



Inspection Report on

Home Instead Monmouth, Abergavenny & Pontypool

**R6 Walnut Suite, Ground Floor
Mamhilad House
Mamhilad Park Estate
Pontypool
NP4 0HZ**

Date Inspection Completed

23/04/2024

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About Home Instead Monmouth, Abergavenny & Pontypool

Type of care provided	Domiciliary Support Service
Registered Provider	LKP Care Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	This was the first inspection since the service has been registered under the Regulation and Inspection of Social Care (Wales) Act 2016.
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

People told us they receive a good standard of care and support and are very complimentary of the service provided. Care and support is designed in consultation with people using the service and their representatives, considering their needs, independence and aspirations. People are supported with their physical health and emotional well-being. There is evidence the service contacts the relevant health professionals to support people's well-being. Medication administration is safe and supports people to maintain their health.

Staff receive training and support which ensures they have appropriate skills and knowledge to carry out their roles effectively. The Responsible individual (RI) has systems in place to engage with people and their representatives. Governance arrangements support the operation of the service to ensure it is providing people with the care and support they require. Recruitment procedures are in place but require strengthening in some areas to ensure processes are consistently safe. The service provider is currently in the process of recruiting a manager to oversee the day to day running of the service. The RI has a regular presence at the service and there are arrangements in place for operational oversight.

Well-being

People have control over their day-to-day life. Care staff consider people's individual circumstances anticipating their needs on a day to day basis. We viewed a selection of personal plans and associated care records. People's preferences are acknowledged and understood, and how they wish their support to be provided is documented. Care staff have a good understanding of each person's needs. Records show the provider makes referrals to social and health care professionals in a timely manner to support people to remain healthy. People are consulted regarding the care and support they receive. We were told they also have opportunities to participate in reviewing their care package.

Measures are in place to keep people safe and protected from abuse and neglect. Care recordings take into consideration risk management promoting people's safety. People we spoke with know whom to contact if they have any concerns. Medication management and infection prevention processes are in place, and there is oversight of these practices. Care staff are confident in reporting any concerns and feel they would be listened to, and actions taken, if the need arose. Character and suitability checks of care staff to undertake their roles are in place but these require some attention. The service provider has completed Disclosure and Barring Service (DBS) checks on care staff they recruit prior to the commencement of their employment. The DBS helps employers maintain a safe workforce within the service.

The service provider maintains oversight of the service. Care staff are well trained and have a good understanding of their responsibilities. They are therefore confident in their role and able to provide a quality service to people. We received positive feedback from staff who told us they feel well supported. We saw quality assurance reports completed by the RI reviewing various areas of service delivery. Reports note there has been engagement with people, their representatives, and staff. Records show people are happy with the service delivery. Policies and procedures are in place to support the smooth running of the service. The service provider told us no person currently requires a Welsh language service. There is some commitment in making provision for the Welsh language 'Active Offer', which is included in service documentation, however, we found this is not always clear within initial provider assessments.

Care and Support

People and their families have good relationships with care workers and the management team who provide oversight of the care package. One person told us, *“The carers are excellent, and we think very highly of them,”* and another person told us, *“Very happy with the service and we have a regular group of care workers.”* Care records we reviewed demonstrate people’s independence is encouraged and supported. One relative commented, *“We have access to the digital platform and daily notes show how they have supported (X) that day.”* People feel listened to, and they know how to raise concerns.

Personal plans provide clear guidance for staff on how to meet people’s needs. Staff assess people’s care and support requirements before the commencement of the service and personal plans are co-produced with the person. People told us they feel involved in their care arrangements, and reviews of care reflect they are involved in the care planning process. Daily logs of care delivery reflect people receive the care and support they require as outlined in their care documentation and records are overseen by office staff. However, we found one person’s personal plan had not been revised and kept up to date. The service provider assured us this would be acted on.

People feel safe. Care workers have completed safeguarding training. Staff we spoke with have a good understanding of how to report matters of a safeguarding nature. The safeguarding policy details the required information. We were told staff wear personal protective equipment and people feel safe. Care workers support people with their medication and there is oversight of these practices. We sampled a small number of medication administration records (MAR’s) and found these are completed well.

Mechanisms are in place to support people’s health and well-being. Records show the provider makes referrals to social and health care professionals in a timely manner. This promotes and maintains people’s well-being. We note detailed guidance and plans on file from health professionals. Information and guidance from community nurses is clear within plans we viewed; however, we did note body maps are not consistently used where prescribed creams are being applied by care workers. The service provider assured us this would be acted on.

Leadership and Management

The service provider maintains appropriate oversight of the quality of care and the effectiveness of systems in place. The statement of purpose (SOP) is fundamental in demonstrating the vision for the service. The SOP provides an overall picture of the service offered, including provision of the Welsh 'Active Offer'. We reviewed a selection of organisational policies; these reflect information is reviewed and updated. People and relatives know how to make a complaint if they need to. Internal systems show complaints and matters of a safeguarding nature are managed well.

The RI completes a report every three months demonstrating they review and consider the quality of service delivery. They also log regular contact with people using the service and care staff, seeking their views and opinions on the service. There is oversight of key documentation ensuring tasks are completed and audited, however we did note a missed care call had not been recorded in line with the provider's policy. The quality of care is reviewed on a six-monthly basis and a report is produced although the views of people using the service or staff are not clearly reflected in the quality of care report. The RI assured us this will be addressed during the next quality care review.

Mechanisms in place for supporting and developing staff are effective. Staff we spoke with consistently told us they feel supported and valued. They receive safeguarding training and know what action to take if necessary. Supervision and training records indicate support and development processes are in place. Staff informed us they completed an induction when they started, and this was informative. However, the recording of the induction process is not always clear. CIW were assured the induction process is being developed. We were provided with a matrix indicating care workers are either registered or in the process of completing a relevant qualification to register with Social Care Wales.

Selection and vetting arrangements are in place to enable the service provider to decide upon the suitability of care staff. Staff files contain most of the relevant information although pre-employment checks require strengthening. DBS records reveal the relevant checks have been completed. Employment contracts and job description require attention to ensure they accurately reflect the correct company details. We identified some discrepancies in relation to employment histories and previous employment references. This is an area for improvement, 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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35	Ensure all staff employed at the service provide full and satisfactory information or documentation in respect of each of the matters specified in Part 1 of Schedule 1 and this is available at the service for inspection by the service regulator	New
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