

NEATH PORT TALBOT COUNTY BOROUGH COUNCIL

SOCIAL SERVICES, HEALTH AND HOUSING CABINET BOARD

17 MARCH 2016

**REPORT OF THE DIRECTOR OF SOCIAL SERVICES, HEALTH AND
HOUSING – N. JARMAN**

SECTION A – MATTER FOR DECISION

WARD(S) AFFECTED:

All

TITLE OF REPORT

**Care and Social Services Inspectorate Wales: Homecare Service
Inspection Report 2016**

Purpose of report

To inform Members of the outcome of the CSSIW inspection of the
In-house Homecare Service, undertaken on the 20th to 22nd of January
2016.

Executive Summary:

The Care and Social Services Inspectorate Wales (CSSIW) undertook
an unannounced inspection of the Council's In-house Homecare Service
between the 20th and 22nd of January 2016. The focus of the inspection
was on the management of the service and the supervision and
monitoring of staff.

On conclusion of the report, the inspector concluded that the service had
a strong management team, that had implemented a consistent
approach to the supervision and management of a dispersed workforce,
and that the appointment of a Quality Assurance Manager and a
dedicated HR resource was having a positive impact on the service.

Background

Neath Port Talbot CBC Homecare Service is registered with the Care and Social Services Inspectorate Wales (CSSIW) as a domiciliary care provider. CSSIW undertake regular, unannounced inspections, which can be either focussed on a specific issue, or a baseline evaluation of the overall service.

The inspection took the form of

- One unannounced visit to the offices of the service, followed by one announced visit to provide feedback at the end of the inspection
- Tracked visits to six people using the service, two from each geographical area
- Discussions with six staff providing the care to people we tracked
- Examination of the six people's care files
- Examination of three staff files
- Discussion with people using the service and their relatives
- Discussion with the acting manager and deputy manager
- Examination of a random selection of policies and procedures
- Reference to the current Statement of Purpose which was sent following the inspection visit

Synopsys of the CSSIW inspection report

The report noted the following improvements since the last inspection in 2015: -

- There is a strong workforce and management system in place
- The appointment of a quality Assurance Manager (secondment) which is having a beneficial impact on the service
- Dedicated HR support for the service
- Structured approach to managing sickness.

The inspector also commented on the quality of the service, noting that:

'People receiving a service from NPTCBC Homecare Service can be confident that they will receive a high standard of support, as the provider is committed to delivering person centred care'

'We found that there was a commitment to provide a core of staff to support people on a regular basis in a timely manner, which was supported by the four days on four days off shift pattern,'

and that

'People feel safe as those spoken with confirmed they were cared for, in the main by the same staff, which provided continuity of care that enabled trusting relationships to be developed.'

Service user comments noted within the report included

"I feel so lucky to have them. Never feel that they intrude into our life. Calls are not rushed - they are absolutely wonderful."

The inspector also noted that the acting manager and the team are committed to further developing the service

Recommendations contained within the CSSIW Inspection Report

The following good practice recommendations for service improvement were made

- Reviews of care plans need to 'be strengthened by identifying where no changes are required, as at present, they are just dated and signed by the supervisor
- Documentation within the care files could be archived to ensure that only current information is held on file
- Policies must be reviewed at least annually and dated, as we found that the complaints policy was undated and within the policy file we found that some policies were current and others were not

Financial impact:

There is no financial impact associated with this report

Equality Impact Assessment

There are no equality impacts associated with this report

Workforce Impacts

There are no workforce impacts associated with this report

Legal Impacts

There are no legal impacts associated with this report

Risk Management

There are no risk management issues associated with this report

Consultation

There is no requirement under the Constitution for external consultation on this item

Recommendations

1. To implement the recommendations within the Care and Social Services Inspectorate for Wales' inspection report

Reason for Decision

To comply with the recommendations of the CSSIW Homecare Service Report 2016.

