



Inspection Report on

RCTCBC Support @ Home Service (Home Care, Intermediate Care and Rehabilitation Service) and Supported Living

**Rhondda Cynon Taff County Borough Council
Ty Elai Unit B1
Dinas Isaf Industrial Estate
Tonypandy
CF40 1NY**

Date Inspection Completed

21/12/2023

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About RCTCBC Support @ Home Service (Home Care, Intermediate Care and Rehabilitation Service) and Supported Living

Type of care provided	Domiciliary Support Service
Registered Provider	Rhondda Cynon Taff County Borough Council Adults and Children's Services
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	31 May 2022
Does this service promote Welsh language and culture?	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

The service is made up of a Home Care service providing long term domiciliary care in people's homes, an Intermediate Care and Rehabilitation Service providing shorter term domiciliary care and reablement services, a Mobile Responder Service, supported living services for people with needs arising from a learning disability, and domiciliary care support for people living in an extra care facility.

People's well-being is promoted through being supported to achieve their goals and live in the community. They are supported to be as healthy as they can by getting the right care at the right time. The service takes measures to protect people from abuse and neglect. Care staff generally have very good relationships with people, with people very happy about the quality of care. Care staff have detailed information about people's needs. Improvements are needed around reviews of personal plans and making sure community-based deprivations of liberty are lawful. Infection control measures are in place. Systems are in place to support people with their medication. The recruitment of staff is safe and effective. Care staff generally feel supported in their role and enjoy working for the service. Governance, auditing, and quality assurance arrangements are in place to support the running of the service. The service provides very good information to the public about their services.

Well-being

People's well-being is promoted through being supported to achieve their goals and live in the community. We saw across all service areas people are supported to develop and maintain their independence and make their own choices about their day-to-day lives. People told us the service helps maintain important family relationships, for example by supporting people to care for their loved ones or helping prevent admissions to care homes. Care and support is person-centred, with people treated with dignity and respect. Personal plans consider people's needs, interests, and preferences. Improvements are needed around the frequency of reviews of plans. Risk assessments promote positive risk taking. Systems are in place for staff to record care delivery, which are used to monitor people's well-being. Where people have tenancies, they are supported to maintain these and to have exceptionally pleasant living environments. They are also supported to regularly go into the community and take part in meaningful activities. Improvements are needed around ensuring any deprivations of liberty are lawful. Where people have rehabilitation needs, the service is extremely flexible and quick to respond to changes. The Mobile Responder Service provides a unique service to people in times of crisis and works very well to support other services, such as alleviating pressure on NHS ambulance services in the area.

People are supported to be as healthy as they can by getting the right care at the right time. The service works closely with health professionals to refer any concerns and follows appropriate guidance. Work with other professionals is frequent and ongoing, with personal plans being updated and reflecting direction given. People receive medication where this is needed, in line with the prescriber's directions.

The service takes measures to protect people from abuse and neglect. The service is proactive in identifying potential risks to people or employees and how to manage these. Safeguarding and whistleblowing policies are in place. Staff know where to find safeguarding information and have received safeguarding training. Staff told us they feel confident they would know what to do and who to contact if they identified a potential safeguarding issue. Care staff feel confident if they raised an issue with the manager, it would be responded to. Pre-recruitment checks are in place and regular supervision supports continued development. Incidents and accidents are logged, with appropriate actions taken by the service in response. Ongoing quality assurance audits ensure systems remain effective and improvements are identified and addressed.

Care and Support

Care staff generally have very good relationships with people and provide good quality care. Interactions between care staff and people are respectful and attentive. People told us the support “*exceeded initial expectations*”, “*I wouldn’t know how I’d manage without them*”, “*they’re brilliant*”, “*wonderful*”, “*I trust them*”, “*outstanding*”, “*it’s best service we’ve ever used*”, “*phenomenal*”, and “*they’re consistent and well trained*”.

