

Inspection Report on

Frailty Reablement Care

Aneurin Bevan University
St. Woolos Hospital
131 Stow Hill
Newport
NP20 4SZ

Date Inspection Completed

25/01/2023



About Frailty Reablement Care

Type of care provided	Domiciliary Support Service
Registered Provider	Newport City Council Adults and Children's Services
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	First inspection under The Regulation and Inspection of Social Care (Wales) Act 2016.
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

Newport City Council Adults and Children's Services is registered with CIW to provide the domiciliary support service called 'Frailty Reablement Care'.

According to its statement of purpose:

"The service provides responsive, time limited reablement care and support to people who live within the boundaries of Newport City Council to:

- prevent admission to hospital
- facilitate earlier discharge home from hospital
- maintain their independence in their own homes, by improving, regaining or maintaining their personal independence"

The service is valued and well thought of by people who use it and their relatives. The agency has an experienced management and staff team along with established systems and processes. This enables it to provide bespoke services to people and to respond to requests for its service in a timely manner. Managers and care staff all display a 'can do' attitude and a commitment to providing a good service. The responsible individual (RI) oversees the services provided by the agency.

The 'Frailty Reablement Care' is part of the Gwent Frailty Service which is a joint health and social care provision provided by the Aneurin Bevan University Health Board and the five Gwent Local Authority Social Care Services.

Well-being

People are supported by an experienced team of care staff and managers. Once accepted by the service, they are fully involved in planning the care and support they receive. We saw managers and staff get to know people and what they want and need. Whilst receiving the service, care staff record their progress and any difficulties they may experience.

Discussions with people and records examined show they receive the care and support they need and want to maintain and regain skills, mostly following a period of ill-health or a hospital stay. The people we spoke with are complimentary towards the service. The feedback people gave to the service also shows they value it. The comments we read included "X has come a long way and is doing so much for himself he could not have done without you all", "the two ladies that have called to see me have been wonderful they have really helped me get back on my feet", "the staff are really helping to build my confidence back up. I am not quite there yet but am feeling confident I will get my independence back soon".

Besides support to regain skills, we saw people are supported to remain as healthy as possible. We saw people are supported with their medication and to eat and drink well when support in these areas is required. Care staff also monitor people's health and referrals and appointments with health professionals are arranged when necessary. The 'Frailty Reablement Care' team is part of a wider team of health and social professionals which means people can have direct access, if needed, to occupational therapists and physiotherapists for example.

We saw the service provider consults with people who receive a service and with staff. They analyse what people say and based on their findings, we saw they identify areas they need to improve or want to further develop.

Care and Support

People receive the support they require when they need it. One person told us the service is very good, care workers arrive on time and are very polite and respectul. A relative told us the service is good, carers are good and supportive. They also commented that the service started quickly after an assessment. They said they were given good information.

People are referred to the service by health or social care professionals. When a referral is submitted, a manager carries out a review. They start by checking whether the referral is appropriate for short term reablement and whether the service has the capacity to meet the needs of the person. When a referral is not appropriate, they pass it on to another service for consideration. When a referral is accepted, an initial assessment is carried out. We saw it mostly consists of the manager contacting the person to check the information on the referral and to check what type of support they need and want.

A senior member of staff attends the first call the person receives. During this first meeting the initial assessment is reviewed and further establishes what the person wants, what their needs are and identifies possible risks. We noted at this stage, staff may also identify training needs they may have to best support a person.

The information gathered by the service from the time of the initial referral to the first visit is entered in a personal plan and risk assessment documents. After all subsequent visits, care workers record the care and support provided and progress made by people. These records show people's progress is closely monitored and reviewed at each call as the service is time limited.

We discussed the assessment process with managers and the RI. They explained that at any time when initial assessements are carried out and once the service has started, hours of care can increase or decrease in order to meet the needs of the person. Managers told us the systems and processes in place for pre-assessing people's needs, prior to the service commencing and when it first starts, work well. The feedback we received from people supports this. We noted the service provider has several policies and procedures which cover different aspects of the procedures used to determine whether the service is suitable for people. The manager and RI told us they will look at the current policies in order to develop a single policy on admissions and commencement of the service.

The provider has mechanisms in place to safeguard the people they support. Care workers are trained and are aware of the procedures to follow if they are concerned about someone they support.

Leadership and Management

The service provider has a robust management structure and established systems in place to support the smooth operation of the service. The RI oversees the services provided by the agency. They monitor progress and development. The day-to-day operations are overseen by a senior manager from the Gwent Frailty team and managed by a manager registered with Social Care Wales. All play a part in checking the quality of care delivered. The RI carries out quarterly visits, seeks feedback from people who use the service, relatives, and staff. They complete the required 6 monthly quality of care reviews. People are given a service user guide which explains how the service is organised, what they can expect from the service and contact details of people/agencies they may need.

There are arrangements in place to recruit, train and support staff. We examined recruitment records. These show the service provider carries out checks before a person can start working at the home. We discussed with the manager and RI, the need to strengthen these checks. Full employement histories and the references from the last employer must be are obtained. The manager and RI assured us they will take action to ensure this happens.

Supervision and training records evidence processes are in place for supporting and developing staff. Most staff told us they feel supported by colleagues and managers. Their feedback included managers being accessible and supportive, having weekly meetings and having time to spend with people. One person told us there is not much staff turnover. One person spoke about the induction they had which consisted of attending training courses and shadowing experienced members of staff. We noted all managers and care workers we spoke to showed interest, enthusiasm and commitment towards their roles. Staff are registered with Social Care Wales.

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	

N/A	No non-compliance of this type was identified at this	N/A
	inspection	

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