

NEATH PORT TALBOT COUNTY BOROUGH COUNCIL

9 February 2017

Social Care, Health and Housing Cabinet Board

Report of the Director of Social Services Health and Housing

– N.Jarman

Matter for Decision

Wards affected: All

Care and Social Services Inspectorate Wales: Homecare Service Inspection Report 2017

Propose of report

To inform members of the outcome of the CSSIW inspection of the in house Homecare service, undertaken on the 12 and 13 of December 2016.

Executive Summary:

The Care and Social Services Inspectorate Wales (CSSIW) undertook an unannounced inspection of the Councils in House Homecare Service on the 12 and 13 of December 2016. The focus of the inspection was the quality of life experienced by those using the service.

The CSSIW inspector acknowledged the scale of the management of change process that the service had undertaken since the last inspection.

The inspector noted the service improvements since the last inspection and made reference to the positive impact that the Homecare Rapid Response team has made. In addition to this the inspector felt that the introduction of a Person Centred care Plans within the core service provided a very good, strengths based overview, and staff felt that this was a positive change. The inspector made two recommendations on the content of the care plan, both of which have been implemented.

In conclusion, the inspector noted the commitment, and dedication of staff, the management teams' drive for continual improvement, and found that people continued to receive good quality person centred care from motivated and enthusiastic staff.

Background

Neath Port Talbot CBC Homecare Service is registered with the Care and Social Services Inspectorate Wales (CSSIW) as a domiciliary care provider and are required to undertake regular, unannounced inspections.

The inspection on the 12 and 13 of December comprised :-

- One unannounced visit to the offices of the service, followed by one announced visit to provide feedback at the end of the inspection
- Home visits to six people using the Homecare service, four people from the core service and two people from the Homecare Rapid Response Service.
- Discussions with people using the service and their family members.
- Feedback from satisfaction surveys from five people receiving support
- Discussion with seven staff during home visits.
- Observation of the handover system for Homecare Rapid Response Team and discussion with the majority of staff covering this service.
- Examination of six peoples care files
- Discussion with Interim Operational Manager (Julie Duggan), deputy Manager (Gemma Pascoe), and Quality Assurance Manager (Eirlys Ryan).
- Reference to previous inspection report.

The report noted the following improvements since the last inspection in 2016: -

- Care plan reviews are being undertaken every three months, but some required the service users' signature.
- Information is now being archived as per recommendations in last inspection report.

- The complaints policy has been updated, and all corporate policies were reviewed annually.

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

- Staff were observed being kind, caring and compassionate, and interacting positively with people.
- Service user comments noted within the report included: -

“Everyone is very professional – very morale boosting. Second to none!”.

“I asked for an earlier time due to a hospital appointment and they did it”.

“Nothing is too much trouble”.

“Girls have been brilliant – supervisor is absolutely fantastic”.

A family member commented that *“Care is fantastic. They’re not just carers they’re friends. Carers laugh and a joke with her”.*

- The inspector also observed that during the Homecare Rapid Response Team handover sessions, ‘staff confidently reported back on people’s progress and identified when people had reached their full potential and no longer required their support’.
- During home visits with the Homecare Rapid Response team the inspector noted that staff were very enthusiastic and motivated about the service they provided, and encouraged people to be as independent as possible, and that people’s wellbeing is enhanced as a result of the care provided
- People using the Homecare Rapid Response Service commented that:

Without your help, I have no doubt I would have been readmitted back to hospital”.

“Carers very cheerful which often lifted a very down day”.

Recommendations contained within the CSSIW inspection report

The following good practice recommendations for service improvement were made

- The signatures of people using the service, or a statement indicating if they are unable to sign, must be included within care plan documentation.
- The designation of the person completing the care plan needs to be added to the care plans

NB.

The service is rolling out a new person centred care plan which meets both of these requirements. However the person centred care plan is not in every household. It will be fully implemented by the end of February 2017.

- Staff recordings in the persons communication log in their home centres on the tasks undertaken and do not reflect the good quality person centred care the inspector saw being delivered.

