



Inspection Report on

Torfaen Council Domiciliary Care Service : incorporating Integrated Reablement Service and Complex Dementia

**1 Leadon Court
Thornhill
Cwmbran
NP44 5TZ**

Date Inspection Completed

11/06/2024

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About Torfaen Council Domiciliary Care Service: incorporating Integrated Reablement Service and Complex Dementia

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	29 09 2022
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates an effort to promote the use of the Welsh language and culture.

Summary

Torfaen Council Domiciliary Care Service incorporating Integrated Reablement Service and Complex Dementia is a domiciliary support service. In the last 12 months the service provider has developed a new model of assessment and support including structural changes within the service delivery system. This service includes domiciliary assessment, reablement, enablement and intervention in the geographical borough of Torfaen.

People and their representatives told us staff are knowledgeable, kind, and caring. They are supported with their physical, mental health and emotional well-being. People told us they feel listened to and contribute to decisions affecting their lives. Personal plans are in place, although these require further detail, and the review process requires some attention. The multidisciplinary approach at the service prioritises people's well-being whilst empowering independence, enabling people to remain safely at home. The service is well supported by a clear management structure. The responsible individual (RI) has a regular presence at the service and engages well with people receiving support and their representatives. Recruitment, training, and supervision practices require strengthening and further oversight.

Well-being

People receive the support they require to remain as healthy as possible. The provider has systems in place to ensure there is oversight of individual's health and well-being. The service contacts health and social care professionals when required. One person told us, "*The physio has given me some exercises to help with my swollen feet.*" People receive support from care staff who have a good understanding of their needs although some people told us they do not always have the same care workers attending their call. This is also evidenced in records we reviewed and additional responses we received from people about their care and support arrangement. People told us they have positive relationships with the care workers who support them with dignity and respect.

Staff provide care and support considering people's individual circumstances therefore promoting their overall well-being. Assessments of people's needs are undertaken with them before they receive a service. People have a personal plan indicating their support needs, but this does not always detail how they wish their support to be provided. Systems to ensure personal plans are reviewed on a three-monthly basis require improving. Staff are respectful and want to make a difference to people's lives. The service provider told us no person currently requires a Welsh language service. Although there is a commitment in making provision for the Welsh language 'Active Offer', which is included in service documentation.

Systems are in place to protect people from neglect and abuse; however, some areas require strengthening. Personal plans are in place alongside detailed assessments completed by professionals involved in the care package to support safe practices. For example, manual handling plans completed by an occupational therapist. Care workers confirm they receive safeguarding training; however, records are not always available to evidence training completed. A safeguarding policy is in place with contact details clearly recorded and accessible to staff. The safety of individuals is mostly supported by recruitment practices, but overall checks on prospective employees require some further improvement. The provider has completed Disclosure and Barring Service (DBS) checks on all staff. The DBS helps employers maintain safety within the service.

The service has a well-defined management structure, and the RI maintains oversight of the service. We saw quality assurance reports completed by the RI on a quarterly basis. These give a detailed overview of the service and capture the views of people receiving support, giving them the opportunity to contribute to developing service delivery. Support mechanisms for staff are in place, however three monthly one-to-one supervision is not always provided consistently. Reporting processes to CIW and the relevant agencies are completed in a timely manner.

Care and Support

People benefit from having support delivered by kind and caring staff, however, the continuity of care requires close monitoring. People are satisfied with the care and support being provided. They told us, *“If it wasn’t for the service being provided, we would not be able to be together,”* and *“They sing to (X) in the bath to try and try to make it a really enjoyable experience.”* People’s communication needs and preferences are considered during initial assessments and the Welsh language provision is included within literature at the service. Some people we spoke with feel the continuity of care workers visiting them could be better and records we reviewed reflect this area needs strengthening. One member of staff told us, *“We now go into a lot of new customers, and it may be the first time we have seen them.”*

Personal plans are in place; but these require further detail to ensure care staff are fully informed on how to meet people’s individual needs. Plans of support needs are in place, but we found some information is not sufficiently detailed. We reviewed a care and support plan completed by the social worker indicating the person can become very distressed and agitated during personal care. The personal plan completed by the service stated, *‘Care workers to assist with all personal care, either a strip wash or shower.’* This did not include any detail on how the person would like their care needs to be met or how any distress experienced could be alleviated.

Personal plans are not consistently reviewed on a regular basis and do not reflect people are involved in the review process. There is a lack of monitoring and recording of how people are supported to achieve their personal outcomes. We found similar failings at the last inspection. While no immediate action is required, these remain areas for improvement, and we expect the provider to take action.

Mechanisms are in place to support people’s health and well-being. The service makes timely referrals to relevant health and social care professionals when people’s needs change, and there are cohesive links into the multi-disciplinary team. This promotes and maintains people’s overall well-being. Some care staff demonstrate a good knowledge of safeguarding procedures, although some care staff we spoke with were unsure. People and their representatives told us they feel safe, and care staff wear the relevant personal protective equipment when delivering care. Arrangements are in place to support people with their medication. There is a medication policy in place providing guidance on the administration of medication. We sampled a small number of medication charts and found these are completed well.

Leadership and Management

There are arrangements in place for the oversight of the service. The statement of purpose (SOP) is fundamental in reflecting the vision for the service. The SOP has been updated and clearly outlines the service being delivered, including provision of the Welsh 'Active Offer.' Information about the service including 'written guides' and 'service user agreements,' have been developed and include all relevant information applicable to the service provided. We found records relating to the service delivery are kept as required and are available. The service provider notifies CIW and the relevant authorities of incidents as required by regulation.

The quality of care is reviewed on a six-monthly basis. The quality of care report evaluates the service delivery including stakeholder engagement. The review includes the outcomes of satisfaction surveys utilised by the provider in 2023 to understand the experiences of people who receive a service. Findings are captured and actions to develop the service are recorded, this includes a focus on improving the continuity of care for people. The RI completes a report every three months reflecting they consult with people and their relatives, whilst considering the quality of service delivery. The views of people using the service are clearly considered and reflected in reports, including any follow up action.

Mechanisms in place for supporting and developing staff require improvement. Some staff we spoke with told us they feel valued, but other staff told us they did not feel supported in their role. Records indicate not all care workers are receiving formal supervision every three months. Care workers told us they receive training and support to complete a recognised care qualification and register with Social Care Wales. However, training records to evidence staff have undertaken the relevant training are not readily available. CIW were provided with a training matrix; this showed many gaps and does not indicate care workers have completed core mandatory training. This is an area for improvement, and we expect the service provider to take action to address this and we will follow this up at the next inspection.

Selection and vetting arrangements in place enable the service provider to decide upon the suitability of staff, however these require strengthening. DBS records reveal the relevant checks have been completed. Staff files contain most of the relevant information, including pre-employment checks and contracts of employment. However, we identified some discrepancies in relation to employment histories, reasons for leaving previous employment with vulnerable adults, references, and recent photographs. This remains an area for improvement, and we expect the provider to take action to address these matters and we will follow this up at the next 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

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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36	Ensure all staff receive core training appropriate to the work they are to perform and records are kept up to date to reflect the training undertaken	New
15	Ensure personal plans sets out how each individual will be supported to achieve their personal outcomes	Not Achieved
16	Ensure personal plans are reviewed as and when required but a least every three months	Not Achieved
36	Ensure staff receive supervision every three months	Not Achieved
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	Not Achieved
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.	Achieved
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	Achieved
7	Ensure the statement of purpose accurately reflects the services provided	Achieved
60	Ensure statutory notifications are completed to CIW as and when required.	Achieved
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.	Achieved

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