



Inspection Report on

Blaenau Gwent County Borough Council Homecare

**Blaenau Gwent County Borough Council
The Bert Denning Centre
Warwick Road
Ebbw Vale
NP23 4AR**

Date Inspection Completed

15/02/2024

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About Blaenau Gwent County Borough Council Homecare

Type of care provided	Domiciliary Support Service
Registered Provider	Blaenau Gwent County Borough Council Adults and Children's Services
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	04 April 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

Blaenau Gwent County Borough Council Homecare provide a range of services to people in their own homes. During this announced inspection, we visited the registered office, two supported living schemes and an extra care service.

People were positive about the care they receive and complimentary about care staff. People's plans are person-centred but not always reviewed on a regular basis. People remain as healthy as they can be due to timely referrals to healthcare professionals. The storage and administration of medicines requires improvement.

The introduction of new recruitment processes will improve the selection and vetting of staff going forward. Staff feel valued and supported in their roles. However, staff formal supervision and training requires improvement. There is a good organisational structure in place, with all staff having their designated roles and responsibilities. Governance arrangements are in place to support the operation of the services.

Well-being

The service encourages people to have as much choice and control over their everyday lives as possible. People's likes/dislikes and preferences are included in personal plans. People are encouraged to share their views about the service they receive. People are supported to engage in a range of activities in their home and local community, which are meaningful to them. People told us they are happy with the care and support they receive. One person told us, "*Most fantastic people you could want to meet and the care is spot on*".

People experience warmth and kindness. Care staff treat people as individuals. They are very attentive and respond to people's different needs with appropriate levels of prompting and support. People look relaxed and comfortable in the presence of staff. Staff speak in a friendly, caring and respectful way and people respond positively. We witnessed positive interactions during the inspection; care staff support people in a dignified manner.

People receive the support they need to maintain their health and well-being. The service assesses people's care and support needs and any associated risks to their health and well-being. These are documented in personal plans and risk assessments, providing guidance for staff on how to support individuals with their needs. People have developed good relationships with care staff whom they know well and this helps to support people's well-being and emotional health. We observed positive, humorous interactions between people and care staff and management.

People's safety, and risks to their health and well-being are not always minimised as much as possible. Not all staff have up to date safeguarding training. Care staff we spoke with have a good understanding of their responsibilities and how to report matters of a safeguarding nature. Policies and procedures support safe practice and contain up-to-date national guidance. Staff recruitment practices require strengthening to safeguard people receiving a service. Staff supervision and training requires improvement to ensure care is delivered appropriately. The systems in place for the oversight of medication administration are not sufficiently robust.

Care and Support

The service provides person-centred care and support. This means that people receive a service that is specifically designed to meet their individual needs. Care staff are attentive and respond to people's needs providing appropriate levels of prompting and support, with genuine warmth and compassion.

Each person receiving a service has a personal plan. Providing care staff with information and guidance on how to best support people and set out what is important to each person. Plans are person centred and include social histories, their preferences, likes and dislikes. Plans are not always consistently reviewed every three months as required. For example, we saw some progress with the frequency of reviews but this was inconsistent and gaps of six months or more remain for some. This remains an area for improvement, and we expect the provider to take action and we will follow this up at our next inspection. Generic risk assessments do not contain sufficient information to maintain people's safety. For example, in relation to moving and handling and supporting people with restricted mobility or those at risk of falls. This is an area for improvement, and we expect the provider to take action and we will follow this up at our next inspection.

People can access the necessary health services to maintain their health and wellbeing. This includes access to GP services. We saw individuals have been referred to other healthcare professionals as and when needed and staff follow advice and guidance provided. People with special dietary requirements are catered for. Staff interact with people in a natural friendly caring and compassionate manner. It is apparent that staff know the people they care for well and notice any changes in their health and well-being quickly.

Measures in place to assist people with their medication are not sufficiently robust. Medication policy and procedures are in place that provides clear guidance to staff. Personal plans document the extent to which individuals need support with their medication. We noted inappropriate storage of one person's medication. Errors and gaps in other people's medication administration records. Not all topical and liquid medication had dates of opening. This is an area for improvement, and we expect the provider to take action and we will follow this up at our next inspection.

Leadership and Management

The service has an up-to-date statement of purpose (SOP) which details the range and nature of the support available to people. Information contained within the SOP is reflective of the service provided. Governance arrangements are in place that support the operation of the service. There are two managers, both of whom are registered with Social Care Wales. A team of senior staff supports them. Systems are in place which inform the Responsible Individual (RI) and management team of all issues that occur. The RI conducts regular visits to different schemes within the service. The views of people, their representatives, and care staff are included providing an opportunity to influence service delivery. We viewed six monthly quality of care reports that show oversight of the service.

Care staff feel valued and enjoy working at the service. They are passionate about their roles and know the people they support well. A more robust recruitment process has recently been introduced. However, staff files we viewed on inspection did not contain all required documentation and evidence of necessary pre-employment checks. For example, references were not always provided before staff are given a contract of employment. This is an area for improvement, and we expect the provider to take action and we will follow this up at our next inspection. All staff have up-to-date Disclosure and Barring Service (DBS) checks. The majority of care workers are registered with the workforce regulator, Social Care Wales (SCW).

Formal staff supervision is not always held every three months, providing staff the opportunity to have a face-to-face meeting with line managers to discuss work performance. For example, some staff had gaps of six to nine months between supervision sessions. Care staff have the opportunity to attend team meetings to discuss service delivery. Staff training is not always up to date and refresher training is not completed in a timely manner. For example, overdue refresher training in health and safety, infection control, safeguarding and first aid. These are areas for improvement, and we expect the provider to take action and we will follow this up at our 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
58	The storage and administration of medicines is not sufficiently robust.	New
35	The selection and vetting process for new staff is not sufficiently robust.	New
15	Risk assessments are not sufficiently detailed.	New
36	Gaps in training and supervision for care staff.	Not Achieved
16	Not all personal plans are being reviewed on a regular basis.	Not Achieved

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