

CAERPHILLY COUNTY BOROUGH COUNCIL, DIRECTORATE OF SOCIAL SERVICES

COMMISSIONING TEAM

Contract Monitoring Report

Name/Address of provider: Abacare

Date of visit: 15 February and 27 February 2023

Visiting Officer(s): Caroline Roberts, Contract Monitoring Officer

Present: Sam Price, Branch Manager
Sarah Jessica – Quality Care Supervisor

1. Background

- 1.1 Abacare has been a registered provider of domiciliary care services within the Caerphilly County Borough since December 2018. At the time of the visit, the organisation was providing approximately 239 hours of care and support per week to 25 individuals.
- 1.2 Abacare provides a range of support, which includes personal care (e.g. assistance with bathing, washing, dressing, administration of medication, personal and intimate care), nutritional care (e.g. assistance with eating and drinking, food and drink preparation, and food and 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).
- 1.3 The last contract monitoring visit took place in February 2020, just prior the Covid 19 pandemic. Therefore, this is the first visit since the pandemic; however, regular telephone contact was made with all providers at the time. The monitoring officer would like to thank the staff for its dedication and hard work during the unprecedented time and for supporting other providers when they encountered difficulties.
- 1.4 Care Inspectorate Wales (CIW) visited the provider in 2022 and the report outlines the findings of the visit, covering all three areas of the services provided by Abacare in Caerphilly, Torfaen and Blaenau Gwent. This report is made available on CIW's website.
- 1.5 Dependent on the findings within the report, the provider will be given corrective and developmental actions to complete. Corrective actions are those that must be completed (as governed by the contract, legislation etc.), and developmental actions are good practice recommendations.

2. Previous corrective/developmental actions were raised during the 2020 visit.

2.1 Corrective

- 2.1.1 The Initial personal plan and revised personal plan is to be co-produced with the individual and any representative - RISCA Reg 15.
Timescale: Immediately and ongoing for new and current customers of the service. **Met**
- 2.1.2 Personal plans to take into account the details recorded in the care and support plan prepared by the Local Authority - RISCA Reg 15
Timescale: Immediately and ongoing **Met**
- 2.1.3 Personal Plans to be reviewed as and when required but at least every three months – RISCA Reg 16
Timescale: Immediately and ongoing **Met**
- 2.1.4 Ensure that Care Workers understand the importance of escalating any concerns with regards to Individual's diet or apparent weight loss or gain
Ensure that where appropriate the Individual's intake of food/meals/snacks and/or fluids are documented appropriately and consistently to contribute towards monitoring the well-being and health of the Individual – BG & CCBC Joint Dom Contract (9.3)
Timescale: Immediately and ongoing **Met**
- 2.1.5 The Service Provider should ensure that Care Workers complete the daily record at every visit and that those recordings are factual, legible, and sufficiently detailed. Recordings should be signed and dated by Care Workers and should not be repetitive. BG & CCBC Joint Dom Contract (16.12)
Timescale: Immediately and ongoing.
- 2.1.6 The service provider must put arrangements in place to ensure individual's receive such continuity of care as is reasonable to meet their needs for care and support – RISCA Reg 22 and BG & CCBC Joint Dom Contract (8.8)
Timescale: Immediately and ongoing **Met**
- 2.1.7 A full employment history, together with a satisfactory written explanation of any gaps in employment. – RISCA Reg 35
Timescale: Immediately and ongoing **Met**
- 2.1.8 The time allocated for travel time must be sufficient having regard to (a) the distance between the location of one scheduled visit and the next scheduled visit; and (b) any other factors which might reasonably be expected to affect travel time, such as traffic congestion and the availability of parking at the location of the scheduled visits – RISCA Reg 41
Timescale: Immediately and ongoing **Met**

- 2.1.9 The Service Provider should ensure that Care Workers understand the importance of reporting required changes of call duration to a Senior Member of staff or the office - BG & CCBC Joint Dom Contract (16.12)
Timescale: Immediately and ongoing **Met**

3 Responsible Individual and Registered Manager

- 3.1 Should the RI be absent or unable to fulfil their duties due to absence, the providers senior leadership team (CEO, Group director of Quality, Chief information Officer, Group operations Director and Group Director of Policies and Communications) would appoint an individual either from the companies Quality Team or one of the regional managers in Wales to take responsibility for oversight of the management of the service thus ensuring Regulations 16 to 20 are still being met. Should the Branch Manager be absent, the Regional Area Manager would assume responsibility of managing the service until the manager could return, if this would be a long-term absence then a suitable temporary manager would be placed in the service.
- 3.2 At the time of report writing, Leigh Brown is in the process of registering as the Responsible individual.
- 3.3. The Statement of Purpose sets out the vision of the service and at the time of report writing has not been changed to reflect Leigh Brown at the RI. The provider is waiting for confirmation from Care Standards Inspectorate for Wales. The Statement of Purpose was scheduled for review in January 2023. The documents are reviewed every 6 months. It has been requested that once registration has been confirmed and the Statement of Purpose has been up-dated, the document is shared with Local Authority.
- 3.4 The Service User Guide was last up-dated in May 2022. Policy and Procedures were found to be up-to-date, with Admission and commencement of the service, Supporting individuals to manage their money, complaints and Whistleblowing are scheduled are currently being reviewed or are planned for review in May 2023.
- 3.5 A Quality Care 6 monthly review for February-July 2022 was observed. This report highlights the need for customer engagement to gain personal feedback on the service delivered and received. The report advises that this area of work is to be undertaken as an organisation and therefore, this area will be considered further during the next monitoring period.
- 3.6 The report outlines what the service does best and what areas require improving and require further development.
- 3.7 The Registered Branch Manager (RM) is registered with Social Care Wales and currently manages more than one service.

