10** Further consideration to be given to maintaining supervision dates and dates of all spot checks on the same spreadsheet.  
**Met.** The spreadsheet used to record the dates of supervisions, spot checks and appraisals is all stored on the same file with separate worksheets for each element.
- 2.11** When reviewing the daily diaries, the record of any action required or completed as a result to be recorded.  
**Met.** There was evidence on the daily diaries seen that these had been audited and any action(s) required or carried out had been noted on the front of the book.
- 2.12** All care staff to clearly record in the daily diary what action has been taken if there are any concerns about the individual i.e. family informed/contacted the office etc.  
**Partly met.** The first file seen noted a burn or scab in the client's right hand and carers had applied a plaster. One entry stated a lump had been noticed on the individual's breast and they were waiting for an appointment but it was not recorded if this had been shared with the office. It was also noted on another occasion that the person was not well and appeared chesty and wheezing but again, it was not stated if the office had been notified. The second file documented blood in the urine but did not specify if any action had been taken in relation to this. The contract monitoring officer also acknowledged that the daily log referred to a urine bottle rather than a catheter: as previously mentioned this needs to be consistent across all documents.
- 2.13** Consideration to be given on providing more information in daily records about the general wellbeing of the person and to ensure this is consistent rather than following this with 'all ok on leaving'

**Met.** The daily logs seen during the visit provided detail around the general wellbeing of the person and the tasks carried out. There were some examples where entries were very brief and task orientated but the majority provided a good overview.

### **3. Findings from visit**

#### **3.1 Care and personal planning process**

- 3.1.1** There was no initial assessment in place on any of the files seen and in order to be compliant with the new legislation this should be completed fully and held on file prior to the package of care starting.
- 3.1.2** It was acknowledged that there was some detailed information around the needs of the individual and the support required i.e. they are insulin dependent, enjoys reading, opera, celebrity gossip and TV soaps. Another file noted the person was an amputee and needed support with all activities of daily living and they had previously worked as a mechanic and enjoys Rugby and the last file detailed information around the person's sons who live abroad with their families.
- 3.1.3** None of the files documented the preferred call times: it is advised that this is agreed, documented and signed by both parties so that even if the exact times are not available, it is evidenced that this discussion was held.
- 3.1.4** The personalised information was detailed and provided insight into what is important to the individual. One plan stated 'I cannot reach my back and legs in the shower' and provided information around what the client is able to do themselves to maintain the maximum level of independence. This detail wasn't present in all the files seen and it is advised that this be incorporated into all personal plans.
- 3.1.5** It was noted on one file that a review had been carried out by the supervisor with the client and her sister, the second file appeared to have completed a review following a conversation with the wife of the client and there was no review present on the third file.

#### **3.2 Recruitment, training and supervision**

- 3.2.1** It was evidenced that non-mandatory training was being provided in order to ensure the needs of the people being cared for are met. The training matrix highlighted courses such as Parkinson's, privacy and dignity, diabetes, epilepsy, alcohol and substance misuse. There were still gaps in some of these courses but the coordinator said these were being worked towards and carers are being nominated to attend classroom based training as and when it becomes available.
- 3.2.2** The contract monitoring officer was informed that spot checks were completed for all care staff every 3 months. A care worker monitoring form was seen for a member of staff that had been signed and dated by the supervisor and the carer.

- 3.2.3** There were signed contracts of employment on both staff files seen, interview records, job descriptions and references as required. It was noted that there appeared to be only 1 interviewer on one of the files viewed: it is good practice to have a minimum of 2 interviewers to ensure consistency and fairness.
- 3.2.4** It was observed that one carer had 2 unexplained gaps in employment between 2006 - 2009 and between December 2014 - July 2015: it is a requirement that any unexplained gaps are discussed and recorded on file.
- 3.2.5** There were no photographs of the carers on file and it was emphasised that the new RISCA legislation requires a recent photograph for anyone working for the organisation to be present on file.
- 3.2.6** Both files contained valid DBS checks and it had been recorded that these were clear and evidence of shadowing as part of their induction process.

