



## Inspection Report on

**Torfaen Social Care & Housing Personal Care Team & Torfaen Emergency Care at Home**

**Personal Care Team Torfaen County Borough Council  
Floor 5 Civic Centre  
Pontypool  
Torfaen  
NP4 6YB**

**Date Inspection Completed**

29/09/2022

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## About Torfaen Social Care & Housing Personal Care Team & Torfaen Emergency Care at Home

Type of care provided	Domiciliary Support Service
Registered Provider	Torfaen County Borough Council Adults and Children's Services
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	[This was the first inspection under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA 2016).]
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

Torfaen Social Care & Housing Personal Care Team (PCT) & Torfaen Emergency Care at Home (ECH) is a domiciliary support service. The registered office is located at the civic centre, Pontypool. PCT provide assessment and support for people in the community for a short term period and also support people using the dementia service on a longer term basis. ECH provides rapid response support. This could be to facilitate hospital discharge or prevent admissions to hospital. Ty Glas y Dorlan (TGD) is a relatively new established 'Wellbeing Hub' based in Cwmbran. This service operates alongside the other two services. TGD provides enablement intervention, care and support for adults. The Wellbeing Hub is a mix of six permanent tenancies and 13 short stay excluded licence tenant flats with domiciliary support available.

People are satisfied with the support they receive from the service and are complimentary of care staff. People feel listened to and are supported to contribute to decisions affecting their lives. They are supported with their physical, mental health, emotional and social well-being. Personal plans are in place, although these need to be more outcome focused and reviewed regularly. There is a strong multidisciplinary approach across the services supporting people's well-being and empowering independence. There is oversight of the service by the responsible individual (RI). However, quality of care reviews need to be completed more frequently. Staff feel supported and well equipped in their role. Recruitment and record keeping requires some strengthening.

## Well-being

People are supported to regain or develop their independence and maintain control over their day to day life. There is clear emphasis on reablement across the services with dedicated care workers liaising closely with professionals in improving the lives of people. We note one person's mobility has improved significantly; from requiring two care workers to assist them to walk at the start of the service, to now only requiring minimal support with their mobility. People we spoke with commented they are supported with care, respect, and patience. One person told us they are being supported to learn '*Tai-Chi.*' Personal plans are in place, however the detail of how people are supported to achieve their outcomes requires improving. Staff told us training helps them support people with their individual needs in a person centred manner. One relative commented, '*(X) has dementia, but they don't treat (X) like they have dementia, they spend time talking with (X) explaining what they are doing. They care for (X) so well.*'

Safeguarding mechanisms are in place to ensure people are protected from abuse or neglectful practices. People we spoke with know whom to contact if they have any concerns. Staff confirm they receive training to help them understand their role in protecting and supporting adults at risk. Policies and procedures are in place and staff display a good knowledge of the escalation process. Records show incidents are recorded and shared with senior members of the team for advice. Disclosure and Barring Service (DBS) checks are carried out on staff. This process is important to consider a staff member's suitability to work with vulnerable people. Medication systems are effective and auditing of medicine management is in place. The recruitment process and record keeping need improvement to ensure documentation reflects staff are safely recruited.

There is a clear management structure in place across all services, however, oversight in some areas requires improvement. Records pertaining to service delivery and staff recruitment need to be more accessible and scrutinised to ensure compliance with regulatory requirements. The RI meets regularly with individual managers of each service. We saw detailed quality assurance reports completed on an annual basis; however, the RI needs to ensure quality of care reports are prepared on a six monthly basis. The provider has systems in place to seek people's views on all aspects of the service and records show people are consistently happy with the service delivery. The statement of purpose (SOP) which is fundamental in setting out the vision for the service needs to accurately reflect all services being delivered.

## Care and Support

People and their families have positive relationships with care workers who provide care and support. We spoke to several people and their representatives; they emphasised the positive relationships they have with the care workers. Comments include, *'I am so happy, they have been there for me, I cannot say how grateful I am,'* and *'They are all wonderful, if I was an employer, I would employ them all.'* People we spoke with told us they receive support from regular care workers, who are reliable. We spoke with the manager of the PCH team who told us how they monitor call times and communicate with people using the service if care workers are running late. We saw how ECH team use a communication/information file to support communication between care workers ensuring information is shared in a timely manner.

Personal plans are in place; however, these do not always provide clear guidance for staff on how to meet people's needs in a sensitive manner. Feedback from people indicates their needs are being met and they are supported with care, respect, and patience. We reviewed nine personal plans with a small sample taken across all services. Care and support plans from the local authority are in place. However, we found the information within personal plans is not always sufficiently detailed. For example, where people are assessed as requiring personal care, the personal plan indicates, *'carer to assist to wash, shower and hair washed as required.'* A care and support plan for one person indicates a need for support with standing and transferring to a commode, however there was no moving and handling risk assessment completed on file. In addition, personal plans are not always reviewed on a three monthly basis in line with regulatory requirements. While no immediate action is required, these are areas for improvement, and we expect the provider to take action.