List of background papers

Care and Social Services inspectorate Wales Inspection Report Neath Port Talbot County Borough Council Homecare Service

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Arolygieth Gafal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Care and Social Services Inspectorate Wales

Care Standards Act 2000

Inspection Report

Neath Port Talbot County Borough Council Homecare Service

Neath

Type of Inspection – Focused

Dates of inspection – Wednesday, 20 January 2016
and Friday, 22 January 2016

Date of publication – Wednesday, 17 February 2016

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Summary

About the service

Neath Port Talbot County Borough Council Social Services and Housing Homecare Service (NPTCBC) is registered with Care and Social Services Inspectorate Wales (CSSIW) as a domiciliary care agency to provide personal care to adults with a physical disability, sensory impairment, older adults and older people who are mentally infirm. It is a large agency which is split into three geographical areas covering Port Talbot, Neath and Pontardawe.

The office base for the service is in Neath Abbey and is close to Neath town centre.

The provider of the service is NPTCBC Social Services and Housing and the responsible individual is currently in the process of being changed to Nick Jarman. Although there is a registered manager on our (CSSIW) system, she is not currently at work. There has been a change in management and the acting manager in post has submitted an application to register with CSSIW.

What type of inspection was carried out?

A scheduled unannounced, focussed inspection was carried out on the quality of life for the people using the service. Also due to an anonymous concern regarding staff supervision and appraisals, we looked at the quality of leadership and management.

The following methodology was used:

- One unannounced visit to the offices of the service, followed by one announced visit to provide feedback at the end of the inspection
- Tracked visits to six people using the service, two from each geographical area
- Discussions with six staff providing the care to people we tracked
- Examination of the six people's care files
- Examination of three staff files
- Discussion with people using the service and their relatives
- Discussion with the acting manager and deputy manager
- Examination of a random selection of policies and procedures
- Reference to the current Statement of Purpose which was sent following the inspection visit

What does the service do well?

This inspection identified that there were no significant areas of outstanding practice. The matters reported here are those which exceed CSSIW's expectations that conditions of registration, regulations and national minimum standards are adhered to at all times within the care provided.

What has improved since the last inspection?

This was not the focus of our inspection on this occasion. However, we were informed by the acting manager that the service has a quality assurance manager on secondment to the team and there is a more strategic system in place to manage sickness as there is additional Human Resource support four days per week for the team.

What needs to be done to improve the service?

On this occasion, no non compliance notices have been issued. However, we discussed

the following good practice recommendations with the acting manager:

Reviews of care plans need to be strengthened by identifying where no changes are required, as at present they are just dated and signed by the supervisor

Documentation within the care files could be archived to ensure that only current information is held on file

Audit of policies. Policies must be reviewed at least annually and dated, as we found that the complaints policy was undated and within the policy file we found that some policies were current and others were not

Quality Of Life

People receiving a service from NPTCBC Homecare Service can be confident that they will receive a high standard of support, as the provider is committed to delivering person centred care. We observed and tracked the care staff on six of their calls across the county and saw that people were treated with dignity and respect, as staff knocked before entering their homes and their care was undertaken in a professional manner. Staff clearly were very familiar with the needs of the people they supported as they demonstrated knowledge about how the person wished their care to be delivered.

From examination of six people's care records, overall the information was compliant with The Domiciliary Care Agencies (Wales) Regulations 2004. There were also risk assessments in place, together with signatures of the person receiving care. However, we noted that when supervisors undertook reviews of care plans these were just dated and signed, without evidencing that no changes were required. We therefore recommended to the acting manager that this information is strengthened to support that the person has been included in the review of the plan. Both the acting manager and deputy manager were positive about this recommendation. They informed us that they have already developed the personal support plan, as it is currently task orientated, and hope this will be ratified shortly by NPTCBC and then piloted within the team. We also recommended to the acting manager that older documentation is archived.

During our tracked calls we observed the administration of medication via the medication administration record (MAR) chart system and found that the files were clearly marked with the appropriate level of support required in respect of this aspect of people's care and were accurately recorded.

We found that there was a commitment to provide a core of staff to support people on a regular basis in a timely manner, which was supported by the four days on four days off shift pattern, where staff were assigned the first two calls (morning and lunch) or last two calls (tea and evening). Those people we visited informed us there was clear communication when staff changes were needed due to leave or absence or if staff were delayed. None of the people we visited stated they had a missed call and we noted there was an electronic call monitoring system in place.

