



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Care and Social Services Inspectorate Wales

Care Standards Act 2000

Inspection Report

Age Concern Gwent

Newport

Type of Inspection – Baseline

Dates of inspection – Tuesday 2 May, Thursday 4 May and Wednesday 10 May 2017

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Summary

About the service

Age Concern Gwent is a charity that is registered as a domiciliary care agency. It provides short term care services, a hospital discharge service (rapid response) and a PATH service (prevention of admission to hospital). The agency is based in the Frailty Care and Support Team at St Woolos Hospital in Newport. The registered provider has a nominated responsible individual who is based at the Age Concern Gwent office close to the centre of Newport. The registered manager is Gabrielle Lovell.

What type of inspection was carried out?

This was a full routine inspection. Information for this report was gathered from:

- Two visits to the agency office at St Woolos Hospital.
- Discussion with the registered manager.
- Discussion with one of the assessment officers.
- Visits to three service users.
- Telephone discussion with two care staff.
- Examination of two staff personnel files in order to consider the recruitment process in place.
- Examination of documentation in three service user files
- Examination of a range of other agency records such as staff meeting minutes and training

What does the service do well?

The processes in place promote prompt assessment and implementation of service delivery to support people to remain at home and to promote early discharge from hospital.

What has improved since the last inspection?

- The role of CSSIW in relation to complaints has been clarified in the statement of purpose.
- Feedback forms from service users are dated.

What needs to be done to improve the service?

The registered manager was informed that they were not compliant with Regulation 23 of the Domiciliary Care Agencies (Wales) Regulations 2004 as amended by the Care Standards Act 2000 and the Children Act 1989 (Regulatory Reform and Complaints) (Wales) Regulations 2006, because they did not undertake an annual review of the quality of service and produce a report. As there was no adverse impact on service users a non compliance notice was not issued. However, this matter will be followed up at the next inspection.

The registered manager was informed that they were not compliant with Regulation 11(4) of the Domiciliary Care Agencies (Wales) Regulations 2004 because they did not attend training to ensure that they maintain their expertise, experience and skills to manage the agency. As no adverse impact was noted on service users, a non compliance notice was not issued. However, this matter will be followed up at the next inspection.

Some areas of recruitment practice need to be improved so that a consistent process is undertaken and can be evidenced in each individual file.

Arrangements need to be made for core training areas to be updated for staff and the manager.

Quality Of Life

Overall the quality of life for people was found to be very good. People are supported/cared for by a staff team who are motivated to want to make a positive difference to people's quality of life by promoting their rehabilitation following hospital discharge, or providing care to prevent hospital admission. The team work alongside other professionals to ensure a timely integrated programme of support so that people can maximise their ability to retain or regain as much independence as possible.

The service users spoken with told us that they were happy with the service provided. One person said their views were listened to because they had been consulted about their care needs during an assessment before leaving hospital. Service users told us that staff took time to talk to them and encouraged them to build/increase their independence. They said that care workers treated them with respect and were sensitive to their individual wishes and preferences.

Service users told us that they were happy with the support arrangements and that all care staff were kind, sensitive and respectful. Punctuality was not an issue because people did not have an expectation that support workers would arrive at a set time as visiting times were arranged in broad time bands. Service users and staff told us that there was plenty of time to achieve the task required and time to talk. People told us that visits were reliable and had always taken place as planned and records viewed confirmed this. People told us that the support workers stayed as long as was needed and they did not feel rushed. A service user told us that they were very willing to help and would ask if there was anything else they wanted/needed. Comments people made included

“Couldn't be better.” “They don't tell you – they offer.” and “The carers are brilliant, they are respectful and we are able to have a laugh and joke.”

People are supported and encouraged to look after themselves and be fit and well. The culture of encouraging people to regain independence is supported with help from a range of professionals. This was seen as a visiting health professional was just leaving on arrival to visit one service user; the person described having very good support from them. Agency staff do not administer medication but will prompt and this is reflected in the service delivery plan.

People feel their individual needs are recognised and catered for. Service delivery plans and risk assessments were in place at each person's home and the agency office. Care staff told us that arrangements to share information were good as information was passed to them at handover meetings and during telephone calls. They also told us that service delivery plans held good accurate information that they could refer to. All staff and service users were English speaking but consideration was given to people's individual needs and preferences relating to the care and support they need.

Service user files and service delivery plans held appropriate information. Samples of daily records written by care workers were viewed; they were found to be clear and easy to read. The agency provides short term support to people but reviews were undertaken

with the frequency required during the period, sometimes weekly, and people told us that they were involved in these meetings/discussions. Goals/outcomes are recorded electronically so that monitoring can take place of progress, particularly at the end of service where information is provided to the health authority.

Quality Of Staffing

The staffing arrangements provide very good quality of service to people following discharge from hospital or in need of urgent support to prevent admission to hospital. The agency has a mostly well established staff team and benefits from being co located at St Woolos hospital with the health professionals involved in providing services to the people they support.

The team is made up of a registered manager, a team leader, three assessment officers and 17 support staff (all of who work part time). The agency had three staff vacancies at the time of inspection. Support staff visit the office for handover meetings before they go for their rest days to ensure good sharing of information. Staff team meetings are held – with most recent having take place on 7/3/17; these meetings are minuted and a copy is sent to all staff.