The service promotes people's health and independence. The service benefits from good access to a range of health and social care professionals. Multi-agency working is a strength of the service. For example, TGD has easy access at the Wellbeing Hub to occupational therapists and physiotherapists; this allows early intervention, empowering people to achieve personal outcomes, with a clear focus on enablement. Referral pathways across the services are accessible and completed in a timely manner. People who require longer-term care are moved on internally for a longer term package of support, or where appropriate to other services. This is carried out in a structured manner, promoting continuity of care and support. A sample of medication administration records (MAR's) we viewed shows medication is administered as prescribed. The PCT acting manager explained routine auditing of records address and review the effectiveness of medication processes in place. However, we found medication audits are not always completed in a timely manner. We were assured this would be addressed. The service provider has a medication policy to support best practice and care staff receive medication training.

## Leadership and Management

Oversight of the performance of the service is demonstrated; however, improvements to quality assurance and reporting processes are required. We found there is a clear management structure and lines of delegation. Quarterly meetings are held by the RI with service managers, sharing information and reviewing operational priorities. The three monthly visit reports completed by the RI indicate all individual services have been visited in the last six months. However, reports do not reflect an adequate proportion of people, or their relatives, have been consulted with to obtain their views on service delivery. CIW requested the last two six-month quality of care reviews prepared by the RI. We were provided with annual quality of care reports completed by the individual registered managers of each service. The quality of care review must be completed six monthly, and this must be prepared by the RI. There is a system for recording and evaluating incidents, accidents, complaints and for recording compliments. We saw feedback is sought from people using the service utilising various methods of consultation. Reports capturing this feedback indicate people are satisfied with the service provided. CIW note the service provider has not always submitted notifications in line with regulatory requirements during the Covid-19 pandemic. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Service literature needs to outline and describe in detail the services being provided. The SOP is fundamental to the vision of the service. Reablement services are being provided, however, these are not accurately defined within the SOP. CIW raised this issue with the service provider who gave assurance this would be reviewed and updated. We requested information about the individual services including 'written guides' and 'service user agreements.' We found information and options for people receiving a service at TGD are not always clear. For example, where someone is receiving care and support from the service provider but has a tenancy/licence agreement held separately, documentation is not well-defined. Consultation with individuals, and their advocates where necessary, is not always recorded to show options are discussed. We expect the provider to take action to address this and we will follow this up at the next inspection. We note service literature pertaining to PCT and ECH is much clearer.

Records relating to the service provided are not always kept as required. We requested a personal plan for one person receiving a service at TGD and we were told this was not available as the person was not at home. We were told personal plans for people using the ECH service are kept by the individual and a copy is made when the service comes to an end. The service provider must ensure copies of records are held securely, as required, and made available to the regulator on request. Recruitment records are not always available for review. Recruitment information was forwarded to CIW following the inspection; however, CIW are not fully satisfied all staff records are kept or available as required, to evidence safe processes are in place. We expect the provider to take action to address this and we will follow this up at the next inspection.

Staff receive support and development in their role. Staff we spoke with told us they feel supported and valued. We saw the frequency of staff supervision is not always three monthly across all services. The quality of supervision does not always reflect an overall evaluation of the care workers' performance in line with their role and responsibilities. Care workers told us they receive specific training to help them in their role. One care worker told us, *'We had a talk from a specialist who gave us a really good understanding and insight into the person's condition.'* Training statistics indicate care workers complete a range of mandatory training. Records reveal most staff have completed training. Training compliance at TGD was consistent. However, some staff across the other services have yet to complete their training in some areas; this includes dementia, fire safety and emergency first aid where others require refresher training in some core subjects. DBS records reveal the relevant checks have been completed. CIW were provided with a matrix that indicates most staff are in the process of completing a relevant qualification to register with Social Care Wales. We expect the provider to take action to address overall compliance in the above areas and we will follow this up at the next inspection.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

### Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

### Area(s) for Improvement

Regulation	Summary	Status
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15	Ensure personal plans sets out how each individual will be supported to achieve their personal outcomes	New
16	Ensure personal plans are reviewed as and when required but a least every three months	New
20	Ensure the service user agreement is discussed with the person and reflects a clear separation between the care being provided by the service provider and the tenancy agreement with the landlord.	New
59	Ensure records as specified in Part 1 of Schedule 2 are maintained and accessible at the service and made available for the service regulator upon request	New
36	Ensure staff receive supervision every three months.	New
35	Ensure full and satisfactory information and documentation is available for all persons employed at the service in respect of each of the matters specified in Part 1 of Schedule 1	New
7	Ensure the statement of purpose accurately reflects the services provided	New
60	Ensure statutory notifications are completed to CIW as and when required.	New
80	Ensure the quality of care and support is reviewed every six months. The RI must prepare a report to the service provider following the review to include an assessment of the care and support and recommendations for the improvement of the service.	New

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