

CARE AND SOCIAL SERVICES INSPECTORATE WALES

Care Standards Act 2000

**INSPECTION REPORT
DOMICILIARY CARE AGENCY**

Neath Port Talbot County Borough Council Homecare Service

Social Services Department
Port Talbot Civic Centre
Port Talbot
SA13 1PJ

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CARE AND SOCIAL SERVICES INSPECTORATE WALES

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Name of Agency:	Neath Port Talbot County Borough Council Homecare Service
Contact telephone number:	01639763412
Registered Provider:	Neath Port Talbot County Borough Council
Registered Manager:	Lucille Marie Augustine Evans
Category: e.g. Large Agency (200 hours and over) Small Agency (up to 199 hours) Supported housing	Agency>200hrs
Dates of this inspection episode from: 12 th November 2007 to: 18 th March 2008	
Dates of other relevant contact since last report:	None
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Inspected by:	Jan Vaughan
Lay assessor:	None
Other regions contributing to this report:	None

INTRODUCTION

This report has been compiled following an inspection of the service undertaken by the Care and Social Services Inspectorate for Wales (CSSIW) under the provisions of the Care Standards Act 2000 and associated Regulations.

The primary focus of the report is to comment on the quality of life and quality of care experienced by service users.

The report contains information on how we inspect and what we find. The report is divided into distinct parts mirroring the broad areas of the National Minimum Standards.

CSSIW's inspectors are authorised to enter and inspect regulated services at any time. Inspection enables CSSIW to satisfy itself that continued registration is justified. It also ensures compliance with:

- Care Standards Act 2000 and associated Regulations whilst taking into account the National Minimum Standards.
- The service's own statement of purpose.

At each inspection episode or period there are visit/s to the service during which CSSIW may adopt a range of different methods in its attempt to capture service users' and their relatives'/representatives' experiences. Such methods may for example include self-assessment, discussion groups, and the use of questionnaires. At any other time throughout the year visits may also be made to the service to investigate complaints and to respond to any changes in the service.

Readers must be aware that a CSSIW report is intended to reflect the findings of the inspector at a specific period in time. Readers should not conclude that the circumstances of the service will be the same at all times.

The registered person(s) is responsible for ensuring that the service operates in a way which complies with the regulations. CSSIW will comment in the general text of the inspection report on their compliance. For those Regulations which CSSIW believes to be key in bringing about change in the particular service, they will be separately and clearly identified in the requirement section.

As well as listing these key requirements from the current inspection, requirements made by CSSIW during the year, since the last inspection, which have been met and those which remain outstanding are included in this report. The reader should note that requirements made in last year's report which are not listed as outstanding have been appropriately complied with.

Where key requirements have been identified, the provider is required under Regulation 23B (Compliance Notification) to advise, in writing, the appropriate regional office of the completion of any action required by CSSIW.

The regulated service is also responsible for having in place a clear, effective and fair complaints procedure which promotes local resolution between the parties in a swift and satisfactory manner, wherever possible. The annual inspection report will include a summary of the numbers of complaints dealt with locally and their outcome.

CSSIW may also be involved in the investigation of a complaint. Where this is the case CSSIW makes publicly available a summary of that complaint. CSSIW will also include within the annual inspection report a summary of any matters it has been involved in together with any action taken by CSSIW.

Should you have concerns about anything arising from the inspector's findings, you may discuss these with CSSIW or with the registered person.

Care and Social Services Inspectorate Wales is required to make reports on regulated services available to the public. The reports are public documents and will be available on the CSSIW web site: www.cssiw.org.uk

OVERALL VIEW OF THE DOMICILIARY CARE AGENCY

Neath Port Talbot County Borough Council Homecare Service was registered as a domiciliary care agency in May 2005. The agency provides personal care and a day sitting service, as well as assistance with domestic tasks such as meal preparation, shopping, collecting pensions and paying bills.

Prior to the inspection, the registered manager provided a detailed Provider Self Assessment form and included a wealth of evidence to support the inspection process. In this document the manager assessed the service provided, indicated improvements since the last inspection and plans for the year ahead.

The inspection methodology included:

- Evaluation of information contained in the self assessment form and attached evidence
- An announced visit to the agency's main office in Port Talbot Civic Centre
- Semi-announced visits to the area offices in Pontardawe and Neath
- Discussion with two service users face to face and 2 service users via the telephone
- Discussion with the registered manager, 3 area managers, 3 supervisors, one community care assistant and one care manager who made referrals to the agency
- Responses to questionnaires to staff (10), service users (3) and professionals who make referrals to the agency (3)
- Inspection of regulatory records held in the agency offices and in service users' homes.