4. Findings

4.1.1 Care & Service Planning

- 4.1.2 Abacare, as have many providers, have transferred documentation over to electronic records. The provider uses a system called Access Care Planning and all records are now recorded electronically by the carers i.e. Care plans, Reviews, Daily Records, Medical Administration Records, carers signing in/out.
- 4.1.3 During the monitoring process, three individual care files were viewed. None of the three files viewed, were observed to have detailed initial assessments. This was discussed with Ms Price and Ms Jeffries, who both advised that once a package of care has been accepted from a Local Authority, they commence a full Personal Care Plan; therefore, no initial assessment is completed.
- 4.1.4 Individual preferred schedules of call times were observed on all three files.
- 4.1.5 The Personal Plans were checked against the initial CCBC Care and Support plan and all tasks identified had been transferred. All 3 files held a summary documentation, which provides a basic background of the individuals and what support is required.
- 4.1.6 As referenced, the provider has moved from handwritten Personal Plans and all documentation is now electronic. This enables all the plans to be consistent and legible, ensuring all aspects of care and support is covered within the documentation.
- 4.1.7 The Personal Plans were found to be detailed, outlining where the individual may be located within the property on arrival, likes/dislikes, details regarding the person's abilities and what can be achieved independently, how to approach the individual, how to provide appropriate support etc. Therefore, such detailed documents would support a new carer and a carer who would not usually support the individual.
- 4.1.8 All 3 files held a summary document, which was observed to be very detailed. The document outlined background information of the individuals i.e. family, pets, past employment, communication, whether or not a DNACPR, If a POA is in place, eating/nutrition, religion, skin integrity, mobility, socialising etc.
- 4.1.9 Out of the 3 files viewed, 1 had been signed by a relative, whilst the remaining 2 had not; however, the reason for no signature had been reflected on both plans.
- 4.1.10 For 3 files viewed, evidence was observed that individuals were supported by their spouse and social Worker during the 3 monthly reviews. During the review process, the reviewing officer will ask several questions in order to obtain feedback on the level of service being received by the customer i.e.

Do you feel safe? Do you feel connected? Do you feel in control? etc. Any equipment being used at the property is also checked and at the end of the review process, the service is scored from 1-10.

4.1.11 Risk Assessments were viewed on file where necessary for relevant support.

4.1.12 The electronic daily record provides the staff with a list of support that is required for individuals, even medication (if supporting in this area). There is also a free text area for staff to record matters of importance. It was discussed with the Branch Manager, that for 2 out of the 3 files viewed, personal plans referred to skin integrity observation, therefore; more information needs to be entered into the free text area, with regards to how staff are monitoring skin integrity. More information could also be included in respect of the persons mood and presentation on arrival etc.

4.1.13 The records viewed indicated that all 3 individuals were in receipt of carers that met the carer continuity threshold.

4.2 Service Performance

4.2.1 With the electronic call monitoring (ECM) system in place, carers use mobile phones to log in and out of calls.

4.2.2 Should a carer be late to a call, an alert is sent to the office, whereby a supervisor will pick up the alert and make contact with the carer to enquire the reason for being late, this in turn will be relayed to the customer. This is managed by the office from 09:00-17:00 Monday-Friday. Alerts after 17:00hrs are managed and acted upon by the afterhours team.

4.2.3 Planned call times were compared to actual call times for 3 individuals over a 2 week period. Call Slots, which were observed, were mostly scheduled as close as possible to the individual preferred times. However, some were observed to be 30-45 minutes later. Some calls were recorded to be under the allotted time, whilst some went over. Therefore, when auditing call times and duration of calls, the provider is reminded to contact the Local Authority should additional time be required or if it is felt that the allocated time could be reduced. This must be based on the evidence from the daily records.

4.3 Staff Files, Training & Supervision

4.3.1 Three personnel files were viewed during the visit. Two files were for members of staff that had TUPE'D (*Transfer of Undertakings (Protection of Employment) Regulations*) from the previous business Allied Health Care to Abacare, with one file being a newly recruited member of staff.