NB

The interim Operational Manager has devised bespoke training in reporting and recording for care staff. The training is a mandatory requirement. At the point of inspection circa 75% of staff had attended, the remaining staff will have completed the training by the end of February 2017.

The inspection report concluded that people experience appropriate, responsive care from staff with a good knowledge of the individual's needs, and that there is a level of commitment, direction and support provided to the staff team, and a management team focused and driven to continually improve and deliver a quality person centred service.

Recommendations

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

Reasons for Proposed Decision

To comply with the recommendations of CSSIW inspection report

Implementation of Decision

The decision is proposed for implementation after the three day call in period.

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

List of background papers

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

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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 – Monday, 12 December 2016
and Tuesday, 13 December 2016

Date of publication – Friday, 06 January 2017

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Summary

About the service

Neath Port Talbot County Borough Council (NPTCBC) Homecare Service is registered with Care and Social Service Inspectorate Wales (CSSIW) as a domiciliary care agency to provide personal care to adults aged 18 years and over.

It is a large agency which is split into three geographical areas covering Port Talbot, Neath and Pontardawe. Since July 2016 the service has also developed a Rapid Response service to support people within the community to avoid hospital admissions and to support people being discharged from hospital.

The service operates from Neath Abbey and is close to Neath town centre.

The provider of the service is NPTCBC. The responsible individual is Nick Jarman and the registered manager is Julie Duggan.

What type of inspection was carried out?

A scheduled unannounced, focussed inspection was carried out on 12th December, 2016, together with a further announced visit on 13th December which included home visits to some people receiving care and support. This inspection focused on the quality of life for people using the service.

The following methodology was used:

- One unannounced visit, followed by one announced visit to the service office base;
- Home visits to six people receiving a service from the homecare service and rapid response team;
- Discussion with people receiving care and family members;
- Feedback from satisfaction surveys from five people receiving support;
- Discussion with seven staff during the home visits;
- Observation of the handover system for Rapid Response Team and discussion with the majority of staff covering this service;
- Examination of six people's care files;
- Discussion with registered manager and quality assurance manager;
- Reference to the previous inspection report.

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. However, we noted that the service has begun the implementation of new person centred care plans, which will be rolled out within the service at the point of the next review, over the coming months.

What has improved since the last inspection?

With regard to the three recommendations made at the last inspection in January 2016, we noted the following has been taken on board,

- Reviews were being undertaken every three months, but required the signature of the person;
- Information had been archived in the files we looked at;
- The complaints policy had been updated and the registered manager confirmed that corporate policies were reviewed within the local authority.

What needs to be done to improve the service?

At this inspection no non compliance notices have been issued. However, we have discussed the following good practice recommendation with the registered manager:

- Signatures of people using the service, or a statement indicating if they are unable to sign, must be included within the care documentation.

Quality Of Life

People experience appropriate responsive care from staff who have a good knowledge of their individual needs and preferences. During our four home visits to the homecare service we observed staff being kind, caring and compassionate with people who had complex needs. We saw staff interacting positively with people and heard them asking what they wanted for breakfast and talking throughout the care being provided. There was laughter and appropriate good hearted banter whilst care was being provided, which people positively responded to. We received verbal feedback from those receiving care during our visits with comments such as *"Girls have been brilliant – supervisor is absolutely fantastic". "Everyone is very professional – very morale boosting. Second to none". "I asked for an earlier time due to a hospital appointment and they did it". "Nothing is too much trouble".* A family member commented that *"Care is fantastic. They're not just carers they're friends. Carers laugh and a joke with her".* We found that the communication entries made by staff could be strengthened to reflect the good quality person centred care we saw being delivered, such as reflecting the choices given. Some staff members we spoke to during our home visits, told us about recent training they had attended regarding reporting and recording, commenting that *"It was very good"* and *"very helpful"*. The registered manager confirmed that this was *"bespoke"* training to meet the needs of the service.

