



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Care and Social Services Inspectorate Wales

Care Standards Act 2000

Inspection Report

Hospice of the Valleys
Domiciliary Care Agency
Ebbw Vale

Type of Inspection – Post Registration - Baseline

Date of inspection – Tuesday, 8 March 2016

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Summary

About the service

Hospice of the Valleys is an organisation with charitable status. The Domiciliary Care Agency is registered with Care and Social Services Inspectorate for Wales (CSSIW). The agency based in Ebbw Vale provides specialist care and support to adults living in their own homes with a life limiting illness, throughout the borough of Blaenau Gwent.

The registered manager is Mrs Helen Rees. There is a designated responsible individual to represent the agency.

The agency office is on the outskirts of the town of Ebbw Vale and is easily accessible with parking facilities.

What type of inspection was carried out?

In accordance with CSSIW regulatory process, we (CSSIW) carried out an unannounced inspection on 8 March 2016. This is the first inspection of the service following registration with CSSIW and as such a baseline inspection was conducted.

We gathered information for inclusion within this report from the following sources:

- we examined the Statement of Purpose and Service User Guide
- review of two service users' care files
- we examined the recruitment records of two staff members
- we looked at staff training records and the supervision (staff meeting with their line manager on a one-to-one basis) process of staff
- we examined how the registered person measured the quality of their service themselves in order to continually improve
- discussions with the registered manager and practice education facilitator
- discussions with four staff members and the registered manager
- observation of agency premises and storage of records

What does the service do well?

People had very high levels of satisfaction with the services provided by The Hospice of the Valleys Domiciliary Care Agency.

The agency had its own training department which offered University of South Wales accredited training to professionals and students in palliative care.

What has improved since the last inspection?

This is the first inspection of the service following registration with CSSIW.

What needs to be done to improve the service?

No non compliance notifications or improvement recommendations were made.



Quality Of Life

People who access this service can be confident that they will receive a high standard of flexible, person-centered, dignified and respectful support in order to maximise their quality of life and be supported as far as possible with their end of life wishes.

People have the information that they need about the agency in order to make an informed decision on whether to engage it's services. The registered provider had produced detailed and comprehensive information relating to the service which was available in hard copies and there was also a website.

People who use the service can be confident that their needs will be identified, are subject to review and that they will have choice and control over how their care is delivered. We examined a sample of two service users' files during our visit. The files that we saw reflected service users' wishes about their care and included consultation with family members. All service users were assessed by the agency to determine the extent of their care needs and to ensure that their needs could be appropriately met. The assessments were carried out by an experienced member of the staff team with the knowledge and skills to identify care needs and any potential issues. In both of the files we saw they contained good quality person centred, very detailed and clear information including assessments, service delivery plans and risk assessments. All files showed evidence of review and evaluation to ensure any changes in care needs had been identified. A multi-disciplinary team meeting, which may include specialist doctors, nurses and social workers took place every day at which new referrals and any issues relating to service users were discussed. People's spiritual and religious care needs were identified and chaplaincy accessed as part of a holistic approach to patient care.

The agency worked in partnership with all other NHS services accessed by the individual and all information from the NHS and the agency was shared with the professionals involved in their care. Specialist social workers, complimentary therapists, and welfare rights advisors were also available to offer both emotional and practical support.

We saw evidence of people's high levels of satisfaction with the service provided by the agency. Due to the nature of the service provided, CSSIW did not speak to or visit service users, their relatives or carers. Instead we focused on quality assurance and feedback mechanisms and how this informed practice. Each service user was supplied with an information pack at the commencement of support which included a Welsh Government satisfaction survey 'I want great care'. It was identified that a very high percentage of the surveys were returned (92%); all of which gave very positive feed back and a score of 9 or 10, which is the maximum.

Quality Of Staffing

People can feel confident that staff supporting them and delivering care have appropriate qualifications and training to undertake their work and that staff are supported in their duties by a process of supervision.

The two staff files we examined evidenced recruitment procedures were robust. We saw all appropriate checks had been undertaken, including two references, full employment histories and a Disclosure and Barring Service (DBS) check. This meant that people were safeguarded and care was provided by the recruitment of suitably fit staff.

