



Inspection Report on

Respite Care Service

**Aneurin Bevan University
St. Woolos Hospital
131 Stow Hill
Newport
NP20 4SZ**

Date Inspection Completed

15/02/2022

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About Respite Care Service

Type of care provided	Domiciliary Support Service
Registered Provider	Age Cymru Gwent
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection since the service was re-registered.
Does this service provide the Welsh Language active offer?	No. This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people /children who use, or intend to use their service.

Summary

Respite care services are a small team of dedicated care staff who enable primary carers' the opportunity to have a break from their caring role. A reliable, consistent team of care staff provide continuity of care, reassurance and confidence to carers. People receive support in their caring role from staff who have a good understanding of each individual person's needs and preferences. Personal plans are available for each person. Specific risk assessments should be in place to accompany plans of care. Personal plans must be reviewed as and when required but at least every three months. These are areas for improvement and we expect the provider to take action. Staff do not start work until all their pre-employment checks are completed. New staff go through an induction programme. Improvements in on-going staff training is required. The provider monitors its performance in order to maintain and improve upon the quality of the support available. The statement of purpose and guide to services both require review. Each person receiving a service should have a signed copy of a service agreement including terms and conditions and any costs payable. These are areas for improvement and we expect the provider to take action.

Well-being

People have as much control over their daily lives as possible. People receive support in their caring role from staff who have a good understanding of each individual person's needs and preferences. A personalised approach is taken by the service, people's preferences are acknowledged and understood, and how they wish their support to be provided is documented. Assessments of needs are undertaken with people before they receive a service. People and their primary carers' are involved in the development of personal plans. Care records highlight what people are able to do for themselves. The service aims to prevent crisis and improve the physical and mental health of both the carer and the cared for. Staff will keep people safe, provide company, help with personal care, food and drink as needed ensuring people are relaxed and content while their primary carer is away.

There are measures in place to safeguard people from the risk of harm. Staff we spoke with were familiar about the types and indicators of abuse and told us what action they would take. We looked at staff files and training records, which show care staff, receive training to ensure people's safety; these include training in safeguarding, food hygiene, moving and handling. Care staff keep people safe by following clear policies and procedures and taking appropriate action when needed. Specific risk assessments are required to be in place to maintain people's safety. Records show the manager deals promptly and appropriately with incidents affecting people's well-being.

Care and Support

People receive high quality care and support, which enables primary carers' the opportunity to have a break from their caring role. An assessment of needs is carried out prior to a service being provided. These assessments identify people's mental, physical and social care needs; taking into account care preferences. Personal plans give staff the information they need to provide care and support in line with people's needs and wishes. Personal plans were reviewed on an annual basis, which was confirmed by carers' and the provider this does not meet regulatory requirements. Personal plans must be reviewed as and when required but at least every three months. This is an area for improvement and we expect the provider to take action. Specific risk assessments are required to be in place to maintain people's safety. For example, we identified people at risk of choking and falls without specific risk assessments in place to provide staff with guidance to manage any potential risks. This is an area for improvement and we expect the provider to take action.

Care staff are familiar and treat people with kindness and compassion. A reliable, consistent team of care staff provide continuity of care, reassurance and confidence to carers. Care staff will keep people safe, provide company, help with personal care, food and drink as needed ensuring people are relaxed and content while their primary carer is away. Comments made by carers' confirm people are very happy with the quality of staff and the support their loved one received from them. *"I am reassured and confident to leave my loved one, there is a great rapport between them and he looks forward to the visit"*. Staff spoke with genuine warmth and enthusiasm about their work, the people they support and the agency they work for. The small-dedicated team provides continuity of care; each care worker has their own group of carers' they support. Ensuring people see the same care staff and build a rapport quickly. One carer said, *"The same person comes every week and we look forward to their visit"*. Staff told us their rota's were well organised, with sufficient travel time included.

Each person should be provided with a service agreement. Where individuals pay for their own care in full or partially a written contract should be available, including terms and conditions, fees, arrangements for contractual changes and payments. This is an area for improvement and we expect the provider to take action.

Leadership and Management

Governance arrangements are in place to support the operation of the service. The model of care described in the service's statement of purpose does not accurately reflect the service provided and requires revision. There is a written guide available which provides people who receive a service, their representatives and others with information about the service and what to expect, this also requires revision. Feedback is regularly requested from people receiving a service, care workers and other professionals. Policies and procedures such as for complaints and safeguarding are in place. Appropriate auditing and quality assurance arrangements are in place to ensure the service runs smoothly, and delivers good quality care. These systems help the service to self-evaluate, and identify where improvements are required. Three monthly visits by the Responsible Individual (RI) had been completed on a virtual basis, going forward these will be in person to meet regulatory requirements. Quality of care reports are available.

The service has secure recruitment practices. We viewed staff files and found the necessary pre-employment safety checks, employment histories, identification checks and references are obtained to ensure the fitness of staff before working at the service. Care staff on zero hour contracts had not been offered an alternative contract if they have worked regular hours. The provider stated care staff on non-guaranteed hours would have their contracts reviewed. There is an induction process in place, which new staff undertake on commencement of their employment. There are systems in place to support staff and develop their skills. However, core training and timely refresher training requires improvement. Care staff receive regular supervision with their line manager. Care staff can contribute any ideas they may have. Staff told us they feel valued and supported in their roles. One person said, *"I absolutely love my job"*.

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
20	People who are paying for their own care did not	New

	have a written contract.	
15	Personal plans did not detail how identified risks would be managed.	New
16	Personal plans had not been reviewed at least every three months.	New
42	No evidence of care workers on non-guaranteed hours contract being offered alternative contract if they have worked regular hours over a three month period.	New
36	Care staff had not completed core training or timely refresher training.	New
7	The statement of purpose did not accurately reflect the service provided and how it would be provided.	New

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