It was positive that all staff are trained to NVQ (national vocational qualification) level two; some have obtained their level three and some are undertaking QCF (qualifications and credit framework) level three. Whilst this shows a positive commitment to training the agency did not take pro active steps to ensure that core training was updated in a timely way. However, some training was scheduled (food hygiene, first aid and dementia awareness) but further steps will need to be taken to ensure that appropriate training is provided, for example safeguarding, falls prevention and health & safety. Records of staff training were maintained.

Staff files viewed indicated that induction training was provided and a record in files showed the date induction was complete and a letter confirming successful completion of the probation period.

Arrangements were in place to provide care staff with good levels of support. They have regular contact with managers in the team, for example they come in to the office to handover information about the people they support before going for their rest days. This ensures good information exchange and advice/support where needed. Individual supervision was described as provided approximately every eight weeks; the staff file viewed contained records of supervision that had taken place In December 2016 and in March 2017 (within the minimum recommended of every three months). All staff are provided with annual appraisal and these were in the process of being undertaken – all staff are provided with an appraisal around this time of year; one was taking place on the day of visit. Comments from all three staff confirmed these arrangements and their satisfaction at the support they receive. They were all motivated, enthusiastic and talked about enjoying their work.

Staff are provided with a uniform and mobile telephones. All staff had identification badges showing a photograph of them (this was confirmed by them). The agency had a manual call monitoring process in place. Staff use their mobiles to phone in if they are running late to a call and to advise the office when leaving calls etc. Call times are not rigidly set and allow flexibility to meet individual needs and to allow for times to be extended or reduced as people progress. No problems were identified by service users, managers or staff around these processes.

Service users described the care workers as always taking time to talk/chat and used words such as “friendly”, “reliable”, “always ready to help”, to describe their interactions. One said *“You have sense of real caring; they ask how you feel; they are lovely.”*

Quality Of Leadership and Management

We found the agency to be well managed and to provide a prompt timely service to people in line with the agency's statement of purpose. The agency support up to 20-25 adults for short term (up to six weeks) low to medium care and support, either to prevent hospital admission or following hospital discharge. The services are often provided at short notice so the agency has a quick response process to undertaking assessments and providing packages of care and support.

However, it was of concern that the agency training matrix, confirmed by the registered manager, showed that the registered manager had attended little training – none since 2014, with much of the core training not having been updated for some years. Greater attention needs to be given to the registered manager attending suitable training to ensure that they remain up to date and have the expertise, experience and skills necessary for managing the agency.

People are cared for by staff that have been subject to a recruitment process which included checks before employment. However, there were some inconsistencies in the records and some areas were identified to be either improved upon or more clearly recorded. These included:

- An employment history should always indicate dates with months and years (in one example viewed it did in another it didn't).
- In one example a personal reference was used when a professional reference should have been obtained as details were available.
- There was no record of interview in one file.
- Records did not address suitability in relation to linguistic ability.
- There was no statement relating to health suitability.

People can be confident that the provider will respond positively to feedback. A complaint procedure was in place and this has been revised. The agency has not received any complaints. People told us that they were happy with the service and had no complaints; information about making a complaint was available to them in the file the agency provided to them.

Some quality assurance processes were in place but some areas were identified as in need of attention. The registered manager produces a monthly report for the health authority and a quarterly report to the director/responsible individual for Age Concern; these contained good information. The registered manager sends questionnaires to all service users at the end of their package of care. The agency received a good response rate from these and they were seen to provide excellent feedback about levels of satisfaction with the service provided. Whilst these are good examples of quality assurance and monitoring, the provider is not meeting the regulatory requirement to undertake an annual review of the quality of service and produce a report that should be made available to service users.

Quality Of The Environment

The agency is located at St Woolos Hospital.

The office facilities have arrangements for the secure storage of information.

How we inspect and report on services

We conduct two types of inspection; baseline and focused. Both consider the experience of people using services.

- **Baseline inspections** assess whether the registration of a service is justified and whether the conditions of registration are appropriate. For most services, we carry out these inspections every three years. Exceptions are registered child minders, out of school care, sessional care, crèches and open access provision, which are every four years.

At these inspections we check whether the service has a clear, effective Statement of Purpose and whether the service delivers on the commitments set out in its Statement of Purpose. In assessing whether registration is justified inspectors check that the service can demonstrate a history of compliance with regulations.

- **Focused inspections** consider the experience of people using services and we will look at compliance with regulations when poor outcomes for people using services are identified. We carry out these inspections in between baseline inspections. Focused inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focused inspections may be scheduled or carried out in response to concerns.

Inspectors use a variety of methods to gather information during inspections. These may include;

- Talking with people who use services and their representatives
- Talking to staff and the manager
- Looking at documentation
- Observation of staff interactions with people and of the environment
- Comments made within questionnaires returned from people who use services, staff and health and social care professionals

We inspect and report our findings under 'Quality Themes'. Those relevant to each type of service are referred to within our inspection reports.

Further information about what we do can be found in our leaflet 'Improving Care and Social Services in Wales'. You can download this from our website, [Improving Care and Social Services in Wales](#) or ask us to send you a copy by telephoning your local CSSIW regional office.