A Quality Monitoring system was in place and the agency had effective electronic systems that assisted the inspection process. These enabled overviews of all complaints and compliments, staff training, scheduling and supervision.

All the evidence gathered during this inspection cycle has indicated that the care provided was flexible and reliable and that it was service user led and based on assessed needs. Despite working under pressure, the staff were professional, co-operative, very knowledgeable and dedicated.

Comments from service users and relatives included:

- They are a lovely crowd.
- They are very flexible and accommodating.
- There are about a dozen staff who visit me and they all know me now. New staff came with ones who knew me already. I help them by telling what is needed.
- I am very happy with the service. It's very, very, very good. Excellent.
- They are all chatty.
- All the carers are good. They let me know if they're running late.
- The managers come out to check if everything is OK.
- I've no complaints. There's nothing that could be improved.
- It's been a big change in my life. Touch wood so far it's good.

Comments from community care assistants and a domiciliary supervisor included:

- I receive training to help me do the job. All service users are individuals and in this type of job you always need training as everything keeps changing.
- We have all been valued by the organisation on the way we work as a team .. they expressed this to all carers and it gives us all satisfaction.
- I feel I am very well respected within the Homecare Department. My area office acts on any problems I relay.

- I have very good support from supervisors and management also team leaders and team mates.
- All we need to know is in the care plan in service users' houses.
- Team work is excellent. Communication is also excellent.
- We are the Homecare Service's eyes and ears in the community, reporting back ... on any problems and providing information to run a more effective service.
- Hospitals can discharge clients too soon ... and we are left to cope with the client who cannot manage on their own. On a few occasions more care is needed and we were not given enough time ... putting pressure and stress on the care assistants.

All the service users interviewed would have liked staff to spend more time with them. Staff suggestions to improve the service included:

- more time to spend with service users
- rotas a month at a time so we can arrange things outside work
- work in own area to cut travelling time
- more management backup.

Three staff (anonymous) said they didn't feel valued by the organisation as they weren't listened to and they had to work excessive hours. One wrote 'You don't feel as if you're listened to when making comments e.g. working long hours late at night. Office staff should listen more to our needs'.

Comments from visiting professionals included:

- They are the stalwarts of social services. They will do over and above.
- There is a good relationship with social workers. Face to face communication is worth the world.
- All home care providers have variable capacity pressures, which do impact on work e.g. delays in transfers from hospital.
- There have been some occasions e.g. towards the end of the working day, when it has been difficult to contact the agency.
- There are occasions when agency is unable to respond to requests for new packages of care or even increase packages because they do not have the capacity or staff to respond.

The registered manager had addressed all the requirements and recommendations in the last report. There was a clear commitment to addressing issues raised by service users and staff, and meeting all the requirements of the relevant legislation. New procedures and training had been introduced aimed at reducing the amount of paperwork and giving clear guidelines to staff. Staff had accessed a range of training relevant to their work, and there were also ongoing reviews of documentation and policies and procedures. However, there was some anxiety about the planned refiguration of the Homecare Service and moving the Pontardawe office into the Neath civic centre. The manager was committed to supporting staff through this process and keeping them fully informed.

For this inspection, there was 1 Requirement to provide adequate lockable storage for service users' records in the Neath Civic Centre office. There was also 1 Good Practice Recommendation to develop a way of obtaining feedback on the service from professionals for incorporation into the annual service review.

The inspector would like to thank all those who took part in the inspection process and contributed to this report.

USER FOCUSED SERVICE**Inspector's findings:**

The agency had extensive experience in providing a domiciliary care service to Older People and People with Disabilities. The Statement of Purpose and Service User's Guide ('Caring - Your Guide to Homecare') had been updated since the last inspection. They provided clear information for service users, their carers/ representatives, professionals and other stakeholders. The Service User's Guide was available in large print, audio and Welsh versions. It contained frequently asked questions and answers, and a feedback form invited suggestions and comments on the guide and the service.

The agency takes referrals from care managers from Neath Port Talbot County Borough Council Social Services Department, who carry out the assessment of service users' needs prior to commencement of a service. There were assessments of need on all the five files inspected, and individual service delivery plans ('personal support plans') had been drawn up based on these assessments. Service delivery plans were seen in service users' homes and copies were placed on agency files. These included risk assessments in relation to working in the home and service users' moving and handling needs. Those seen were clearly written with a pen picture of the service user and detailed tasks for care workers. Assessments of carers' needs were also taken into account by the agency.