4.3.2 For the 2 TUPE'd files, neither held a job description relating to duties and responsibilities relating to Abacare.

- 4.3.3 All three files held a signed Contract of Employment, a photograph of the staff member, up-to-date DBS (Disclosure Barring Service) checks, with no issues identified.
- 4.3.4 Whilst there was no interview record for the two staff who TUPE'd over, one was viewed for the newly recruited staff member. The interview process consisted of various questions with the interviewer using a scoring system.
- 4.3.5 No employment gaps were identified within the new staff members application. At the time of the visit the new staff member held their Induction documentation; and the visiting officer was advised that the carer is working toward gaining the qualification and will then be supported to register with Social Care Wales. Both TUPE'd staff members were observed to registered with Social Care Wales.
- 4.3.6 Abacare are providing ongoing support to newly appointed staff to register with Social Care Wales, which is a requirement.
- 4.3.7 The provider utilises spot checks on staff to ensure competency and to also check other aspects such as identity, uniform, was the personal plan followed, punctuality etc.
- 4.3.8 Staff are supported to carry out their role by a mixture of supervision, spot checks and team meetings.
- 4.3.9 A Staff Training Matrix was viewed which indicated that the majority of staff had attended appropriate mandatory courses i.e. safeguarding, moving and handling, medication, infection control, food hygiene. The matrix also indicated staff whose training requires refreshing.
- 4.3.10 Non-mandatory training is also provided i.e. Catheter care, Dementia, Diabetes, Dignity and Respect, Equality and many others.
- 4.3.11 The Branch Manager advised that a report can be pulled from the system whenever required. However, every Monday, head office produce a report for the Branch Manager, highlighting what training is required and for which member of staff. A traffic light system is used to highlight training overdue and training that is due.
- 4.3.12 A Staff Supervision Matrix was observed. The matrix uses a traffic highlight and highlights what supervision has taken place and when it is next due. During the supervision, staff are asked if they are happy with their current working hours and whether they would like a guaranteed hour contract.

4.4 Customer Feedback

- 4.4.1 3 customers/representatives of Abacare were telephoned to gather feedback on the service received. The customers were asked what was important to them about the service they receive, and they replied that they wanted regular carers, to remain independent, to maintain their personal hygiene and health.

- 4.4.2 All 3 individuals contacted were complimentary about the care staff, stating that staff are “excellent, they sing with her”, “they keep her calm”, “this lifeline is so important, the staff are fantastic”, “Couldn’t manage without them”, “Just wonderful, they know we appreciate them”. All individuals who took part in providing feedback advised that they were treated with respect and dignity.
- 4.4.3 1 individual advised the monitoring officer that the regular staff stay for correct amount of time, however, if new to the team, the staff do not always stay for the allotted time.
- 4.4.5 1 individual requested a more consistent time when undertaking domestic support (a private arrangement) and this was fed back to the Branch Manager.
- 4.4.6 Overall the feedback provided was positive in respect of the care provided: and should there be any issues, the office endeavour to resolve matters for the client.

5 General

- 5.1 In the last 12 months, Abacare has had 12 staff members leave its employment. There were various reasons for this i.e. sickness, pursuing a different career, childcare, retirement etc.
- 5.2 As with all care providers, active work continues by Abacare to employ new care staff and the provider continues to work toward retaining staff members.
- 5.3 In July 2022, 5 care workers were nominated for the Care Heroes Awards. One carer won the Care Worker of the Year award, with 3 staff making it to the final 3 of Care Team of the Year. An office-based member of staff was also nominated for Care Co-ordinator of the Year.
- 5.4 the initial visit the Branch Manager also proudly pointed out the number of ‘Thank you’ cards received by the team.

6. Corrective & Developmental Actions

6.1 Corrective

- 6.1.2 Job descriptions should be retained on staff files, including those who have Tupe’d over in 2018. RISCA Reg. 38
- 6.1.3 Reviews to record who and what documentation played a role in the process. RISCA Reg. 16
- 6.1.4 For calls to be as close to the individuals preferred times as possible. RISCA Reg. 14

6.2 Developmental

- 6.2.1 For the RI to share the up-dated Statement of Purpose with the Local Authority once registration has been confirmed.
- 6.2.2 Daily notes to include more detail i.e. condition of skin (if the individual has recognised skin integrity issues), mood and presentation of individual.
- 6.2.3 For staff to be more mindful of terminology used when describing actions undertaken.
- 6.2.4 For the Branch Manager to share any positive feedback received with the Commissioning Team (Local Authority).

7. Conclusion

- 7.1 It was pleasing to receive good feedback from individuals receiving the service in the community and that they have a good relationship with the carers.
- 7.2 Another monitoring visit to the office will be carried out in approximately 12 months unless it is deemed necessary for it to be carried out beforehand.
- 7.3 The Contract Monitoring Officer would like to take this opportunity to thank staff at Abacare for their time and hospitality during the visit.

Author: Caroline Roberts
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Date: March 2023

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.