

CAERPHILLY COUNTY BOROUGH COUNCIL, DIRECTORATE OF SOCIAL SERVICES

COMMISSIONING TEAM

CONTRACT MONITORING REPORT

Name of Provider: Pobol

Name of Extra Care Service: Cefn Glas

Date of Visit: 24th November, 3rd December 2022 and 30th January 2023

Visiting Officer: Caroline Roberts, Contract Monitoring Officer

Present: Kirsty Wallis, Lead Support (First Visit)
Linda Craven, Registered Manager (First Visit)
Lesa Mabbitt, Scheme Manager (Second Visit)

1 Background

- 1.1 Cefn Glas is a purposed built building, situated in Blackwood. Pobol is the provider that provides support and care to some of the tenants residing at the property.
- 1.2 The range of care and support tasks undertaken by Pobol 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 Cefn Glas are able to contact them at any time through the use of a call system, Tunstall.
- 1.3 The last monitoring visit was undertaken in March 2020, pre the covid pandemic. No further visits were undertaken during the outbreak of Covid; however, regular telephone contact was maintained with all providers.
- 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 the Regulation and Inspection of Social Care (Wales) Act or the CCBC contract), and developmental actions are good practice recommendations.

2 Findings

- 2.1 Registered Individual (RI) and Registered Manager (RM)
 - 2.1.1 Pobol's Statement of Purpose was shared with the Monitoring Officer and stated that it was last been reviewed in October 2022. It is recommended that the document is reviewed at least annually or when changes occur. The Statement of Purpose provides the reader with detailed information as to who manages the

scheme, the range of needs that can be supported by Pobl, how a service is provided to individuals, staffing, facilities, governance and monitoring arrangements.

- 2.1.2 The Responsible Individual works closely with the Registered Managers, the Assistant Directors and the Director of Care.
- 2.1.3 In terms of contingency plans for management cover, Pobl has a Scheme Manager on site at the service and the service is also overseen by the Registered Manager who is on site regularly to monitor the service, or as needed to support the Scheme Manager or staff on site. Should the Registered Manager be absent, the Assistant Director will assist, and link directly with the Scheme Manager on site to offer support and assistance as needed.
- 2.1.4 Information received from the Assistant Director, Older Peoples Service, evidenced that Policy and Procedures were up to-date with a schedule in place for any renewals.
- 2.1.5 CCTV is insitu at Cefn Glas; with appropriate signage informing individuals/visitors. However, it is not in place within individual tenant's flats. Discussions were held with the tenants and it has been agreed that CCTV will be put in place in the scheme's atrium.
- 2.1.6 The service has one relief worker who is a fluent Welsh speaker and any documentation is available in Welsh, should it be requested.
- 2.1.7 The RI undertakes Regulation 73 visits on a quarterly basis in order to check the quality and compliance of the service; therefore, the RI visits services within the Gwent Partnership area. Reports for January-June 2022 and July-September 2022. The reports were observed to be detailed and during the visits, the RI speaks to individuals living at the services and, also family members. Reference is made quality surveys issued and the feedback received, medication errors, safeguarding concerns and their outcomes, falls, audits, inspections, the RI looks at staff supervisions, Personal Plans and personal goals/outcomes, staff retention etc.
- 2.1.8 Should there be any areas of concern, recommendations are made by the RI and these are to be acted upon within a timely manner.

2.2 Documentation

- 2.2.1 Prior to the monitoring visits, the monitoring officer had not been informed of any concerns or complaints about the service being provided by Cefn Glas.
- 2.2.2 During the monitoring visit, two tenant files were viewed.
- 2.2.3 At the time of the visit, out of the two files viewed, only one held a pre-admission assessment, this is because the one individual had resided at Cefn Glas for a number of years and therefore, the documentation had been archived.
- 2.2.4 Information is shared with the scheme, via the Local Authority and its Care and Support Plan. The plan describes what assistance and support the individual will

require with i.e. mobility, personal care, medication. Their likes and dislikes are also noted. It will also include personal information about the individual including life history etc.