General terms and conditions were included in the Service User Guide and these met the regulatory standard. Annual reviews by care managers were seen on 4 of the files inspected. Discussion indicated that care managers would generally invite Homecare staff to attend reviews and the opportunity to complete service delivery plan review forms would be taken at that time. Where there had been no care management review, reviews and reassessments had been undertaken by the Homecare service. It was noted that on one file, the last care management review on file was 2004.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice Recommendations:

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PERSONAL CARE

Inspector's findings:

The main aim of the agency is to support people to live as independently as possible in their own homes in the community. A range of risk assessments for activities in the home was carried out by the agency and agreed with individuals. Service users received a number of calls per day or per week, requiring either one or two care workers, according to their needs. After the first 6 weeks, the level of service would be reviewed and revised if necessary, in consultation with the service user and/ or their relative/ carer.

Staff were aware of the Care Council for Wales' Code of Conduct and Practice for social care workers. Discussions with staff and service users and responses to questionnaires indicated that the principles of individuality, respect and dignity for service users applied to all work. The different lifestyle choices of individuals were respected and service users were treated as individuals with differing needs and abilities, likes and dislikes. The views and wishes of carers and family were also taken into account where appropriate.

Service users and carers were highly complimentary about the standard of service they received and the responsiveness of agency staff to any enquiries or comments. The five service delivery plans inspected indicated regular reviews and services users and family (where appropriate) had been involved. One plan indicated a high level of care and additional training had been given to the staff team involved.

There was a departmental commitment to training and development and an ongoing programme of training was available to all staff to support them in their work. Information provided in the Self Assessment Form and responses to questionnaires indicated that community care assistants had received relevant training. This included a 5-day induction course, medication, First Aid, manual handling, Protection of Vulnerable Adults, mental health, hearing + visual impairment, autism awareness, stoma care, motor neurone disease, palliative care, HIV and AIDS, strokes and hygiene and infection control techniques. Protective clothing and gloves were supplied for intimate personal care and health related tasks.

The department employed a Medication Management Nurse, who advised and assessed on all aspects relating to medication. The agency's Medication Awareness Policy and procedure promoted enabling service users to self-administer their own medication, but where this was not safe, to ensure they received appropriate support and assistance. Since the last inspection, the medication policy had been reviewed and Medication Competency Assessments and a Medication Recording Booklet had been introduced for care workers. The Medication Recording Booklet detailed the level of assistance needed by individual service users. Care staff would make a record in the booklet when medication was administered and the booklets were audited monthly by the Domiciliary Care Supervisors. Primary health care services would remain responsible for any nursing procedures.

All staff received medication training as part of the induction for new starters. Staff would be retrained if not deemed competent within 6 months of training. In the records inspected, checks had been carried out by supervisors to ensure continued competency. Three medication administration errors had been reported since the last inspection. These had been addressed appropriately by the area managers.

All the records inspected were up to date and in good order. Service users were provided with copies of their Service Delivery Plan and all relevant information to keep at home.

Community care assistants made records of individual support sessions and these were viewed in service users' homes.

There were robust procedures in place regarding handling financial transactions with service users, and a policy relating to gifts and gratuities.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding from this inspection cycle:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice Recommendations:

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PROTECTION**Inspector's findings:**

The agency had a comprehensive range of Health and Safety policies and procedures relating to service users and staff. Comments on the returned staff questionnaires confirmed that staff were aware of the policies and procedures and that ongoing, relevant training was available.

A 'Health and Safety - Risk Assessment' handbook was issued to all community care assistants. This identified tasks that care staff would undertake in service users' homes, and the relevant control measures to follow to prevent accidents or incidents. Risk assessments would be carried out, prior to commencement of any care package, by area Homecare Managers (or Domiciliary Care Supervisors if the managers were not available). Disablement Assessment Officers assessed moving and handling needs, and staff were trained to use the correct techniques and equipment (e.g. using a glide sheet). Two minor accidents had been reported since the last inspection.

The agency followed the South Wales' Policy and Procedures for the Protection of Vulnerable Adults from Abuse and Neglect (POVA). All staff were expected to undertake POVA awareness training at an appropriate level to their grade. Community care assistants received POVA awareness training during induction and then refresher training periodically.

There were satisfactory policies and procedures for handling financial transactions with service users. There were audited and accountable systems in place for charging.

All community care assistants had identity cards and a distinctive uniform for easy identification by service users and the general public. The agency operated a 'key safe' system for entry into service users' homes where necessary.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

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MANAGERS & STAFF

Inspector's findings:

The registered manager of the agency, Lucille Evans had many years' experience of managing in the Homecare service and had achieved NVQ Level 4 qualification in Management and Care. She had also undertaken other relevant training including staff supervision, Protection of Vulnerable Adults, business planning and legislation.

The agency covered the county of Neath Port Talbot, which was split into 3 geographical areas. There were 6 area Homecare Managers, 18 Domiciliary Care Supervisors, and 373 community care assistants in 18 teams at the time of this inspection. There was also an out of hours service consisting of 1 area Homecare Manager and 3 Domiciliary Care Supervisors and a Night Service consisting of 4 senior Community Care Assistants and 4 Community Care Assistants.

