



Inspection Report on

Initial Response Service Merthyr Tydfil County Borough Council

**Keir Hardie Health Park
Aberdare Road
Merthyr Tydfil
CF48 1BZ**

Date Inspection Completed

25/11/2022

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About Initial Response Service Merthyr Tydfil County Borough Council

Type of care provided	Domiciliary Support Service
Registered Provider	Merthyr Tydfil County Borough Council Adults and Children's Services
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	9 February 2021
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

People are happy with the care and support they receive from the Initial Response Service. Feedback from staff, people using the service, their relatives, and other professionals is very positive. People have outcome-focused personal plans put together with people and their families, which are reviewed frequently. Arrangements are in place to make sure safeguarding concerns and complaints are able to be raised. Checks are carried out to make sure staff are safe to work with vulnerable people. Care staff receive training, but improvements are required to ensure they receive refresher training in time. Staff do not receive formal supervision. The service has policies and procedures in place. The Responsible Individual (RI) does not undertake the legal requirements in relation to visits and reviewing the quality of care.

Well-being

People are treated in a caring and dignified way by care staff, helping them to have control over their day-to-day lives. People told us they are very happy with the care they receive which supports them to maintain their independence, for example helping prevent an admission to a care home or returning from hospital. Personal plans contain information and guidance for care staff to follow and are reviewed regularly. Systems are in place for staff to record care delivery, which are used to monitor people's well-being. The service makes prompt referrals to other professionals.

People are protected from abuse and neglect through measures promoting safe working practices. Risk assessments give care staff the information they need on how to manage care safely. Care staff know their safeguarding responsibilities and how to report issues if they are concerned for a person's well-being. Policies and procedures help support care staff to ensure people are safe. Care staff have access to personal protective equipment (PPE). The service's recruitment process ensures staff employed are suitable to work with vulnerable individuals.

We were told the service did not routinely provide a service to people in Welsh, but could arrange written information if needed and had staff who could speak Welsh.

Care and Support

Care staff have very positive relationships with people. People we spoke with told us the care staff are “*marvellous*”, “*absolutely fabulous*”, and “*they treat me well and with respect*”. Care staff know the people they support very well, being able to recognise changes in their health and well-being and act accordingly. Communication from the service is generally good, telling people and their families when there are issues such as a change in call time. People told us that information given at the start of the service would benefit from being clearer.

Care staff have up-to-date knowledge of people’s needs. Personal plans viewed are person-centred, outcome-focused, and relevant up-to-date risk assessments are in place. We saw evidence plans are produced in partnership with people. Daily recordings are in place, giving important information about people’s progress and identifying changes in care needs. We saw plans are reviewed very frequently with people and their representatives and updated accordingly. Care staff meet as a team daily to review and update on people’s progress and well-being. This helps to inform if and what longer-term support people may need. We viewed evidence of appropriate and timely referrals to health and other professionals, with recommendations and direction acted upon by the service. Other professionals and organisations who work closely with the service praised the quality and accuracy of information shared with them. They also told us the flexibility of the service helps with hospital discharges and keeping people at home.

There are systems in place to help protect people from potential harm and abuse. The service has safeguarding and whistleblowing policies in place, with staff knowing where to find safeguarding information. Staff told us they feel confident they would know what to do and who to contact if they identified a potential safeguarding issue.

There are infection control measures in place to help keep people safe from the transmission of COVID-19 and other potential sources of infection. Staff have access to a large supply of appropriate PPE. People told us staff wear PPE in people’s homes when supporting with personal care tasks.

Environment

The quality of environment is not a theme we explore for domiciliary support services. However, it is noted the service has secure facilities for record keeping, and has rooms available for meetings, private conversations, training, and supervision. People using the service and staff employed can be assured their personal information is stored securely.

Leadership and Management

People are supported by a team of care staff who have been recruited safely. We saw appropriate pre-employment and recruitment checks in staff files. References and up-to-date Disclosure and Barring Service (DBS) checks are on file. Care staff are registered with the workforce regulator, Social Care Wales. New care staff must complete an induction. Training records show not all care staff have up-to-date refresher training in core areas of care. We advised this is an area of improvement, and we expect the provider to take timely action to address this.

Care staff told us they feel supported in their role. They told us they enjoy working for the service, feel part of a supportive team, and have a very good relationship with the service manager, describing them as *“brilliant”*, *“very supportive”* and *“fair”*. Care staff feel confident in who they should approach within the service depending on the nature of their query or concern. While care staff have regular contact with their manager, they do not have formal supervision, which is an important opportunity for them to reflect on their performance, identify support they might require, and discuss any issues. Lack of staff supervision is an area which was raised at the last inspection as an area for improvement. We advised the provider we have issued a priority action notice and expect immediate action to address this.

People cannot be assured there are appropriate governance and quality assurance arrangements in place. We were not provided with any evidence of the RI undertaking the legally required three-monthly service visits, nor the six-monthly quality of care reviews. These are areas which were raised at the last inspection as areas for improvement. We advised the provider we have issued a priority action notice and expect immediate action to address this. We saw policies and procedures, such as for complaints, infection control, whistleblowing, and safeguarding, in place.

Information to help people understand what the service offers is available. A Statement of Purpose is in place. A written guide is available for people who use the service and their representatives. This contains practical information, such as the complaints procedure.

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
36	The service provider does not ensure staff receive appropriate supervision.	Not Achieved
73	Responsible Individual visits are not completed every three months in line with regulations.	Not Achieved
80	The Responsible Individual does not undertake quality of care reports, nor the actions required to inform these, in line with regulations.	Not Achieved

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
36	Core training has not been provided to all staff.	New
12	Regulation 12 (1) Requirements to provide the service with the required policies.	Achieved

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