



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

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Care Standards Act 2000

Inspection Report

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg / This report is also available in Welsh

Hospice of the Valleys

Ebbw Vale

Type of Inspection – Baseline

Date(s) of inspection – Tuesday, 1 August 2017

Date of publication – Wednesday, 4 October 2017

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Summary

About the service

Hospice of the Valleys is registered with Care and Social Services Inspectorate Wales (CSSIW) to provide domiciliary care and support to older people, people with physical disabilities; people with sensory loss/impairment, people with learning disabilities and older people with dementia needs. The agency, based in Ebbw Vale, provides specialist care and support to adults living in their own homes with a life limiting illness.

The Registered Manager is Helen Rees and there is a designated responsible individual who provides strategic oversight for the agency.

What type of inspection was carried out?

We (CSSIW) carried out an unannounced, full inspection at the agency office on 1 August 2017 followed by telephone discussions with three people using the service (or their representatives) on 3 August 2017. The inspection was part of the annual schedule of inspections and considered the quality of life and experience of people using the service; the quality of staffing and leadership and management of the service. To inform our report we considered the following:

- a review of information held by CSSIW about the service
- discussions with three people using the service
- discussions with the Registered Manager and deputy manager
- examination of four service user files and related documentation
- examination of four personnel files and information relating to induction, training and supervision of staff
- examination of quality assurance information, including internal quality audits, a 2016 quality assurance report, accident records, regulation 26 (notification of incidents to CSSIW) records, service user guide, statement of purpose, staff rotas, time sheets of calls and the service's safeguarding policy.

What does the service do well?

Feedback from people using the service (or their representatives) we spoke with was extremely complimentary towards the agency and its staff.

The agency is very proactive in working in partnership with the local health board, social services and other organisations to ensure that people using the service have a seamless and robust response.

What has improved since the last inspection?

No areas for improvement were identified at the last inspection.

What needs to be done to improve the service?

No non-compliance notifications or improvement recommendations were made.

Quality Of Life

People can be involved in how the care they receive is delivered. This is because there is a thorough assessment of the needs of people using the service and consultation with them and their representatives. We noted in care files that the service delivery plans detail the clinical needs of people using the service and personnel information and preferences are also included.

When we spoke with people using the service they were extremely complimentary of the sensitive and caring service they received. *'We were able to have the service as we wanted'* one informed us and another commented that it was a very personal and individual service – *'can't fault it'*. Representatives we spoke with felt extremely comforted by an agency that treated them *'like family'* and *'very personally'*. One added *'they actually care and are not just providing a service'*.

We noted in care files that there seems to be a very thorough understanding of the medical and health needs of service users. This is because the care information includes a medical history and we saw in case notes that the agency work closely with the local health board, liaising in respect of relevant health needs. In addition, we examined case notes which detail multi-disciplinary discussions about the previous day and night care provision. Also weekly meetings amongst the agency's staff and other professionals convey an update of the circumstances of each individual cared for by the agency and evidence of this was in case records.

It is evident from the information in care files that individuals' health and physical wellbeing is maintained in relation to the care plan.

People can be assured that they will receive a reliable and timely service. This is because the agency maintains a robust rota system which allows for consistency of carers and times of calls are monitored daily to assure the service is fulfilled according to the care and support agreed.

We saw daily diary records which detailed the time of service delivery which were signed and dated. These are audited internally and are part of the daily discussion of care provision as previously mentioned.

When we spoke with people receiving the service they were extremely positive of the carers promptness and reliability. They all informed us that they receive a phone call each day from the agency to inform them who, of a small group of healthcare assistants will attend. One person told us that this attention to each person made them feel very assured that the service was individualistic and very person centred.

People who use the service can be confident that their needs are constantly subject to review and that the care required will be updated. This is because the multi-disciplinary team meeting, once per week, discusses any updates as required. This is communicated via a communication system and we saw delivery plans that reflected an updated service and communications from the multidisciplinary team.

