



Inspection Report on

Monmouthshire Home Care services

**Gwent Healthcare Nhs Trust
Chepstow Community Hospital
Tempest Way
Chepstow
NP16 5YX**

Date Inspection Completed

11/04/2024

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About Monmouthshire Home Care services

Type of care provided	Domiciliary Support Service
Registered Provider	Monmouthshire County Council Adults and Children's Services
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	21 July 2022
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language.

Summary

People and their representatives using the service are satisfied with the support they receive. People feel listened to and are supported to contribute to decisions affecting their lives. They are supported with their physical, mental health, emotional and social well-being. Care staff are competent within their roles and have fostered good relationships with people and their representatives. A multi-disciplinary approach promotes people's overall well-being and empowering independence. Personal plans do not always contain sufficient detail and are not always revised as required to ensure care staff have the correct information in order to support people safely.

The service provider is committed to providing a high quality service and systems in place have improved. Supervisory arrangements for care workers have been strengthened and the reporting of events as required is more consistent. The service provider has appointed a new Responsible Individual (RI) who is in the process of registering with Care Inspectorate Wales (CIW). Quality assurance reports and management oversight has been maintained by senior and operational managers. Recruitment procedures require strengthening in some areas to ensure processes are consistently safe.

Well-being

People are listened to, and they are supported to maintain their physical health and well-being. Care workers treat people with dignity and respect. One person told us, *'The care workers are genuinely caring and respectful,'* and one relative commented, *'We received some great advice from the service and a health professional, and we feel involved in the care my relatives receive.'* People told us they were involved in their local community and care workers support them to do things of importance to them.

Records reveal people have the support from the relevant health and social care professionals. People told us they have a plan of care and can contribute to decisions which affect their daily life. 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 and development.

People feel safe. There are arrangements in place to raise concerns. People told us they know how to contact office staff, if required. This includes contact details for staff outside of office opening times. Care workers receive training and support in their role and are well skilled. Personal plans are in place however the detail needs to be improved to ensure people are consistently supported in line with their care and support needs. We were consistently told care workers wear personal protective equipment (PPE), such as aprons and gloves to protect people and keep them safe. Medication systems in place are effective and there is good oversight.

Staff we spoke with have good knowledge of people's care needs and they told us they feel supported in their role. Disclosure and Barring Service (DBS) checks are carried out on all staff. These regular checks are important to consider a staff member's suitability to work with vulnerable people. However, vetting processes require strengthening to ensure care staff are consistently recruited safely.

The service provider maintains oversight of the service. We saw quality assurance reports completed reviewing various areas of service delivery. The provider has systems in place to seek people's views on all aspects of the service and records show people are consistently happy with the service delivery. The statement of purpose (SOP) which is fundamental in setting out the vision for the service accurately reflects all services being delivered.

Care and Support

People's individual circumstances are considered. Care records reflect people are involved in the care planning process. Feedback from people and their relatives indicates the service provider involves them in the care and support arrangements. We found detailed guidance and plans on file from social care professionals; however, this is not consistently reflected in an individual's personal plan. For example, where people are assessed as requiring personal care, the personal plan indicates, '*staff are offering showers regularly and ensuring clothes are clean.*' This is 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.

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 people we spoke with told us call timings are not always reliable. We found planned call times are not always recorded in the personal plan. We sampled planned call times against actual times for two people and found timings of calls for are not always consistent. People are supported to be involved in their local community and arrangements are in place to encourage social integration.

People told us care reviews take place on a regular basis. However, we found personal plans are not always revised to give clear guidance on how to support people where needs have changed. For example, one person did not have an updated manual handling plan in place following a significant change in circumstance. This is 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.

Arrangements are in place to support people with their medication. We completed a partial review of the service provider's medication procedures. Medication guidance is in place for care staff alongside medication training. The service provider liaises periodically with care staff and reviews medication practices and care staff competency. Medication safety is promoted by an auditing process overseen by senior staff. We found administrations on medication charts we reviewed are completed accurately. We observed one occasion where medication was not stored safely in line with risk assessments in place. CIW have been assured this poor practice was immediately addressed.

Leadership and Management

There are arrangements in place for the oversight of the service. The SOP is up to date, outlining the service provided, including provision of the Welsh 'Active Offer.' The RI appointed by the service provider stepped down from their position in March 2024. In the absence of the RI, the provider has ensured the service is monitored and maintained, whilst CIW consider and determine the providers application to register a new RI. The quality of care is reviewed on a six-monthly basis. The quality of care report evaluates the service delivery including stakeholder engagement.

There are systems in place for the auditing of key documentation maintaining oversight of care provided. The monitoring of call management needs some attention to ensure the reliability of care is monitored and acted on. Complaint management and safeguarding systems are in place and managed well. We saw evidence the service provider engages with safeguarding and multi-agency professionals. CIW and SCW (Social Care Wales) are notified of matters as required in a timely manner. All records requested as part of this inspection were available and this area has shown good improvement.

There are effective arrangements in place for supporting and developing staff. Staff we spoke with told us they feel supported and valued. Supervision records indicate staff support and development has improved. Staff told us they receive a detailed and supportive induction on commencement of their employment. The service provider is in the process of improving how this induction is recorded. CIW were provided with a matrix indicating care workers complete the relevant training. All social care workers are supported to register with SCW and to complete the relevant qualifications. Information we reviewed reflects this.

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
16	Ensure the personal plan is revised where necessary following the review of the care and support arrangements in place.	New
15	Ensure personal plans detail how on a day to day basis the individual's care and support needs will be met.	New
35	The service provider has not ensured all persons working at the service has provided full and satisfactory information or documentation in respect of each of the matters specified in Part 1 of Schedule 1 and this information must be made available for the service regulator.	Not Achieved
16	Personal plans are not reviewed consistently on a three monthly basis.	Achieved
36	The service provider has not ensured all persons working at the service receive appropriate supervision on a three monthly basis.	Achieved
37	The service provider has not adhered to the code of practice on the standards of conduct and practice expected of persons employing social care workers in line with Social Care Wales requirements.	Achieved
59	The service provider did not make all records as specified in Part 1 of Schedule 2 available to the service regulator on request.	Achieved

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