The agency provided a range of relevant and specialist training and was committed to training all staff to the qualification standards set by the Care Council for Wales. An active NVQ programme was in place; 3 area managers had achieved NVQ Level 4 and 1 was undertaking the award; all the domiciliary care supervisors had commenced NVQ Level 3 and over 50% of community care assistants had achieved NVQ Level 2 in Care at the time of this inspection.

The staff records inspected indicated that regular, recorded individual supervision had taken place including monitoring while working in service users' homes. Ten domiciliary care supervisors out of the 18 had accredited supervision training. An electronic overview of supervision for the whole agency was also available. There were also records of regular staff meetings, for all area teams.

Over the past year, the agency had again canvassed staff about areas of where improvements could be made and there were plans to reduce split-shift working for care staff, change the roles of supervisors and put an emphasis on enabling service users.

The agency worked to the corporate policy and procedure for the recruitment of staff, including working to Equal Opportunities and Fair Employment legislation. All community care assistants had been issued with a written contract, a job description, a Staff Handbook and a copy of the Care Council for Wales' Code of Conduct and Practice for Social Care Workers. Recruitment was held 4 times a year to ensure sufficient staffing levels were maintained. Staff recruitment records, including proof of identity, references, medical declarations and Criminal Records Bureau details were held in the central personnel department. These were not inspected during this inspection episode.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice Recommendations:

ORGANISATION AND RUNNING OF THE BUSINESS

Inspector's findings:

The agency had a main office in the Civic Centre at Port Talbot, as well as local area offices, which were accessible to the public. The Registered Manager, 3 Area Homecare Managers and 2 Domiciliary Care Supervisors were interviewed as part of the inspection. All evidence indicated that the agency is well run and that the Registered Manager was appropriately skilled and experienced to deliver a quality service. All staff were open, co-operative, and responsive during the inspection process.

At the time of this inspection, staff at the Pontardawe office were preparing to move to Neath civic centre. There was some apprehension about the new arrangements, however line managers were committed to supporting the team through the change. The Pontardawe staff were commended for the excellent filing system, which assisted the inspection of records. Files were orderly and the information was easily located in labelled sections. Reviews were copied on yellow paper so they were readily identifiable in the sections. However, it was noted that due to lack of storage in the Neath Civic Centre office, service users' files were stored in open shelves and lever arch files were used to store several records at once e.g. all service users from A-H. To ensure confidentiality and data protection, all service user records must be stored securely in lockable cabinets and there should be a separate file for each service user.

There was evidence of good links and joint working with the Reablement Team, which provided short term intensive support for people leaving hospital. Since the last inspection, the registered manager had worked closely with the NPT Homecare Project Officer and NPT Reablement Team on a reconfiguration of the Homecare service, to develop an enabling service as well as providing long-term care at home.

The agency had an effective electronic scheduling system that allowed the timetabling of calls to be updated regularly to respond to service users' changing needs. This system provided more accurate service delivery records. There was also an electronic system for inputting details about complaints, which enabled an overview of all complaints, the level and the time taken to resolve them. There was evidence that complaints and comments were used to inform the quality assurance system for service development. As found in the last inspection, the record of complaints indicated a number of minor issues, with the majority in relation to late or missed calls. These had been resolved at a local level. Since the last inspection, the agency's complaints policy and procedure had been reviewed and revised to meet regulations. If a complaint were resolved through local resolution, there was a standard letter in place to advise the complainant of the agreed resolution. The manager agreed to amend minor errors in the letter relating to CSSIW.

Notifications of incidents had been sent to CSSIW as required by Regulation 26. The manager had addressed all the issues appropriately.

There was a full and effective quality assurance system, with standards and indicators to be achieved being clearly defined and monitored. This included evidence of consultation with and participation of service users, their relatives/carers and staff in the form of annual service reviews/ questionnaires, quality monitoring visits to individual service users during scheduled domiciliary support sessions and regular meetings when community care assistants were encouraged to voice their opinions. The results of the audits were collated and published, and weaknesses and standards to be achieved were highlighted for the purposes of service improvement.

To fully meet the regulations, the registered manager should include the views of care managers and contract monitoring officers from the local authority in the report.

As the registered manager stated that she would explore ways of collating this information and incorporating it into the next annual service review, a requirement has not been made on this occasion.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number
The registered manager and NPTCBC must ensure that service users' records are stored separately in lockable cabinets.	31/03/08	20 (1)(a)

Good practice Recommendations:

Develop a quality monitoring/ feedback questionnaire for care managers and contracting officers that can be issued during service reviews.