



Inspection Report on

Bridgend County Borough Council Domiciliary Care Services

**Bridgend County Borough Council
Civic Offices
Angel Street
Bridgend
CF31 4WB**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

18/05/2023

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About Bridgend County Borough Council Domiciliary Care Services

Type of care provided	Domiciliary Support Service
Registered Provider	Bridgend County Borough Council Adults and Children's Services
Registered places	0
Language of the service	Both
Previous Care Inspectorate Wales inspection	27 October 2022
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

Bridgend County Borough Council (BCBC) provides support to people over the age of 18 years. Support is provided to people in the place they currently live, whether that be as an individual, within a supported living setting, an Extra Care facility, or a secure facility.

People receive care from staff who are happy in their roles and feel well supported. Regular 1:1 supervision and other forms of supervision and support has improved since our last inspection. Staff training has also improved since our last inspection, to ensure staff have the skills and knowledge to carry out their roles effectively and can raise any concerns. People have accurate and up to date personal plans which detail their individual care needs. People, and their representatives, are complimentary about the positive relationship they have with care workers and are happy with the service provided. There has been a change in the Responsible Individual (RI) since our last inspection, but the new applying RI has already started carrying out regulatory duties. Some policies have been reviewed and updated since our last inspection, and there is a person now designated to continue in this role going forward.

Well-being

People have choice about the care and support they receive. Staff develop plans with the individual and their representative, using recognised assessment tools. People provide feedback face to face, through telephone monitoring, or through service satisfaction surveys, which contributes to the quality assurance of the service. People's language and communication needs are considered. The service is working towards the Welsh language offer, with information such as the statement of purpose, written guide, and 'how to make a complaint' available in both English and the Welsh language, accessible translation services, and Welsh language courses available to staff.

Staff document people's needs and risks to their safety and well-being in personalised risk assessments. The service is responsive to changes in care needs and regular reviews are carried out. The service uses an electronic care monitoring system, which allows care staff to communicate with office staff and the management team. The system also enables office staff to communicate promptly with care workers about any changes to rotas, care tasks, and monitor calls.

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. There are up to date Safeguarding and Whistleblowing policies in place.

People can have assistance with their medication if required. The medication policy has been reviewed and updated since our last inspection, and procedures are in place. Staff have training and monitoring to ensure they can carry this task out safely and appropriately.

Care and Support

People and their families have positive relationships with staff. People told us the communication is generally good. We saw a service user guide for different parts of the service that people are given, and a statement of purpose which is consistent with the service provided. Management ensures they inform staff of everything they need to know to provide good daily care and provide channels to feed any concerns or queries back to the office. Staff use a care monitoring application on their phones to clock in and out of calls, access information about the person, rotas, and notes. Feedback from people and their families is positive. One person said about staff *'Excellent...I'd give them 5 stars...even if I paid more I couldn't get any better'*. One relative also told us about staff *'they're lovely...brilliant...we wouldn't be without them now'*.

Care plans consider people's personal outcomes, as well as the practical care and support they require. We saw evidence these are reviewed regularly. Some records show the involvement of people, their families, and other professionals such as social workers, occupational therapists, and physiotherapists.

There are measures in place for assisting people with their medication, if needed. An updated medication policy is in place that provides guidance to staff. Supervisors check care workers' competence through observations and competency assessments. Measures are in place to ensure improved medication training compliance. The provider is planning further work around medication management and documentation.

The service aims to protect people from potential harm and abuse. 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 some infection control measures in place. Staff receive training in this area and an updated policy is now in place since our last inspection. During our site visits, we saw that there were good supplies of Personal Protective Equipment (PPE) such as masks, aprons, gloves, and hand sanitiser. People receiving care and support told us that staff use PPE when in their homes.

Environment

As this is a domiciliary support service, we do not consider the environment theme, however the office and other premises appeared secure and 'fit for purpose' during our site visits.

Leadership and Management

Staff are knowledgeable in their roles and responsibilities and feel 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 workers. Staff have regular supervision that includes one-to-one discussions with their line managers regarding their wellbeing and professional development, observations, and competency assessments. Staff receive training, which includes a mix of online e learning and some face-to-face training. This has improved since our last inspection, and are areas the service needs to maintain to ensure good outcomes for staff and people receiving a service.

Staff told us they receive rotas in good time via the care monitoring application and management advises them of any changes. Staff told us they feel happy and confident in their roles. One staff member said of the management, '*They're great...flexible...marvellous...couldn't fault them*'. Another said, '*they're brilliant...really supportive*'. Recruitment and vetting processes are in place and are robust. All staff have up to date Disclosure and Barring Service (DBS) checks. Recruitment is ongoing at the service using online platforms, attending job fayres, internal and external advertising, and incentives for existing and new staff such as a new electric car scheme and an ongoing pilot project looking at staff rotas.

There are monitoring and auditing processes in place to maintain the quality of the service. The new applying RI has visited the different parts of the service and has good oversight of day-to-day occurrences with staff and people receiving care. Quality of care reports and quality assurance reviews are completed. People receiving support provide feedback on the service during visits, through monitoring calls, and satisfaction survey questionnaires. They told us they can call the office with any issues or queries. A log of complaints and reportable incidents is kept at the service. A Complaints policy is also in place and has been updated since our last inspection. A number of other policies have also been reviewed and updated since our last inspection, and the provider now has an allocated person to carry out this role.

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
12	Policies and Procedures must be kept under review	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	The provider must ensure regular supervision, appraisal and training to all staff in all parts of the service.	Achieved

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