



Inspection Report on

Bridgend County Borough Council Domiciliary Care Services

**Bridgend County Borough Council
Civic Offices
Angel Street
Bridgend
CF31 4WB**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

27/10/2022

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About Bridgend County Borough Council Domiciliary Care Services

Type of care provided	Domiciliary Support Service
Registered Provider	Bridgend County Borough Council Adults and Children's Services
Registered places	0
Language of the service	Both
Previous Care Inspectorate Wales inspection	20 October 2020
Does this service provide the Welsh Language active offer?	This is a service that 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

Bridgend County Borough Council (BCBC) provides support to people over the age of 18 years in their own homes. Support is provided to people in their own homes, whether that be as an individual, within a supported living setting or an Extra Care facility.

People receiving care from BCBC receive care from staff who are generally happy in their roles and feel well supported, however regular 1:1 supervision and appropriate training requires improvement to ensure staff have the skills and knowledge to carry out their roles effectively and have the opportunity to raise any concerns. People have accurate and up to date personal plans which detail their individual care needs. People, and their representatives, are complimentary about the positive relationship they have with care workers and are happy with the service provided. The Responsible Individual (RI) carries out all her regulatory duties. Appropriate Policies are required to be in place and reviewed regularly. This was an area of improvement at the last inspection, however the provider has not made sufficient progress, and therefore a Priority Action Notice has been issued and requires immediate attention by the provider.

Well-being

People have choice about the care and support they receive. Staff develop plans with the individual and their representative, using recognised assessment tools. People provide feedback face to face, through telephone monitoring, or through service satisfaction surveys, which contributes to the quality assurance of the service. People's language and communication needs are considered. The service is working towards the Welsh language offer, with information such as the statement of purpose and written guide we are told is available in both English and the Welsh language, accessible translation services, and Welsh language courses available to staff.

Staff document people's needs and risks to their safety and well-being, in personalised risk assessments. The service is responsive to changes in care needs and regular reviews are carried out, although this could be clearer on care files in some parts of the service. The service uses an electronic care monitoring system, which allows care staff to communicate with office staff and the management team. The system also enables office staff to communicate promptly with care workers about any changes to rotas or care tasks.

Staff help protect people from potential harm or abuse. Staff receive safeguarding training and have knowledge of the procedure to report any concerns they have. Whilst Safeguarding and Whistleblowing policies are up to date, other training and policies require review and updating.

People can have assistance with their medication if required. The medication policy is currently under review. Procedures are in place at the service whilst this is being carried out. Staff have training and monitoring to ensure they can carry this task out safely and appropriately. However, more regular supervision and up to date training for all staff across the schemes in the service, is required to reduce issues such as recording on Medication Administration Records (MAR).

Care and Support

People and their families have positive relationships with staff. People told us that the communication is generally good. We saw a service user guide that people are given and a statement of purpose, which is consistent with the service provided. Management ensures they inform staff of everything they need to know to provide good daily care and provide channels to feed any concerns or queries back to the office. Staff use a care monitoring application on their phones to access care plans, rotas, and daily notes. Feedback from people and their families is positive. One person said about staff *'they're marvellous... really good... they lighten up my day'*. One relative also told us about staff *'they're fantastic... get him laughing...they're a tonic for him'*

Care plans consider people's personal outcomes, as well as the practical care and support they require. We saw evidence these are reviewed regularly although this could be clearer in some parts of the service. These involve people, their families, and other professionals, such as social workers and occupational therapists.

There are measures in place for assisting people with their medication, if needed. A medication policy is under review, but procedures are in place that provides guidance to staff. Some staff have up to date medication training, and supervisors check care workers' competence in supporting people with medication through spot checks and competency assessments. Some MAR charts viewed were completed appropriately but needs to be consistent across all parts of the service.

The service aims to protect people from potential harm and abuse. Some staff receive safeguarding training and there are policies in place informing them how to report abuse. Staff told us they feel confident they would know what to do if they were concerned about someone at risk of harm and could approach management with these issues.

There are some infection control measures in place. Some staff have received training in this area and there are guidelines and procedures in place, but no formal up to date policy. During our office visit, we saw that there were good supplies of Personal Protective Equipment (PPE) such as masks, gloves, and hand sanitiser. People receiving care and support told us that staff still use PPE when in their homes.

Environment

As this is a domiciliary support service, we do not consider the environment theme, however the office and other premises appeared secure and 'fit for purpose' during our site visits.

Leadership and Management

Staff are knowledgeable in their roles and responsibilities and feel supported by the management team. Staff told us they have time to gain the knowledge and experience they need before visiting people on their own. There is an induction process in place, which includes training and shadowing other staff. Some staff have regular supervision that includes one-to-one discussions with their line managers regarding their wellbeing and professional development, 'spot checks', and competency assessments. Some staff receive training, which includes a mix of online e learning and some face-to-face training. However, records show that regular supervision and up to date training is not consistent for all staff across all schemes within the service. While no immediate action is required, this is an area of improvement and we expect the provider to take action.

Staff told us they receive rotas in good time via the care monitoring application and management advises them of any changes. Staff told us they feel happy and confident in their roles. One staff member said of the job *'I absolutely love it'* and of the management team *'absolutely brilliant...always make time for you'*. Another said *'I personally love my job... pleasure coming here... lovely team'*. Recruitment and vetting processes are in place and are robust. All staff have up to date Disclosure and Barring Service (DBS) checks. Recruitment is ongoing at the service using online platforms, attending job fayres, internal and external advertising, and incentives for existing and new staff such as privilege reward schemes and car/cycle salary sacrifice schemes.

There are monitoring and auditing processes in place to maintain the quality of the service. The RI visits the different parts of the service regularly and has good oversight of day-to-day occurrences with staff and people receiving care. Quality of care reports and quality assurance reviews are completed. People receiving support provide feedback on the service during visits, through monitoring calls, and satisfaction survey questionnaires. They told us they can call the office with any issues or queries. A log of complaints and reportable incidents is kept at the service. A Complaints policy is also in place, but this requires updating. An easy read policy has recently been developed and is used for people with learning disabilities. A number of other policies viewed were either out of date or missing. Some Guidelines and protocols are being followed by staff. This was an area of improvement following our last inspection, but insufficient progress has been made since this time. We have issued a priority action notice and the provider must take immediate action to address this issue.

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
12	Policies and Procedures must be kept under review	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	The provider must ensure regular supervision, appraisal and training to all staff in all parts of the	New

	service.	
60	The provider must report any notifiable event.	Achieved

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