- 2.2.5 Both files were observed to have had the information from the Local Authority Care Plan transferred over to Pobl's Personal Plan. The information was detailed and written in the first person, with individuals signing the plan to evidence that they had taken part its development.
- 2.2.6 Both files also evidenced that the individual's were given the opportunity to provide their preferred call times, and these matched the logbooks when observed.
- 2.2.7 Both files held a one-page profile on the individual, which outlined areas such as 'what people appreciate about me', 'what am I good at', what is important to me' and 'how to support me' etc.
- 2.2.8 Two Personal Plans were observed to be outcome focussed, outlining what the individuals like to do to maintain their independence. However, it was felt by the monitoring officer that more detailed personal goals could be recorded to aid the tenant.
- 2.2.9 At the time of the visit, both files evidenced that timely reviews had taken place, involving the tenants.
- 2.2.10 Appropriate Risk Assessments were observed for the two files observed i.e. skin integrity, bedrails, Moving & Handling, Medication, personal care. However, on one file no signature of the reviewing officer was evidenced.
- 2.2.11 The monitoring officer read 2 weeks of daily records for both tenants. Staff were noted to record transfers (hoisting), showing respect and leaving the individual to have some privacy should they be using the commode, personal care, medication administration, any refusals of drinks/food, any general conversation, emptying bins/commode, safety of premises i.e. locking up when leaving. However, it is recommended that if there is a skin integrity risk assessment in place, reference is made to this within the daily logs as evidence of checking the skin.
- 2.2.12 Whilst support workers were observed to be signing the daily logs, signatures were not always legible. For auditing purposes, it was requested that the scheme manager request staff to print their names.
- 2.2.13 Whilst comparing the planned times agreed by the individual to those recorded in the daily records, it was observed that the planned v's actual were consistent for the tenants receiving support.
- 2.2.14 The Daily Records are collected weekly by the management team at Cefn Glas and audited for any inaccuracies or errors. 4-5 files are chosen at random and details are checked i.e. medication times, Tunstall calls, length of calls etc. Once the audit has been completed, the team member will sign the weekly logs to evidence an audit has taken place.
- 2.2.15 A Handover book is insitu and any issues are recorded in the book i.e. any tenant requiring additional medication, falls, new tenants etc. There is also a book that

records all Tunstall calls and a white board that highlights those tenants who are in hospital.

2.3 Medication

- 2.3.1 Some individuals are assisted with medication. Medication audits are undertaken weekly and during the process, the auditor looks at Blister packs, MAR charts, Eyedrops, medication file, creams, PRN, storage, disposal of medication no longer required.

2.4 Call Monitoring

- 2.4.1 The scheme has a handover folder in place and during handover of shift, any issues recorded within the documentation is discussed with those coming on shift i.e. requirement for more medication, any falls, new tenants.
- 2.4.2 The visiting officer was advised that within the last 12 months, there have been no missed calls.
- 2.4.3 There is an on-call system place. Staff hold work mobiles and individuals can summon assistance by using the Tunstall system. Staff will advise office should they be late to a call and in turn individuals are advised. The Team Leader advised that all office staff are on hand to offer assistance as and when required.
- 2.4.4 The Team Leader audits planned calls against actual to ensure times are consistent for the tenants receiving support. Should it be apparent that there be a trend that staff are spending more time with an individual or less time, then individual cases are discussed with the allocated social worker in order to either increase the time or make a reduction. Such matters will be discussed with the tenant in order that they remain informed.
- 2.4.5 Staff rotas are organised to ensure that the number of carers increases and decreases during the day to meet demand for calls.
- 2.4.6 Tenants are able to access support at any time of day by using the telecare system (Tunstall).
- 2.4.7 A member of staff is on site at all times, including a sleep-in shift at night.
- 2.4.8 It is important that carer consistency is maintained and whilst viewing the daily recordings and the rota's times for staff members, it was noted that consistency is maintained for the individuals at Cefn Glas. This was confirmed by the tenants spoken to when visiting the scheme.

2.5 Staff Files

- 2.5.1 Two staff files were viewed during the monitoring process, both files held 2 written references, with one from their last employer. Both files held a job description, detailed application forms (neither of which had gaps in employment) and both held interview records. Whilst there were no written exercises or scenarios, it was noted that Pobl use a scoring system when interviewing.

- 2.5.2 Individual Contracts of Employment are held at Head Office within the Human Resources department; therefore, these were not observed by the monitoring officer. The files held photographs of the individual staff members and training certificates viewed were Safeguarding, Infection Control, GDPR, Medication, Fire Awareness, Health & Safety, First Aid, Nutrition, COSHH and other that may be relevant to providing appropriate care and support to specific individuals.
- 2.5.3 Both files held an up-to-date Disclosure and Barring Service certificate, with no issues raised.
- 2.5.3 There was evidence of staff having a meaningful shadowing process and were observed as being signed off by the mentor. Staff members were quality checked in respect of their time keeping, uniform, interaction with tenants, Moving & Handling, Infection Control and completion of the individual daily logs.
- 2.5.4 Spot checks are undertaken on a regular basis unless there are areas of concern. Should concerns be raised/highlighted, the spot checks are increased. During the spot checks uniforms, completion of documentation, IDs, disposal of continence products, Moving and Handling equipment, interaction etc. are observed.
- 2.5.5 Staff supervision was observed to be up-to-date. 1:1 supervision sessions are held with staff, during which, various topics are discussed i.e. problems with calls, annual leave, sickness, trigger points, learning and development, competency assessments, any personal issues etc.
- 2.5.6 The training matrix was observed and was found to be up-to-date for all mandatory training i.e. Moving and Handling, Infection Control, Food Hygiene, Safeguarding, First Aid.
- 2.5.7 In the last twelve months, three staff members have left the organisation. One member of staff was relief and ceased picking up shifts and another two members of staff left for a change in career.
- 2.5.8 RISCA, Regulation 38 states that Regular staff meetings take place (a minimum of six meetings per year), are recorded and appropriate actions are taken as a result. Team meetings were observed to be undertaken on a regular basis, with a variety of items on the agenda i.e. staff room being decorated, tenants, I.D. communication, paperwork, mobiles/Tunstall, sickness, events, swapping calls, training, medication count, uniform etc.
- 2.6 Staff Members Feedback
- 2.6.1 As part of the monitoring process two members of staff were spoken to and a series of questions were asked.
- 2.6.2 Both staff members advised that they felt they have sufficient time to provide the care they are required to provide. Both also felt that the rotaring system works well and that this is discussed during the monthly reviews.
- 2.6.3 The staff members advised that they felt supported by their supervisor and felt that they could take openly to their manager, should they encounter any problems. Both staff members felt they had an appropriate induction, shadowing and training

