



Arolygiaeth Gofal 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 – Full

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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 – this is reported to be working well.

The service operates from Neath Abbey. The provider of the service is NPTCBC. The responsible individual Nick Jarman has recently left the authority and the provider will need to ensure that a responsible individual is nominated as soon as possible. Julie Duggan is the registered manager of the service.

What type of inspection was carried out?

We (CSSIW) inspected the service on 24 October 2017 for a scheduled, unannounced baseline inspection. Both the registered manager and deputy manager were present throughout the office visit.

The following methodology was used:

- one unannounced visit to the service office base;
- home visits to three people receiving a service from the homecare service;
- discussion with people receiving care and family members;
- discussion with two staff at the office and one staff member during the home visits;
- observation of the electronic programming and monitoring system;
- examination of six people's care files including those we later visited;
- examination of six staff files;
- discussion with registered manager and deputy manager and
- reference to the previous inspection report.

What does the service do well?

- people told us they received an excellent standard of care from the agency.
- staff members told us that they welcomed the new four-day training programme and were looking forward to attending it.

What has improved since the last inspection?

The provider has introduced a new investigations process due to of a number of medication errors.

What needs to be done to improve the service?

We found no areas of non-compliance during our visit.

Quality Of Life

People using the service can be assured that the service is individual to them and person centred. People told us that they had consistency of care workers providing their support at most times but recognised at times due to annual leave and sickness that this may change on occasion. Everyone we spoke to valued continuity because it meant familiar care workers who knew their care needs supported them and this made them feel safe. New care workers were introduced first and shadowed an experienced member of staff.

The registered manager told us that staff turnover was low and many staff had been employed for many years. This helped to ensure continuity as far as possible and the people we spoke to told us how much they liked to know who was coming in at each visit and appreciated continuity of care. People also told us that if a care worker was going to be late, they always received a phone call from the office to keep them informed. This happened during one of our home visits when the office rang to tell one client that the staff would be about 15 minutes late. The person told us that they appreciated being kept informed. Without exception, people told us that they received an extremely reliable service and had not experienced any missed calls. One person told us that the agency provided a *'an excellent service'* and another *'highly professional well trained staff'*

Care records viewed in the homes of people we visited and in the registered office showed that people were protected by good quality record keeping. We looked at unified assessments, service delivery plans and risk assessments. These were of good quality, regularly reviewed, person centered and gave the care worker up to date knowledge of a person's care needs likes and preferences. We saw in six people's care records that risk assessments and care planning were individualised and person centred. We saw that people's involvement in completing the documentation 'My Care Plan' which had recently been introduced was valued as service delivery plans were signed, where appropriate by the person receiving care. We saw that this newly introduced format included sections on *'what I like'*, *'what I dislike'*, *'what you can do for me'* and *'what I can do for myself'*, this made care person centered and gave a good insight to the person's life. We also noted that the plans followed care management plans and that the service reacted when they noticed any health or social care concern.

People can be confident that they will be supported to remain healthy and as safe as possible. This is because we saw risk assessments detailing how an identified risk would be managed relating to for example medication management, skin integrity and mobility needs. Records seen showed that staff had medication training and a policy was available for them to follow to ensure the safe administration of medication. We were told that in the last few months, a number of medication errors had occurred and as a result, a new investigations process had been put in place. We saw records detailing a number of incidents relating to the management of medication, these were fully documented and appropriately managed by both the care supervisors and management.

We saw that daily records completed by care workers and medication records were audited by supervisors and the management team regularly so that any issues could be dealt with in a timely way. People we spoke to told us that the care workers and management always informed them if they had any concerns about the person's health needs so that the appropriate professionals could be contacted.

People experience enhanced well-being from a service, which is reliable. Without exception, people spoke very highly of the service they receive, from their contact with the office and management to the care workers who supported them. Comments received from people included "*always have time, never rush me*", "*very caring staff*," "*excellent service*", all staff "*give their best*". One person told us '*my girls are the best, they are like family*'. A relative told us that the staff were '*sensitive*' to people's wishes and had '*great respect*' for their feelings. Another person told us that they could not "*praise them enough*" and staff are always "*cheerful, friendly and positive*". People told us that care workers always stayed their allocated time and took time to sit and talk to people if all their tasks were completed. One family member told us that their relative values this interaction and it showed that people were valued and respected.