Hospice of the Valleys Domiciliary Care Agency had its own training facilities which, in addition to a busy programme of training to professionals, students, care staff and therapy staff, offered University of South Wales accredited training to internal and external staff, in palliative care. University students in medicine, nursing, social work and complimentary therapy access experience placement with the agency via Cardiff and South Wales Universities. A skills and knowledge framework for staff was in place to evidence and establish staff competencies and future learning needs. Staff we spoke with confirmed their training helped them in their understanding of service users' needs and to be able to support them in a relaxed and confident manner. Information provided, identified that 100% of care staff held a relevant vocational qualification as set out in the Care Council for Wales' Qualification Framework.

People using the service can be confident that they are cared for by staff that are appropriately supervised and supported. The registered manager evidenced staff had access to informal supervision to discuss practice issues as and when required. In addition, the daily multi-disciplinary team (MDT) meeting provided supervision opportunities as well as one-to-one meetings, three monthly and peer group supervision sessions. Staff had access to counselling and spiritual counselling services if required.

People can be assured that they will receive a service from staff who are motivated and supported by their manager. We spoke with two staff who were very positive regarding the organisation and management style. Staff told us that they could speak to the manager at any time for advice and guidance about general care, or issues specific to individuals. Staff confirmed one-to-one supervision had taken place which means that staff had opportunities to discuss any issues they may have and were supported in their work. This is also an opportunity for the manager to identify any training needs of staff in meeting people's needs.

Staff we spoke with confirmed that they felt included and informed through monthly staff meetings; minutes of which were evidenced. Minutes we saw however were mainly a 'one way' delivery of information. It was discussed that minutes need to identify that staff have the opportunity to express their views and contribute to the meeting process. Minutes also need to identify timescaled actions with a named person responsible for the identified actions. Staff should have the opportunity to add agenda items for discussion, prior to the meetings. Also a 'read and sign minutes' process was advised for staff unable to attend meetings, to ensure communication was disseminated.



Quality Of Leadership and Management

People using Hospice of the Valleys can be assured that the agency operates effectively and efficiently and with due regard to regulations and minimum standards.

The manager was registered with both CSSIW and the Care Council for Wales. We saw that the Statement of Purpose and Service User Guide had been updated in April 2015, so an annual review was due to ensure it contained current information.

People using the agency can be assured that quality assurance systems are in place to monitor and improve the service on an ongoing basis:

- the agency's clinical governance committee included the consultant in palliative medicine, the registered manager, clinical nurse specialists, the chief executive and a trustee with clinical experience. The committee met bi-monthly to review and examine all clinical issues, making any change recommendations necessary in practice and/or policy. Also to investigate any concerns or complaints. The committee reports to the Board of Trustees.
- significant event and complex case review within a 'no blame' culture ensured robust review and maximum learning to improve ???
- use of a nationally benchmarked survey 'I want great care' by service users on a monthly basis in addition to direct feedback letters etc.
- ongoing service evaluation through audit activity

The registered manager reviewed the service and produced an annual report which was published and available to service users and the general public. We were provided with the report dated 2014/15.

People receive a reliable, good quality service which meets their expectations. We examined the agency's Statement of Purpose document where the service's aims and objectives were clearly set out. We found evidence throughout our visit that the service delivered, what was stated in the document. Each person was supported by the service as outlined in the quality of life domain. We saw letters of thanks, which were personal and heartfelt regarding the service and support provided to service users and their family members.

Information regarding the complaint policy and procedure was provided to service users and their families at the onset of the service.

People can be assured that systems are in place to ensure their confidentiality. Access to records was managed by the registered manager. Written and electronic records were stored securely. Staff were provided with information relating to their responsibility regarding patient confidentiality. People's wishes regarding the sharing of their personal information was obtained and recorded.

People receiving a service are protected, as insurance is held against liability. A copy of which was displayed in the reception area of the agency.

Quality Of The Environment

We found that the premises were suitably equipped for the purpose of the operation and management of the service.

The premises were easily accessible, were suitable for purpose with a reception office, manager's office and meeting/training room. Arrangements were in place to ensure the security of the premises.

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.