



Inspection Report on

Initial Response Service Merthyr Tydfil County Borough Council

**Keir Hardie Health Park
Aberdare Road
Merthyr Tydfil
CF48 1BZ**

Date Inspection Completed

01/06/2023

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About Initial Response Service Merthyr Tydfil County Borough Council

Type of care provided	Domiciliary Support Service
Registered Provider	Merthyr Tydfil County Borough Council Adults and Children's Services
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	24 November 2022
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

Initial Response Service provide support to people over the age of 18 years in their own homes.

People who have a service from Initial Response receive care from staff who are happy in their roles and feel well supported. They now receive regular one-to-one/individual supervision and have appropriate training, which has improved since our last inspection. Staff feel they have the skills and knowledge to carry out their roles effectively and the opportunity to raise any concerns.

People have accurate and up to date personal plans which detail their individual outcomes. They are complimentary about the positive relationship they have with staff and are happy with the service provided.

Appropriate and up to date policies ensure staff have the information and guidance they need. The Responsible Individual (RI) carries out their regulatory visits and quality assurance processes, which has also improved since our last inspection.

Well-being

People have choice about the care and support they receive. Staff develop plans with the individual and with clear goals and outcomes. People provide feedback face to face and through satisfaction surveys, which contributes to the quality assurance of the service. People's language and communication needs are considered. The service provides the Welsh language offer. We are told documentation can be provided in both English and Welsh if requested and is offered during pre-assessments. Some staff are fluent in the Welsh language and Welsh language training is available to staff, however the service does not currently provide support to anyone who speaks Welsh.

Staff document people's needs and risks to their physical, mental health and emotional well-being, in personalised risk assessments. The service is responsive to changes in support needs and regular reviews are carried out whilst the service is being provided. The service uses electronic applications, which allow support staff to communicate with each other, office staff and the management team on their phones. The system also enables office staff to communicate promptly with support staff about any changes to rotas or support tasks.

Staff help protect people from potential harm or abuse. Staff receive safeguarding training and have knowledge of the procedure to report any concerns they have. Up to date safeguarding and whistleblowing policies are in place to provide guidance and support to staff.

Care and Support

People have positive relationships with staff. People told us the communication is good. We saw a service user guide (SUG) people are given and a statement of purpose (SOP), which are consistent with the service provided. Management ensures they inform staff of everything they need to know to provide good daily support and provide channels to feedback any concerns or queries. Staff use applications on their phones and laptops to access rotas, information about people, daily notes, and to communicate with each other. Feedback from people is positive. One person said about staff *'All really nice in fairness...you can have a laugh with some of them...they are very good.'* Another person told us about staff *'Always nice...got no faults with them...all been nice to me'*.

Support plans consider people's personal outcomes, as well as the practical care and support they require. Due to the short-term nature of the service, these are reviewed as frequently as required. These involve people, and other professionals such as social workers, occupational therapists, and health care workers.

There are measures in place for assisting people with their medication, if needed. A medication policy is in place. All staff have up to date medication training, and supervisors check staff competence in supporting people with medication through competency assessments. Staff complete Medication Administration Records (MAR) charts.

The service aims to protect people from potential harm and abuse. All staff receive safeguarding training and there are policies in place informing them how to report abuse. Staff told us they feel confident they would know what to do if they were concerned about someone at risk of harm and could approach management with these issues.

There are infection control measures in place. There is an up-to-date policy and procedures in place. During our office visit, we saw there were good supplies of Personal Protective Equipment (PPE) such as masks, gloves, and aprons. People receiving care and support told us staff still use PPE when in their homes.

Environment

As this is a domiciliary support service, we do not consider the environment theme. During our site visit it was noted the building is a Healthcare centre and used by a number of organisations, but the service's office spaces were keypad access to ensure care files and other confidential information are kept secure. The service has office spaces for training and meetings.

Leadership and Management

Staff are knowledgeable in their roles and responsibilities and feel well supported by the management team. Staff told us they have time to gain the knowledge and experience they need before visiting people on their own. There is an induction process in place, which includes training and shadowing other staff. Staff now have supervision that includes one-to-one discussions with the management team regarding their wellbeing and professional development, and competency assessments. This has improved since our last inspection. Staff also receive training, which includes a mix of online e-learning and some face-to-face training. There is an allocated person who books staff on to relevant training when required. This has also improved since our last inspection.

Staff told us they receive rotas via an application on their phones and management advises them of any changes. Staff told us they feel happy, skilful, and confident in their roles. One staff member said of the management and the Team *'Definitely feel well supported...could go to my manager if any concerns...can't fault them...the team work well as a team including management...always there for us...goes above and beyond...good support...very approachable'*. Another said, *'they're a good bunch'*. Recruitment and vetting processes are in place and are robust. All staff have up to date Disclosure and Barring Service (DBS) checks and are registered with Social Care Wales. There is a stable cohort of staff at the service with low turnover and low sickness levels.

There are some monitoring processes in place to maintain the quality of the service. People receiving support provide feedback on the service during visits, through monitoring calls, and satisfaction surveys. They told us they can call the office with any issues or queries. A complaints and other policies are in place. There have been no formal complaints at the service since our last inspection. Incidents are kept on individual's records. No formal notifications have been received by Care Inspectorate Wales (CIW), but there is no evidence of any notifiable events at the service since our last inspection. The RI carries out their regulatory duties, which has improved since our last inspection.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	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.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	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
36	The service provider does not ensure staff receive appropriate supervision.	Achieved
73	Responsible Individual visits are not completed every three months in line with regulations.	Achieved
80	The Responsible Individual does not undertake quality of care reports, nor the actions required to inform these, in line with regulations.	Achieved

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
N/A	No non-compliance of this type was identified at this inspection	N/A
36	Core training has not been provided to all staff.	Achieved

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