



Inspection Report on

Neath Port Talbot County Borough Council Domiciliary Care Services

**Neath Port Talbot County Borough Council
The Quays
Brunel Way
Neath
SA11 2GG**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

29/11/2023

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About Neath Port Talbot County Borough Council Domiciliary Care Services

Type of care provided	Domiciliary Support Service
Registered Provider	Neath Port Talbot County Borough Council
Registered places	0
Language of the service	Both
Previous Care Inspectorate Wales inspection	[19 November 2021]
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

The Neath Port Talbot Domiciliary Support Service is a large provision combining two distinct services. These include short-term reablement support provided by the Hospital to Home team and longer short term and crisis intervention domiciliary care needs to people provided by the Homecare Service. There is a Responsible Individual (RI) and a manager who is registered with Social Care Wales.

Improvements have been made since the last inspection such as documentary evidence of mandatory checks completed by the provider and support plans involving the individual and their representative in support plan reviews. There has also been improvement in documenting people's personal progress and attainment of goals in regular reviews. There continues to be strong evidence of positive joint working practice between health care and social care across the service and particularly in the reablement service.

Further improvement is needed to develop the assessment as a distinct stage in the care planning process and this is already underway as a result of our visit. There also continues to be a need for further improvement to ensure care plan reviews are completed at the frequency required.

Well-being

People have control over their day-to-day lives. People told us they get on well with staff and commented, *“They are a great bunch of very caring, very supportive people”* and another commented *“they are good, I’m happy, I like the stability and continuity of staff”*. Records show people are offered choices to make everyday decisions. The RI told us they regularly speak with people they support and their families about what is important to them and how to best support them. Staff told us they feel well supported by the management team and commented, *“it’s such a rewarding job and we are a pretty good team so together we make a difference”* and another commented *“Care plans are easy to follow and we know exactly what needs to be done.”*

People get the right care and support. People and their representatives are involved in reviews, although these are not always on a three-month basis. People said their personal plan met their needs and felt care workers include them in the development of their plan. Records reflect referrals are made to a variety of healthcare professionals such as social workers and nurses. This is also confirmed by comments from visiting healthcare professionals who told us they are satisfied with the care at the service. Care workers receive appropriate training to support them in their roles.

Care workers offer companionship and support people to do things they need. People’s relationships with others are considered during the development and review of their personal plans. These acknowledge the input people’s family and friends have in their care and support. The views of people’s representatives are regularly sought as part of the service’s quality monitoring process. People told us *“The staff are alright, I love them”* and *“they are all very friendly, I feel safe with them, they always treat me with dignity and respect.”*

People are safe and protected from abuse and neglect. The service provider has safeguarding policies and procedures, which are aligned to current legislation and national guidance. Staff demonstrate a sufficient understanding of their role and responsibilities. People are familiar with the care workers supporting them and value the relationships they have developed. Care workers are recruited in a safe way and have a good understanding of safeguarding and whistleblowing procedures. People supported by the service tell us they feel safe and secure.

Care and Support

People receiving a service from Neath Port Talbot Domiciliary Support service speak very highly of both the management and care staff. Comments from people and their representatives include *“they support me in the way I like it, I see the same people normally, they come the best times for me, they are all very friendly”* and *“the staff are marvellous, nothing is too much trouble to do for me. I implicitly trust them.”* This was further supported by people receiving a service such as *“I’ve been having them for around 5 weeks, I’m finding them absolutely fantastic, they are all friendly and helpful and do all they can for me”* and *“the staff are good, I’m happy”*.

People are provided with the care and support they need by staff who know them well. Personal plans are developed in consultation with people, considering existing care and support plans provided by health and social care commissioners. Reviews are mostly completed as required but would benefit from ensuring these are audited to ensure completion is at the frequency required. Records of daily activity are recorded accurately and succinctly. Records show the service provider ensures medical advice and professional help is sought where needed. However, we discussed and agreed with the RI that assessments need to be further developed to ensure an accurate picture of an individual’s assessed needs is established at the start and recorded appropriately.

People are protected from abuse and neglect. Since the last inspection, policies have been reviewed to make sure they are relevant. Staff are aware these are in place to guide them. Staff have completed safeguarding training relevant to their role.

There is an appropriate medication policy and procedure in place. Audits are in place completed by senior staff assisting people with their medication. People supported by the service are assisted to administer their medication. Medication is stored appropriately in the person’s home. Staff who support individuals to manage their own medication are trained and assessed as competent.

Policy, procedure, and application of hygienic practices are in place to reduce risks of infection. Staff demonstrate an understanding of infection control and the use of personal protective equipment (PPE). Staff wear appropriate PPE when needed and follow correct procedures.

Leadership and Management

People have access to information about the service. There is an accurate and up-to-date Statement of Purpose and a guide to the service so people know what services they can expect to receive. The relevant contact details are available to enable people to enquire about the service, make a compliment/complaint or to contact the relevant regulatory authorities. People tell us they know how to raise any concerns they may have about the service and are confident they will be listened to and addressed appropriately.

Robust systems are in place to regularly check on the quality of care and support. People are asked their views in a number of ways including via questionnaires, face to face visits and telephone calls. The responsible individual (RI) completes their three-monthly reports after speaking with people and checking records. Audits of aspects of the service take place regularly and a six-monthly report is completed following a review of the service.

People are supported by staff who are appropriately recruited and trained. Recruitment records viewed show checks are carried out on care staff before they start work. At the last inspection, we identified that insufficient documentary evidence was available of care staff employment mandatory checks being completed by the provider which has now been addressed. Staff are or are working towards registration with Social Care Wales and follow the induction framework. Staff tell us induction is good and they have good support to make sure they are confident and competent in using any equipment. Training records show staff have access to training relevant to the job they do in the service.

Care staff feel supported in their role. They said the management are excellent and can be contacted at any time. They have sufficient travel time between care calls and have regular discussion with the manager to make sure their hours of work are still suitable for them. One to one meeting with staff are taking place. Staff told us *"They're a really great organisation to work for, we get plenty of training and there is always support at the end of the phone."* There is a plan in place to make sure all staff have regular supervision and an annual appraisal of their work. Staff meetings take place regularly and staff confirm they can discuss any issues with the manager at any time and feel listened to.

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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N/A	No non-compliance of this type was identified at this inspection	N/A
16	The provider is not compliant because there is insufficient documentary evidence of consideration of people's goals and outcomes in relation to provider support plan reviews. Also insufficient documentary evidence of the full involvement of the individual and/or representative in provider support plan reviews.	Achieved
35	A staff file audit completed as part of the inspection showed insufficient documentary evidence of care staff employment mandatory checks being completed by the provider.	Achieved

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