Although the team has undergone significant change over the last year or so, from our observations of staff, the care records we examined and feedback we received from people using the service, we found that people are receiving good quality person centered care.

Quality Of Staffing

People can feel confident that they will be supported by care workers who are competent and confident in meeting their particular needs. This is because we saw records that showed that staff are well trained in areas including medication management, safeguarding, moving and handling and first aid. They also had more specialist training including mental health awareness and palliative care to ensure individual needs could be met. All of the staff we spoke to told us that the induction programme allowed them to shadow experienced care workers for as long as they felt they needed to gain confidence to carry out their role. People we visited confirmed this. We saw that the new staff member and management signed all induction records and files contained relevant employment information along with key policies and procedures such as the social media policy and lone working policy.

People receive care and support from staff who are vetted and receive support from the management. The agency benefited from a dedicated HR officer in the corporate service centre and we saw very robust and comprehensive recruitment practice. We saw that recruitment checks to assess whether people were suitable to work at the agency had been undertaken. Management and supervisors carried out spot checks to monitor the practice of staff when providing care and support to people and records of these visits and assessments along with records of supervision meetings between the staff member and their line manager were well recorded. Staff had annual performance appraisals, which were comprehensive and included developmental and career milestones; we saw evidence of these in the staff files we looked at. The outcome for people using the service is that they receive support from staff who can discuss any concerns and who regularly receive guidance from management.

To ensure continuity, set rotas were prepared so that all staff and the people they cared for were aware of their duties at any given time. Staff worked a four day on four day off rota. This meant that people generally knew who to expect, and any changes due to sickness or holidays usually resulted in another known carer from the rota attending. Both staff and the people using the service appreciated this.

During discussion with the registered manager, it was clear that she valued the work that the staff did telling us that she *“felt extremely proud of the staff”*. Equally staff we spoke to told us that they felt supported by their supervisors and management and said *“we can’t fault the management”* and *“very supportive management team, easy to approach”* *‘good employer, I appreciate the rota and knowing when my days off are as I can plan my life’*. Two staff members from the Rapid Response team established last year told us that they *‘really appreciated their new role and could see what a difference it makes to people by preventing hospital admission or facilitating an earlier discharge’*. Staff were very appreciative of the training opportunities afforded to them and said *‘the training has supported me out in the community’*; they were very appreciative of the new four-day training course they were due to attend shortly. From our discussions and observations

it is evident that staff are dedicated, motivated and enthusiastic about the service they deliver.

Quality Of Leadership and Management

People are clear about what the service provides. There was a statement of purpose that set out the aims of the service and what people can expect. A service user guide was available in the homes of people we visited allowing for them to have information about the service including all contact numbers of the office. Everyone we spoke to told us that they were aware of both the office and the out of hour's service and that they received a timely response whenever they had used these numbers. One person told us that the office always took calls promptly and responded quickly to any issues raised with them. We noted that there was an open door management policy and were told by staff that management were always available and approachable. A number of the Rapid Response staff members visited the office whilst we were at the office.

The service has a quality of care review process which allows for people to be actively involved in measuring the quality of the service. A quality assurance report was seen which covered the year 2016/17; it was comprehensive and included the views of stakeholders and areas of improvement planned for the following year. We saw documents confirming that regular audits of care files take place as well as the daily records and medication records.

We saw that there was a complaints policy which was given to people when their service commenced. People we spoke to told us that they had never had to make a complaint about the service. If they had any queries, they were dealt with promptly by the supervisors and management team. The registered manager told us that any complaints were received into the corporate centre and dealt with by a dedicated team; they had received one complaint this year and were hopeful of a satisfactory resolution shortly. . There were many complimentary e-mails, cards and records of telephone calls passing on compliments about staff. CSSIW has not received any complaints or concerns.

Quality Of The Environment

This theme does not form part of the domiciliary care inspections. However, the office is spacious, accessible and provides a good base for staff to attend handovers, meetings and supervision sessions. All documentation relating to the running of the agency is stored securely in locked filing cabinets in the office. There are also three touchdown offices in the three patch areas where staff attend. No documentation is stored at these points.

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.