Care staff have detailed information about people’s needs. Personal plans are person-centred, comprehensive and give direction to care staff around how best to support people. Risk assessments are in place to direct care staff around how to help people stay safe. We saw extremely good practice around the use of outcome-focused personal plans, and also the use of contingency plans. Care staff know the people they support well and provided detailed information about their needs which corresponds with information in people’s care files. Plans are generally produced in partnership with people and their representatives and are reviewed with them. We saw part of the service do not undertake reviews of plans at least every three months. Reviews are very important as they ensure all staff have up to date information about the people they support. We advised this is an area for improvement and expect the provider to take timely action to address this. Daily recordings and monitoring charts are in place, giving important information about people’s progress and identifying changes in care needs. In many instances, these are extremely well-detailed and enable professionals to accurately track people’s progress. We saw evidence of appropriate referrals to health professionals and agencies, and ongoing partnership working by the service with their multi-disciplinary colleagues. We saw an example of people being unlawfully deprived of their liberty. We advised this is an area for improvement and expect the provider to take timely action to address this.

Infection control measures are in place to help reduce the risk of transmission of potential sources of infection. Staff have access to a supply of appropriate PPE and use this as needed, such as when supporting with personal care tasks. There is an infection control policy in place which care staff are aware of and understand their responsibilities. Care staff receive training on infection control. People are supported to maintain their homes where accommodation-based support is provided, so they are kept clean and tidy.

There are systems in place to support people with their medication. Medication administration records give care staff instructions on how to administer in line with the prescriber’s directions. Care staff receive training on how to manage and administer medication. A medication policy is in place. People’s medications are audited by the service.

Leadership and Management

The recruitment of staff is safe and effective. Staff files show the correct recruitment arrangements are in place and contain legally required information, such as up-to-date Disclosure and Barring Service checks and proof of identity. Care staff start work once pre-employment checks are completed. New care staff undertake an induction programme, which includes mandatory training and shadowing experienced members of staff. Care staff are registered with the workforce regulator, Social Care Wales. Training records generally show care staff have up to date training in core areas of care. More specialist training programmes are also available. These help care staff develop their skills and knowledge in more specialist areas of care work, such as reablement work or working for people with a learning disability. Care staff told us they feel well-trained and would approach the service for more training if needed.

Care staff generally feel supported in their role and enjoy working for the service. They told us they *“love the job”*, *“it’s the best job I’ve had”*, *“I can’t fault the managers – I never feel on my own”* and the managers are *“very approachable”*. Care staff are very passionate, with several telling us the pride they feel and how their role is *“really rewarding”* and *“I feel like I’m making a difference”*. We note significant changes are taking place to the home care and supported living services. This is causing significant unease for staff working in these areas and negatively impacts on morale. Several of the staff have worked for the service for many years, which helps facilitate continuity of care. Care staff have regular supervision and a yearly appraisal to reflect on their performance, identify support they might require, look at how to develop their practice, and discuss any issues. Care staff feel confident if they approached their managers with an issue, they would be addressed. The service generally has sufficient staff to work for the people it supports. We saw issues with staffing consistency in the supported living services. We discussed with the Responsible Individual (RI) that while a long-term solution is not possible owing to the upcoming changes to the service, they are seeking to keep the same staff at the same services as far as is possible.

Governance, auditing, and quality assurance arrangements support the running of the service. These help the service to self-evaluate and identify where improvements are needed. The RI has oversight of the service, undertaking the legally required three-monthly service visits and producing very good quality six-monthly quality of care review reports. The service is open and transparent, identifying and acting to resolve issues and making the legally required notifications to Care Inspectorate Wales (CIW) regarding occurrences at the service. Policies and procedures, such as for safeguarding, medication, and whistleblowing, are in place. They give guidance to care staff, for example telling them how to raise an anonymous complaint using the ‘whistleblowing’ procedure. The service gathers the views of people and care staff. Procedures are in place to deal with complaints. The service uses staff disciplinary procedures when needed.

The service provides very good information to the public. The Statement of Purpose details the service and how it is provided, is kept under review, and accurately reflects what is in place. A very professional and informative written guide is available for people who use the service and their representatives. This contains practical information such as what people can expect from the service, and the complaints procedure.

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

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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16	Personal plans are not reviewed at least every three months. The service must review people's personal plans at least every 3 months, or more often if required, and ensure the person and/or their representatives are included in the review, and the extent to which people's outcomes are being achieved is reviewed.	New
31	The service has deprived people of their liberty without lawful authority to do so.	New

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