People feel safe as those spoken with confirmed they were cared for, in the main by the same staff, which provided continuity of care that enabled trusting relationships to be developed. All people or their families we spoke to were positive about the care they received with comments such as *"Feel so lucky to have them. Never feel that they intrude into our life. Calls are not rushed – they are absolutely wonderful."*

From our observations it was clear that people experience warmth, attachment and belonging as we observed care staff positively interacting with people during their care calls. During this time care staff offered choice to people in respect of what they wished to eat and wear and we heard light hearted conversations with people responding with laughter, which had a positive impact on those receiving support.

People experience appropriate responsive care from staff who have an up to date understanding of their individual needs and preferences.

Quality Of Staffing

This was not the focus of this inspection.

Quality Of Leadership and Management

Although this inspection focused on the quality of life of people using the service, we also considered leadership and management due to receiving an anonymous concern in April 2015 regarding lack of supervision and appraisals for staff.

We were informed by the acting manager that she has been in post for four months and during this time there have been changes within the team. There is a new supervision plan being developed, which will incorporate clear actions, together with agreed timescales. This will further strengthen the supervision process in respect of monitoring actions agreed within supervision.

From our examination of three staff files all evidenced that formal supervision and/or spot checks had been undertaken which indicated that staff are monitored, in keeping with the national minimum standards (NMS Standard 21). The manager also informed us that there is a data record sheet on system and every week a meeting is held with the supervisors, to ensure that supervision is up to date and planned. This method ensures that staff receive adequate supervision and the acting manager is aware of any issues that arise.

We looked at a random selection of three policies and noted that some were current and others were not. In particular the complaints policy was not dated. Consequently we recommended to the acting manager that policies are audited to ensure they are current, or where no changes are required that this is recorded. This recommendation was positively received by the acting manager.

During the inspection we discussed the reporting of incidents (Regulation 26) and clarified that such incidents were reported directly to CSSIW with a copy to the Local Authority.

We noted that the acting manager had a current registration with the Care Council for Wales and the Employer's Liability insurance was current.

People can be assured that the acting manager and the team are committed to further developing the service, by updating monitoring systems to support service users and staff. There is a strong workforce and management system in place and the acting manager commented that over the last four months there have been changes introduced and that "*we are making steady but good progress*". The deputy manager spoke positively about the changes that had been introduced and both thought the secondment of a quality assurance manager was very beneficial to the team, in addition to the support from human resources section within NPTCBC.

From discussions with managers, people experience an improving service which they can rely upon.

Quality Of The Environment

This was not the focus of this inspection.

How we inspect and report on services

We conduct two types of inspection; baseline and focused. Both consider the experience of people using services.

- **Baseline inspections** assess whether the registration of a service is justified and whether the conditions of registration are appropriate. For most services, we carry out these inspections every three years. Exceptions are registered child minders, out of school care, sessional care, crèches and open access provision, which are every four years.

At these inspections we check whether the service has a clear, effective Statement of Purpose and whether the service delivers on the commitments set out in its Statement of Purpose. In assessing whether registration is justified inspectors check that the service can demonstrate a history of compliance with regulations.

- **Focused inspections** consider the experience of people using services and we will look at compliance with regulations when poor outcomes for people using services are identified. We carry out these inspections in between baseline inspections. Focused inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focused inspections may be scheduled or carried out in response to concerns.

Inspectors use a variety of methods to gather information during inspections. These may include;

- Talking with people who use services and their representatives
- Talking to staff and the manager
- Looking at documentation
- Observation of staff interactions with people and of the environment
- Comments made within questionnaires returned from people who use services, staff and health and social care professionals

We inspect and report our findings under 'Quality Themes'. Those relevant to each type of service are referred to within our inspection reports.

Further information about what we do can be found in our leaflet 'Improving Care and Social Services in Wales'. You can download this from our website, [Improving Care and Social Services in Wales](#) or ask us to send you a copy by telephoning your local CSSIW regional office.