and one staff member advised that refresher courses are also available to them, should they wish to access them.

- 2.6.4 When asked if there was sufficient information in a tenants flat for them to undertake their role, both confirmed that the Care Plans and Medication information is available, along with appropriate Risk Assessments and Moving & Handling Plans.
- 2.6.5 When given the option to provide any other comments, one employee responded "Really enjoy it....worked here since 2017...really supportive. The second employee advised the visiting officer "really good here, I enjoy it....they encourage you".

2.7 Tenant Feedback

- 2.7.1 Four tenants were interviewed as part of the monitoring process and a series of questions were asked of each tenant.
- 2.7.2 One tenant spoken to was fairly new to the scheme and advised that they were still going through the settling in period; however, they were very complimentary about the staff team.
- 2.7.3 All four tenants spoke positively about the staff team and they were described as "lovely", "kind hearted", "they go above and beyond" "I feel safe here".
- 2.7.4 All four tenants advised that they were happy residing at Cefn Glas, with one individual stating it was the best thing they had ever done (moving into the scheme).
- 2.7.5 All tenants advised that they are treated with dignity and respect. They advised that the care staff do everything they are required to do and have time to talk to them. Choices are given and individuals advised, they are able to make their own decisions.
- 2.7.6 The four tenants advised that they have not felt the need to raise a complaint and advised that unless there is an emergency, the staff arrive on time. One individual felt that the staff should wear brighter clothes and not black.
- 2.7.7 It was evident that after speaking with four individuals at the scheme, they were happy and spoke very positively about the staff that offer daily support.

3 General

- 3.1 The environment of Cefn Glas was found to be inviting and welcoming. The communal areas were noted to be clean and tidy with no malodours or hazards observed during the time of the visits.
- 3.2 During the initial visit, the Housing Manager showed the visiting officer around and a bistro area has been added to the Atrium, with colourful bunting and homemade tablecloths for all tenants and any of their visitors to enjoy during the warmer months. The Housing Manager shared lots of ideas and is full of enthusiasm for improving the daily lives of the tenants that reside at the scheme.

- 3.3 The flats visited were spacious, clean and homely. Individuals had their personal items on display i.e. family photos, individually chosen décor and some individuals displayed small ornaments on their windowsills outside in the corridor.
- 3.4 The restaurant area was observed to be clean and tidy and importantly inviting. A number of tenants were observed to enjoy the facilities of the restaurant. It was noted that the catering staff were friendly and approachable and were observed to interact well with the individuals using the facility.

4 Corrective and Developmental Actions

4.1 Corrective

- 4.1.2 Detailed information to be recorded in the personal plans around agreed goals/outcomes, how these are identified, supported, and reviewed. RISCA version 2 (April 2019) regulations 15, 18 and 21 and Service specification for Provision of an Extra Care Service Timescale: Immediate & Ongoing.
- 4.1.3 Staff to evidence in daily recordings that skin integrity is being checked as in line with the care plan. (Reg 21 RISCA) Timescale: Immediate & Ongoing.

4.2. Developmental Actions

- 4.2.1 For consideration to be given to staff printing names on daily logs due to some signatures being illegible for auditing/inspection purposes.
- 4.2.2 All Risk Assessments to be signed and dated by the Assessor.

5 Conclusion

- 5.1 The flats at Cefn Glas are very welcoming and they are maintained to a high standard. There is plenty of activities held and planned for the future. The Housing Manager plays an active role, with the Scheme Manager, to ensure there are activities held and that communal areas are inviting for both tenants and family/friends. It was evident during the visit that both Extra Care staff and Housing, work well together to do all they can for those residing at the scheme.
- 5.2 The Contract Monitoring Officer would like to thank the tenants and the staff at Cefn Glas for their hospitality during the visit.

Author: Caroline Roberts
Designation: Contract Monitoring Officer
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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.