### **3.3** Quality Assurance

- 3.3.1** As part of the monitoring process 10 questionnaires were completed directly from people receiving a package of care from Radis and/or their relative to obtain feedback about the service: 3 were completed with the client, 5 were completed with a relative and 2 were completed with input from both.
- 3.3.2** 80% of the people spoken to said they had regular carers with some of these adding that consistency is generally good, but there can be a lot of changes during the holidays or weekends. All respondents stated they (or their relative) were always treated with dignity and respect. When asked if carers have enough time to talk to them 7 said yes and 3 said sometimes and this was dependent on the carer.
- 3.3.3** 60% of completed questionnaires commented there was nothing needed to improve the service and the contract monitoring officer was told that the individual receiving care always felt very spoilt by the carers and another client said they were very grateful for everything the carers do and they always check if there is anything else they need before leaving. Other questionnaires mentioned that carers won't try to encourage the client to have a shower if they don't want one, some highlighted that the call times could be improved and one respondent said that more training was needed before they go out on their own.
- 3.3.4** When asked what score they would give the service out of 10, one said they would give it a 7, two said 8 and seven people said they would give it a 10.
- 3.3.5** 3 members of staff were also spoken to over the phone to gain feedback: 1 said they could sometimes do with more time between calls but all 3 said they had sufficient time to carry out what they need to do during the calls. They all reported the office rotas were ok, they were supported by their supervisor, they had a thorough induction with shadowing and there was enough information available within the client's home prior to carrying out

the call. One carer told the contract monitoring officer that they felt the induction was brilliant and that Radis is a really good company to work for.

**3.3.6** It was stated that a copy of the quarterly report completed by the responsible individual had not been completed and the policies and procedures had not been reviewed annually: It was explained this would be done following registration with the care inspectorate.

#### **4. Corrective / developmental actions**

##### **4.1 Corrective actions (The deadline for all actions 31<sup>st</sup> October 2018)**

- 4.1.1** Reviews of personal plans for all clients to be carried out every 3 months in line with the RISCA regulation (16.1). The original deadline set for this was the 31<sup>st</sup> July 2017.
- 4.1.2** The Manager to ensure all carers are suitably qualified and up to date with mandatory training. RISCA regulation (35)
- 4.1.3** Regular information relating to performance of late and missed calls to be submitted to the Commissioning team every quarter. Dom care contract clause 6.6.
- 4.1.4** All care plans and personal plans are to contain consistent information. Where amendments are required, the relevant team within social services are to be contacted. RISCA regulation (15) and domiciliary care contract clause 8.3.
- 4.1.5** All staff files to contain recent photos of the individual in line with the RISCA regulation (35, schedule 1.1.)
- 4.1.6** A full employment history to be present on all staff files with a recorded explanation of any gaps. RISCA regulation schedule 1, regulation 35 Part 1 (8)
- 4.1.6** Signatures to be obtained on all personal plans from the individual or representative to evidence their involvement. If this is not possible, a clear reason is to be recorded in place of the signature. RISCA regulation (15)
- 4.1.7** The agency to ensure continuity in relation to the care worker(s) who provide the service to each individual. RISCA regulation (6)
- 4.1.8** Supervision and/or spot check to be carried out at least quarterly. RISCA regulation (36)
- 4.1.9** Initial assessments to be present on each file prior to the commencement of the service. RISCA regulation (15)
- 4.1.10** The quarterly reviews of the personal plan should incorporate detail to the extent to which the person was able to achieve their personal outcomes. RISCA regulation (16)

## **4.2** Developmental actions

- 4.2.1** It is recommended that the 1 page profiles are rolled out for all individuals that wish to participate and it is noted on file if they do not wish for this to be completed.
- 4.2.2** All care staff are to clearly record in the daily diary what action has been taken if there are any concerns about the individual i.e. family informed/contacted the office/GP appointment requested etc.
- 4.2.3** The training matrix is to be updated to remove carers that have left or never started in the post.
- 4.2.4** The Manager to ensure there are a minimum of 2 interviewers present during formal interviews.
- 4.2.5** It is good practice to record the preferred call times as part of the initial assessment.

## **5.** Conclusion

- 5.1** Progress had been made since the previous monitoring visit with 3 actions being met and 5 being partly met.
- 5.2** Although there are a lot of actions following the monitoring visit, this is due to the new legislation coming into force and the use of the amended monitoring tool.
- 5.3** As highlighted in the body of the report: work is needed to update mandatory training for all carers and the matrix requires updating so that it provides an accurate reflection of all current employees and courses attended.
- 5.4** There was some really positive feedback from people receiving care from the organisation, their relatives and staff members which demonstrated the extra care that is provided by some carers.
- 5.5** The contract monitoring officer would like to take the opportunity to thank everyone involved in compiling the information for their time and hospitality. In line with the monitoring strategy, the next monitoring visit will be completed in June 2020 unless it is deemed necessary for this to be carried out beforehand.

**Author:** Amelia Tyler  
**Designation:** Contract Monitoring Officer  
**Date:** 14<sup>th</sup> August 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 residents and/or their families should they ask to see them.