



## Inspection Report on

**Neath Port Talbot County Borough Council Domiciliary Care Services**

**Cimla Care Centre  
Cimla Hospital  
Cimla  
Neath  
SA11 3SU**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

**19<sup>th</sup> November 2021**

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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	Click or tap here to enter text. <a href="#">27<sup>th</sup> June 2019</a>
Does this service provide the Welsh Language active offer?	The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates 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 re-ablement and long-term domiciliary care to people with complex needs. The service is highly valued by people and relatives. There have been improvements made since the last inspection such as investment in data systems and equipment for care staff. Care staff are well trained and supported by dedicated and committed managers.

There is strong evidence of good joint working practice between health and social care, particularly in the re-ablement service. However there needs to be further improvement to ensure staff employment information and checks are accessible and centrally stored. Also that support plan reviews evidence the contribution of people, relatives and appropriate others. Improvement is also needed in relation to documenting people's personal progress and attainment of goals in regular reviews.

## Well-being

People are supported by well-trained and supported staff who want to make a positive difference to people's lives and are committed to their roles. The service is valued by people and relatives who all spoke highly of the quality of support and care provided. Care workers have a good understanding of safeguarding procedures and were able to tell us what actions would need to be taken regarding any suspected abuse. The management team have ensured staff have the relevant training to enable them to carry out their roles. There are plans to centralise staff information for ease of access and to give a clearer picture of what employment checks are due and when. Care workers are clear on current infection control guidance in relation to Covid-19. They also said they have sufficient supply of personal protective equipment (PPE). There are clear and thorough, regularly reviewed policies and procedures to help guide care staff in their roles.

The service is well run by an organised and committed management team. There is clear oversight from the responsible individual (RI), also supported by an experienced team of managers. Care staff are well trained, supported and listened to. They are recognised for their achievements, hard work and dedication through an extremely challenging time. There is good communication across the service and investments have been made in the provision of tablet computers for all care staff which has enhanced this. There are effective quality assurance and governance processes in place to ensure people continue to get a quality service. Quality assurance audits are comprehensive and have clear actions to help improve future provision. There are measures being introduced with the aim to improve the service such as having centralised data storage systems. There is evidence of good joint practice between health and social care including staffing and service provision.

Care and support is centred on the people using the service, although more work is needed in evidencing this through review documentation. People and their relatives told us their views and preferences are considered. This is through daily contact with care workers or within assessment and review meetings. The service is flexible and person centred. There are dedicated systems in place for rota planning and contact with and from people and relatives. People feel involved in the service and are regularly consulted on the quality of care. People can request information in the Welsh language.

## Care and Support

The service provides a good standard of care and support to people. We spoke to a number of people who use the service and their relatives. All highly value the service provided and are complimentary about the quality of support. Comments include *“absolutely brilliant...carers are top class and good communication with office”* and *“they are all very friendly and helpful”*. A relative told us *“first class service, great and no problems”*. We also received a number of feedback forms. One received from a relative states; *“reliable carers, they put my mind at rest that my mother is having excellent care”* and another *“the carers are sympathetic and thorough in the way they go about their tasks”*. People told us they greatly benefit from the care and support provided by the service, many said their lives had significantly improved as a result. This includes being treated with respect, dignity and being included in decisions that affect them. We saw good evidence of people achieving their goals, particularly in the reablement service. We also saw evidence of positive joint working arrangements with the Local Health Board in supporting people to gain more independence and reach personal goals. However this is not clearly reflected in review documentation currently, particularly in relation to the Community Wellbeing Team (CWT). The provider has clear contractual arrangements in place for its domiciliary support staff. These are managed well through corporate human resource procedures. All staff complete a comprehensive initial induction and probation process. The service has good staff retention. There are well-organised systems in place for the provision of a schedule of visits for each care worker. This includes sufficient call and travel time to enable care and support to be provided to people using the service. There are dedicated staff members employed to manage staff rotas. These are closely monitored and flexible around the needs of people and the availability of staff. Care workers we spoke to all felt they had sufficient time to carry out their roles and were happy with contractual arrangements. Staff comments include, *“plenty of time between calls”* and *“excellent communication between the flow facilitators and the support staff. Supportive and flexible attitude to support workers”*. The provider has invested in new tablet computers for all support staff. Care staff spoke highly about the difference this has made and how it has improved communication and access to information.

The care and support people need is clear within personal planning documentation. Everyone accessing the service is given a “guide to the service” leaflet. The service is introducing a new electronic care management system. During the time of inspection information was stored in multiple locations. Personal plans provide good guidance to care workers. Daily recordings and risk assessment documentation is detailed. However reviews of personal plans are inconsistent and do not sufficiently evidence the views of people and/ or their relatives. Personal plan review documentation needs to better reflect personal goals and progress made towards achieving them. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

## Leadership and Management

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There are good management and governance arrangements in place to support the delivery of the service. There is a clear management structure with distinct lines of responsibility. There are dedicated managers for each part of the service. The RI is actively involved in the service. This is through regular engagement with people who use the service, their relatives and staff. There are detailed quarterly and six-monthly reports, which include future actions to further enhance service provision. The RI maintains good communication through regular briefing notes, and uses these to acknowledge/ recognise staff members for their commitment and hard work. There are robust corporate policies and procedures in place including safeguarding, whistleblowing, complaints and infection control. It is evident following discussion with staff they are aware of their responsibilities in these areas. The service continues to actively recruit care staff to ensure there is adequate rota cover and to help minimise the impact of Covid 19 on the service.

Care staff receive a good level of support and overall they receive appropriate levels of training to enable them to deliver a good service. A care worker told us *"I get good support off management...fantastic team"*. The inspectors acknowledge the service is going through a period of change in relation to its electronic staff personnel records systems. However we were unable to fully establish that all care staff have received adequate employment checks during the inspection. We were told by the CWT manager this will be addressed and the required checks are in place but need to be transferred to the new electronic system. While no immediate action is required, this is an area for improvement and we expect the provider to take action. Care workers referred positively to the induction and training they receive. Most training due to the current pandemic is in the form of e-learning. There is additional focused care staff training being planned for early next year. This includes food hygiene, falls prevention, nutrition and hydration etc. We viewed training records and saw overall core training for care staff is current and in date. Supervision records are consistently in date, completed three monthly, and appraisals completed on an annual basis. There are also regular planned and documented staff meetings taking place.

The Statement of Purpose (SOP) is a detailed and accurate reflection of the service. The guide to service documents provide people with detailed information on the services being provided. They also ensure the relevant contact details are available. This is to enable people to enquire about the service, make a compliment/ complaint or to contact the relevant regulatory authorities. These documents are also available to people in the Welsh Language.

## **Environment**

The quality of environment is not a theme that is applicable to a domiciliary support service. However, the service operates from a health board building with secure office space and good facilities for staff. The office has suitable space for record keeping and locked filing cabinets for the storage of confidential information. There are good infection control measures in place for all visitors to the building including lateral flow test checks, good stock and provision of personal protective equipment (PPE) for staff and handwashing facilities.

Summary of Non-Compliance	
Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
16	The provider is not compliant because there is insufficient documentary evidence of consideration of	New



	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.	
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.	New

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