



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

Care and Social Services Inspectorate Wales

Care Standards Act 2000

Inspection Report

New Start Care Services Limited

Blackwood

Type of Inspection – Baseline

Date(s) of inspection – Monday, 26 June 2017

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Summary

About the service

New Start Care Services Limited is registered with Care and Social Services Inspectorate Wales (CSSIW) as a domiciliary care agency to provide care to older people, people with physical disabilities, people with sensory loss/impairment, people with learning disabilities and people with mental health needs.

New Start Care Services Limited is the registered provider and there is a nominated individual who provides strategic oversight. The Registered Manager is Kirsty James. The agency has an office base in Blackwood, Caerphilly County Borough.

What type of inspection was carried out?

We (CSSIW) undertook an unannounced full inspection on 26 June 2017 and discussions with service users on 30 June 2017. The inspection considered the quality of life and the experience of people using the service, the quality of the staffing and the quality of leadership and management. To inform our report we considered the following:

- a review of information already held by CSSIW
- discussions with the Registered Manager and Responsible Individual
- discussions with people using the service
- examination of four care files and related documentation
- examination of four care staff personnel files
- examination of the statement of purpose and service user guide
- examination of a local authority contract monitoring report.

What does the service do well?

Feedback from people using the service we spoke with was extremely positive in respect of the competence, knowledge of service delivery plan and the caring role of care staff.

What has improved since the last inspection?

The Registered Manager is registered with Social Care Wales.

Service delivery plans consider risks in relation to people's care needs and daily living as recommended in the previous inspection report.

What needs to be done to improve the service?

The service is compliant with the Domiciliary Care Regulations (Wales) 2004.

We recommend that when telephone contact is made with Health or Social Services in respect of a request for a service, that this is followed up by an email to ensure the information is accurately recorded. We saw that a request for a review, made by the agency had not taken place despite a telephone conversation with the Social Services department.

Quality Of Life

People can be assured that their needs and preferences will be fully met. This is because, following a local authority referral, the agency completes an assessment and involves service users in the care planning process.

We saw, in care files, completed assessments of care needs and personal preferences of individuals recorded. We noted that the subsequent New Start service delivery plan for the individuals is in line with the local authority care plan with the personal preferences added to the delivery of care. The plans we saw were written in such a way that they can easily be understood in relation to the care to be delivered.

People using the service we spoke with were extremely happy with the plans for their care. They informed us that had been involved in the assessment process and had choice and influence in how their care is delivered. We noted that the plans were signed and dated by the service user or their representatives.

People can be confident that carers have an up to date understanding of the care delivered to individuals. This is because the agency undertakes regular reviews of delivery and needs and, any changes required, are effective immediately. People using the service informed us that they were involved in reviews and they added that care staff often identified when changes were needed, informed the office and these were in place by the next time they were visited.

In care file documentation we examined, all four had recently been reviewed. We also noted that, in a local authority contract monitoring report, they evidenced that the Registered Manager visited a service user once per month for four months to continually review a plan until it met with the person's needs.

People's physical well-being is maintained and they can remain as healthy as possible because their needs are anticipated and catered for.

Assessments and service delivery plans recorded people's medical history and health needs and, where appropriate, medication that is to be administered. We saw in one care file that there was district nursing involvement and this too detailed how this affected the service delivery plan. In addition, where medication is to be prompted or administered this is clearly indicated for care staff to follow. People commented on the diligence of care staff in respect of their health needs and that they always enquire as to their well-being.

Generally, people can be confident that they will receive responsive and timely care and be treated with dignity and respect. When we spoke with service users they told us that care staff were prompt and good time keepers. If, for any reason, they were going to be delayed, they would be contacted. None of the people we spoke with had any missed calls and one added that even during wintery conditions they would still have an excellent service.

The agency uses an electronic tracking system that makes use of people's telephone in their own home. However, this system cannot be used if the service user doesn't have a

telephone. The information from the tracking system is available to the agency via the internet in order to monitor calls. We saw archived diary notes of call monitoring.