We saw that the agency has developed an initiative with a dementia charity in order to further support those with Alzheimer's in their end of life situations. People we spoke with were overwhelmed by the agency's work to support them and their families in difficult circumstances. The emotional support offered by the service was further evidenced as the care files included a bereavement needs assessment form.

Quality Of Staffing

People can be assured that care staff providing their service are appropriately and robustly recruited. We saw four personnel files which included appropriate identification checks, a Disclosure and Barring Service (DBS) criminal check, a record of interview (with a benchmark scoring system) and gaps in employment history are recorded.

From the evidence of the files we saw, each new employee has a thorough induction into the service, despite their previous experience. This induction is supported by a three month and six month review during which time they are supported by a named mentor and we saw notes of meetings accordingly. We saw that all staff have to achieve a 66-point competency framework based on the roles of a care worker and are 'signed off' once they have completed.

People can be confident that care staff are motivated in their role, because they are appropriately supervised as required by National Minimum Standards (NMS). We spoke with a staff member who feels the supervision helps them develop in their role and provides further guidance in meeting the needs of people they support. In each of the personnel files we examined, all had been supervised within the last three months. Supervision provides staff with support and guidance in making sure they are meeting the needs of those they care for. The content evidenced a commitment, by the agency, to supporting individuals whilst developing their professional experience. In addition to clinical supervision, all staff have one to one meetings with an experienced member of staff, team meetings and are involved in the multi-disciplinary team meetings. We saw notes of the latter in documentation.

People can be confident that the staff providing care are appropriately trained and experienced. In addition to the induction they receive, there is a staff training programme in place and we saw a training matrix of the statutory and non-statutory training provided where staff had completed the required training. Hospice of the Valleys undertake their own training whilst also using external agencies when required. We saw certificates that evidence this. Also, staff are offered, and undertake, University of South Wales accredited training in Palliative Care and this is good practice.

People benefit from a stable staff team who are able to provide continuity and stability to people they care for. This is because of the agencies commitment to staff development, competency and training. We were told by a staff member that there was a supportive team and the Registered Manager told us it was generally a stable staff team. We saw that care staff are given an appraisal of their work and can achieve further development which is recorded and actioned.

Quality Of Leadership and Management

People can benefit from an agency that is well managed and operates effectively. This is because it has systems and processes in place which ensures that the agency meets the requirements of the domiciliary care regulations and National Minimum Standards.

We saw evidence of audits undertaken by the agency to ensure they are keeping track of, and updated, with issues affecting the smooth running of the agency. We saw, for example, tracking undertaken on DBS renewal, supervision, and training and visit time keeping. In addition, there is a system in place that records all communication from all agencies involved in the multi-disciplinary partnership.

People can be assured there is good communication with external agencies. We noted that there is an effective system in place to deal with notifications (Regulation 26), VA1 (safeguarding) referrals and complaints. We evidenced an example of an issue with medication administration and saw that procedures were followed and actioned.

The agency has developed a process for updating the local health board of outcomes for people using the service and we saw a monitoring report in evidence. People can be assured, therefore, that there are robust procedures in place to provide the management with ongoing information to enable them to monitor an effective operation of the agency. Furthermore, the agency has a 'clinical governance committee' which meets bi-monthly to review and examine all clinical issues.

People can be confident that they will be consulted on matters relating to their care and the running of the agency. This is because the agency uses a nationally recognised benchmark survey, which is run independently of the agency. People using the service are directly consulted about the service they receive. The results are then passed to the agency. We noted results from the March 2017 survey, detailed in the agency's annual report. One person's representative using the service recorded on their survey result *'the service we received has been wonderful'*. We also noted 100% positive feedback and 5-star scoring rating.

We examined the agency's statement of purpose and service user guide and people are provided with information that allows them to make an informative decision on what the service provides for them. We saw in documentation that the agency makes provision for those who wish to discuss the service provision through the medium of the Welsh language and can provide an interpreter. We suggested that this information is included in the service user guide as part of the Active Offer initiative from the Welsh Government.

We noted that there were no current complaints, regulation 26 notifications or safeguarding referrals ongoing at the time of inspection.

Quality Of The Environment

This theme is not considered in domiciliary care inspections.

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.