During our visits with staff from the rapid response team, we were told how people were encouraged to be as independent as possible. All calls are double staffed and staff members told us that *"someone who knows the person is always on the call"*. We noted that the staff in this team also work across all the geographical areas. From our observations of the handover sessions, staff confidently reported back on people's progress and identified when people had reached their full potential and no longer required their support. We noted that staff were very enthusiastic and motivated about the service they provided and told us *"It's a completely different scenario"* to their previous role within the core domiciliary care service. *"It's great. "Fabulous". "Loving it."* The registered manager told us that the service has a fast turnover as it is provided for up to three weeks. On occasions this period is extended if further care and support is identified, as it is dependent on a new provider being available. The staff team told us that professionals in other teams were *"listening to our opinions"* and those receiving care were *"totally grateful"*. From the compliments that had been received to date, we saw positive feedback such as *"Without your help, I have no doubt I would have been readmitted back to hospital". "Carers very cheerful which often lifted a very down day".* People's physical and mental wellbeing is enhanced as a result of the care provided.

We looked at six people's care records, two of which were for the rapid response team. Due to the nature of this service, records were held within the person's home and were more reliant on information being recorded within the daily communication logs. Proportionate care plans have been implemented to support person centred care for this service. Within the core domiciliary care service we saw some records had the newly implemented person centred care plans in place, which provided a very good overview of the person, including *"things I can do for myself"* and *"things I need help with"* and *"how I like personal care to be provided"*. Staff that we spoke to were positive about the changes to the documentation, commenting that there was *"more information about the*

family and the person". However, we have recommended that this information is further strengthened by adding the signature of the person or a statement, where required, indicating that the person is unable to sign. The designation of staff members should also be clear to identify who produced the plan or review. We saw that in most of the records we looked at, reviews had been completed and the registered manager had provided an annual plan for the three monthly reviews. In one situation a do not resuscitate directive was not evidenced within the support plan, nor held on the file, as it was held within the nursing file. Although staff were aware of this, we discussed with the registered manager that this should be included within the support plan information and easily identifiable for staff. She confirmed that this would be addressed immediately.

People are safe and protected as we saw that appropriate action had been taken in respect of safeguarding matters. We discussed with the registered manager that it would be helpful to keep a record of the outcome and action taken. The registered manager agreed this would be added to the safeguarding file.

Although the team has undergone a huge management of change since the last inspection, from our observations of staff, the care records we examined and feedback we received and read, we found that people are receiving good quality person centred care from staff who are dedicated, motivated and enthusiastic about the service they deliver.

Quality Of Staffing

Quality of Staffing was not the focus of this inspection.

Quality Of Leadership and Management

Although this was not the focus of this inspection, due to the two recommendations made in the last inspection report and the changes that have occurred, we noted the following:

- A recommendation was made regarding updating the complaints policy. This was updated in 2016. We discussed with the registered manager that any procedures for staff related to policies need to be reviewed on an annual basis to ensure they remain fit for purpose as policies are updated corporately within Neath Port Talbot County Borough Council ;
- The Statement of Purpose and Service User Guide have been updated and are awaiting ratification by the responsible individual;
- The Rapid Response Team was set up in July 2016 from the existing staff team;
- The staff team has decreased since January 2016, which has resulted in a decrease of people using the service, together with a decrease in the number of hours of care being delivered;
- In January 2017 the registered manager will be reviewing and evaluating the current system;
- The call monitoring system which manages the rotas and service delivery has produced a very low number of intermittent errors, which has resulted in missed calls. Whilst this has been addressed with the staff who input the information, the registered manager informed us the system will need to be updated to overcome this issue;
- Quality assurance questionnaires will be sent out in January 2017, following the implementation of the service changes this year.

From discussion with the registered manager, the quality assurance manager and the staff team we met with, we are aware of the management of change process that has been taking place since the last inspection in January 2016. The systems that we saw and the discussion we had with the registered manager regarding future development of the service, indicate the level of commitment, direction and support provided to the staff team. The registered manager and the management team are focused and driven to continually improve and deliver a quality person centred service.

Quality Of The Environment

Quality of environment is not the focus of domiciliary care services. However, we found that all confidential records were securely housed at the service's office base.

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.

