



Inspection Report on

ND Care andSupport

New Direction Care & Support

39-47

Somerset Street

Abertillery

NP13 1DL

Date Inspection Completed

17/07/2024

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About ND Care and Support

Type of care provided	Domiciliary Support Service
Registered Provider	ND Care and Support Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	07 March 2023
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

ND Care and Support Limited is a domiciliary support service that provides personal care and support to people in their own homes, in the Gwent area. The registered office is in Abertillery, there are additional offices in Merthyr Tydfil and Cardiff.

People we spoke with remain on the whole complimentary about the service provided. Each person receiving a service has a personal plan. These are written and reviewed with the person receiving the support or their representative and reflect what matters to them and how they want their care to be delivered. Improvements in the oversight of call times is required, to ensure people are receiving support as outlined in their care plans. People are supported by care staff who are recruited and vetted appropriately with pre-employment checks in place. Formal staff supervision is not as regular as required. Staff enjoy their work and feel supported and valued. The management team have checks and processes in place to keep service delivery under review. Spot checks carried out by the management team help ensure staff are always following correct procedures. The Responsible Individual (RI) visits the service and produces required reports. Feedback is sought from people using the service, their family, and professionals.

Well-being

People have as much choice as possible about the care and support they receive. Prior to the service commencing, an assessment of needs is completed and care visit times are agreed. A person-centred approach to care planning ensures people are at the forefront of the care and support they receive. People are involved in the reviewing of their care and have a say about any changes they want to see. People say how they want to be supported, what is important to them, what they like and do not like. The times of calls to people can vary from what is written in their care plan. People provide feedback face to face, through telephone monitoring, or through service satisfaction surveys, which contributes to the quality assurance of the service. Feedback from people and their representatives suggests care staff treat people with dignity and respect.

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. Better evidence of specialist training undertaken by staff to meet identified needs is required. Monitoring and audits of medication records have identified errors in the recording of medication administration for some people, action is taken to reduce further occurrences.

People are safe and protected from abuse. Staff are trained in safeguarding and there are policies and procedures they follow. Risks to people are assessed and their safety managed and monitored so they are supported to stay safe, and their freedom respected. The management team carry out spot checks while staff are working, to ensure they are following policies and procedures correctly and are meeting the expectations of the service. Staff have easy access to senior staff and managers where they can voice any concerns they may have. The provider makes referrals to the Local Authority safeguarding team when required. Staff recruitment is safe and robust as pre-employment checks are completed prior to employment commencing. Complaints to the service are taken seriously and dealt with correctly in line with company policy.

People's language and communication needs are assessed and people can receive their care in Welsh if they choose so. Information such as the statement of purpose and written guide, are available in both English and the Welsh language.

Care and Support

People receiving a service and their representatives are overall positive about the service they receive, *“happy with the service provided, care staff are amazing”* and *“staff treat him with respect”*. However, others were not so positive about their experience, *“staff always turn up but they can be very late sometimes”* and *“we are not always contacted when staff are running late”*.

The service considers a wide range of information and views before confirming they can meet a person’s needs. Each person receiving a service has a personal plan in place, covering core areas of care and support needs. Plans reflect the local authority commissioner’s assessment of need. Plans are person centred, concise and clearly written, providing care staff with guidance on how to meet people’s needs. Plans include a range of risk assessments, which the service is currently streamlining into one overarching risk assessment for ease of reference. We saw evidence that plans are reviewed in a timely manner, involve people, their relatives, and other relevant professionals. Feedback from people and any changes to their needs result in personal plans and risk assessments being updated. For example, one person requested a change to their morning calls on set days to enable attendance at medical appointments and this was arranged.

There are measures in place to assist people with their medication, if needed. A medication policy and procedures are in place, which now includes the administration of ‘as required’ medication, providing clear guidance for staff to follow. Personal plans document the extent to which individuals need support with medication administration. Going forward the newly streamlined risk assessment will include ‘as required’ medication. Staff undertake medication training and competency assessments are carried out by supervisors. The service has introduced electronic medication administration records which enable additional monitoring on a daily basis, to ensure people receive their medication as prescribed.

An Electronic Care Monitoring (ECM) system is in use. This requires staff to log when they start the call and finish. The system provides oversight of calls highlighting late or missed calls. We were told by people receiving support that call times can vary from their planned times and they were not always contacted by the service to explain the call would be late. The review of the ECM system confirmed that calls are not always happening as planned and they can be shorter than expected. Better oversight of call monitoring is needed to ensure people are receiving support as outlined in their care plans. This is an area for improvement and we expected action to be taken and this will be followed up at our next inspection.

Leadership and Management

The service runs from an administrative office that has suitable facilities for storing confidential information, holding private meetings and delivering staff training. There is a visible management team in place who are part of the day-to-day running of the service. The registered manager monitors the quality of the service and is suitably qualified for the role and registered with the workforce regulator, Social Care Wales (SCW). The RI visits the branch offices on a regular basis, speaks to people receiving a service and staff.

Auditing systems are in place but some require improvement. For example, the electronic record-keeping system allows senior staff to review care and incident records at any time. As discussed in the care and support section of this report, better oversight of call monitoring is needed to ensure people are receiving support as outlined in their care plans. The service receives compliments and when complaints are received these are considered, recorded and actions taken if required.

Records show robust recruitment procedures are followed including thorough vetting of staff, induction and core training. Newly appointed care staff complete an induction programme which includes training, shadow shifts and competency checking. Care staff are supported to register with the workforce regulator, Social Care Wales (SCW). There is commitment to ensuring all care workers undertake the qualifications required to enable them to register including financial incentives.

Care staff training records indicate completion of core training and refresher training. Better evidence of staff completing specialist training is required to show staff have the required skills and knowledge. For example, when supporting children. The frequency of formal staff supervision requires improvement. For example, we saw gaps of five to six months between supervision for some staff and a delay in new starters receiving supervision. This is an area for improvement and we expect action to be taken and this will be followed up at the next inspection. Care staff we spoke with stated they felt valued, supported and had telephone access to senior staff for guidance and support when required.

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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36	Care staff are not provided with regular formal supervision.	New
21	Call times are often late and cut short and do not reflect the identified call times within personal plans.	Not Achieved
58	Medication administration records are not sufficiently robust.	Achieved
16	Personal plans are not reviewed on a regular basis.	Achieved

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