People informed us that staff were extremely caring, thoughtful and sensitive to their needs. *'They know exactly what to and do it well'*, we were told and another said, *'I would like to say the girls that provide care are very pleasant, kind, patient and very professional'*.

Quality Of Staffing

People can be confident that the recruitment procedures, conducted by the agency, ensure that people are employed in a robust manner with diligence paid to safeguarding service users.

We examined four personnel files each of which contained a completed application form, a record of a thorough interview (including two scenario questions), the relevant identification checks and the appropriate Disclosure and Barring Service (DBS) checks. The electronic service they use to obtain the DBS send out reminders prior to the three-year expiry period. In the files we examined, the application forms were complete with no gaps in employment. Each file also had two references completed.

The agency has an appropriate induction process for new staff based on the Social Care Wales induction framework. In addition, the agency has developed a competency and shadowing document that is used to assess the carer's ability in the role and is based on a 12-week induction period and a variety of competency outcomes. Some of these are observed e.g. medication administration. People can therefore be assured that staff are provided with an appropriate induction to the agency and their role.

We saw that supervision is conducted at least every three months as required by National Minimum Standards for domiciliary care. In the personnel files, we examined supervision was up to date. In addition, the agency undertakes unannounced spot checks every six months at people's homes. When we spoke to people using the service they welcomed the spot checks as it provided them with confidence the agency was monitoring the care they received and the carers actions. All the people we spoke with felt the carers were motivated when providing the service to them and were enthusiastic in their role.

People can be further assured that the care staff are competent in their role because the agency has a training schedule in place and staff regularly receive training relevant to their role and the needs of carers.

We saw a training matrix which identified that carers are regularly refreshed in relevant training of subjects that are required by regulations. We also noted that training is also specific to the needs of service users, for example, epilepsy. Training is facilitated by New Start staff who have completed a 'Training the Trainers' qualification and also by the Local Authority work force development team. We saw certificates in the personnel files from both. The percentage of care staff who have achieved the relevant QCF care qualification meets the standards and, after their induction and probationary period, all staff are enrolled to undertake either a relevant QCF 2 or 3 qualification.

Quality Of Leadership and Management

People can be assured that they benefit from a service that is well managed because the agency has systems in place to identify and address areas for development and improvement.

We saw that the agency has quality assurance systems in place for monitoring personnel files, training, supervision, service user's files and service delivery plan reviews. In addition, we noted that the daily records, from service user's homes, are monitored on a monthly basis so as to identify any issues with late calls or inconsistency of care. We saw archived daily records in care files we examined and these were thorough and each contract of service delivery had been signed by the service user or their representatives.

People benefit from information, provided by the agency that enables them to make an informed decision of the care services provided. We saw that the statement of purpose and service user guide, in addition to the regulatory requirements for content, informs service users of the services commitment to the 'Active (Welsh language) Offer'.

The service undertakes a quality review consultation with people using the service and, in the latest review results, the agency were rated good or very good by service users completing them. Comments from people included '*no complaints at all, thank you sincerely*' and '*very good especially my regulars*'. Several issues were raised by people completing them and we noted that an action plan developed addressed these immediately. The service hadn't received any complaints and we saw that any issues raised with the Borough commissioning team were addressed and measures put in place to improve practice. Medication issues with staff are promptly dealt with by means of supervision and refresher training and we saw that advice and guidance was sought from the Local Authority Safeguarding Team over a particular concern.

Further monitoring of the agency is undertaken by the Local Authority and we saw a contract monitoring report dated 9 May 2017.

We saw that this was a very thorough monitoring visit which considered service performance, the care and planning process, recruitment, training and supervision of staff and quality assurance processes. The report also includes six areas of good practice identified.

In its conclusion, the report authors said the service should be congratulated for developing excellent documentation for induction and shadowing of new staff. It also noted comments received by the Local Authority Customer Service Team including '*the carers I have are brilliant*' and '*my carers are as good as gold*'.

We noted that people can be confident that issues will be dealt with by management and that they and the carers are supported at all times as an 'on call' system is in place to respond to issues and concerns out of office hours.

Quality Of The Environment

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.