

**2016/17**

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Neath ort Talbot County Borough Council Homecare Service

2016/17

NPT Homecare Service Quality of Care Report

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# Introduction

Contained within the domiciliary care regulations is the requirement for the Registered Manager to, at appropriate intervals, review the quality of the service and care provided by the agency (Reg 20). The Report is underpinned by the views of those that use the service, or their representatives, is written at the behest of Welsh Government, and made available to those that receive a service from the agency.

# Background to service

Neath Port Talbot County Borough Council (NPT CBC) was created as part of the local government reorganisation in the Local Government (Wales)Act 1994, where the former West Glamorgan Council was devolved in to NPT CBC, and City and County of Swansea. NPTCBC operates a mixed market of both in house and commissioned domiciliary care services.

Notwithstanding the longevity of the service, 2016 saw significant changes in the care hours provided, and in the creation of a rapid response function.

In September 2016, approximately one third of the workforce took ER/VR resulting in 1,000 hours of care per week being exported to the private sector, under the direction of the Director of SSH&H and consultant working as Principle Officer of NPT’s Contract and Commissioning Unit.

# Staff structure

Despite this, the service has a largely stable workforce, many of whom, working in the care sector is viewed as a vocation.

In July 2016 the service established the Homecare Rapid Response Team (HRRT), to complement the work of Community Resource Teams (CRT) in the drive to prevent unscheduled admissions to care, and to expedite safe hospital discharges. Initially the team comprised 12 Community Care Assistants, but has doubled in size in the first year of being. The team currently stands at 24 Community Care Assistants, and one Supervisor.

In terms of meeting the needs of all service users, the table below outlines the current composition, function and skills set of the workforce: -

| **Post**  | Function  | Relevant qualifications held |
| --- | --- | --- |
| **Director of social services** | RI for the service, directly line managed Operational manager (and RM) |  |
| **Operational ManagerHomecare** | Responsible manager for the service and line manages the Deputy Homecare Manager and Business and Finance Manager. | NVQ 4 CareNVQ 4 Management in a care settingILM ManagementNVQ 3Training and development BA Hons PoliticsMA Dist International Relations |
| **Deputy Homecare Manager** | Responsible for the overall management and quality of the service delivery. Direct line management of the Community care Supervisors.  | Currently working towards QCF Level 5 in Care |
| **Business and Finance Manager**  | Line management of Community Care Programmers, monitoring of finance, cost control and improvement of business processes | Graduate entry level post BA Hons |
| **HR Officer** | Embedded HR support to ensure safe recruitment and management of change processes | CIPD |
| **Administration support x 3** | To support the day to day administration of the service | Minimum 4 GCSE’s |
| **Community Care Supervisors x 8** | To supervise the work of Community Care Assistants, and ensure that service standards remain high. | NVQ 3Including the HRRT Supervisor |
|  **Community Care programmers x 7** | Responsible for scheduling / planning the work of the Community Care Workers and live monitoring of service delivery using and electronic call monitoring system. | Minimum of 4 GCSE ‘s |
|  **Community Care Assistants x circa 150** | Provide personal and practical care to service users |  These include the 24 HRRT Care Assistants |

# Aims and objectives

The aim of the mainstream service is to deliver:

* A responsive service, which delivers to clear quality standards.
* A person centred service that enable the smooth transfer from the Intake Regalement team and represent a continuation of the enabling ethos therein.
* An effective and timely service that delivers the social care components of the health and social care system.
* A sustainable that offers a viable alternative to long-term residential care.
* A sustainable workforce, with pay, and terms and conditions of employment that meet the requirements of an ethical provider.

The aim of the HRRT Service is to: -

* To work alongside a multi-disciplinary network of community based support.
* To provide a level of personal care and support, sufficient to keep the service user safe and comfortable in their home.
* To provide this basic personal care and support for up to three weeks.
* To prevent admissions to hospital or care homes
* To expedite hospital discharges where it is safe to do so.

# Quality of care reviews

There has been a revised management structure in place since August 2015, and this report represents the second Quality Audit Report under this governance arrangement.

## Service user questionnaire

The views of all service users (168 at time of completion) were sought via a questionnaire that was sent to their homes. Of the 168 surveys sent, some 51 were returned. The key themes for consultation centred on:-

* Length of time on the service
* Contact with Homecare staff in formulating care plans
* Care plan reviews
* Continuity of care
* Overall satisfaction with the service provided
* General comments

Of the 51 respondents, 13 rated their care as excellent,21 very good, 9 good, and 5 said that their care was fair or satisfactory.

Overall, service users stated that they were happy with their regular carers (68% has the same CCA’s), and that calls were delivered on time (80%). This was confirmed in a recent CSSIW inspection report where the inspector also commented on the quality of the service, noting that:

*people are receiving good quality person centred care from staff who are dedicated, motivated and enthusiastic about the service they deliver*

And that

*The registered manager and the management team are focused and driven to continually improve and deliver a quality person centred service*

Service user comments noted within the report included

*“Girls have been brilliant – supervisor is absolutely fantastic”. “Everyone is very professional – very morale boosting. Second to none”.*

## General comments from service users included:

* Wonderful, I don’t know what I’d do without them
* They’re a special breed of people.

## Staff questionnaire

The views of all Community Care Assistants, Supervisors and Programmers (158 at time of completion) were sought via a questionnaire that was sent to their homes. Of the 158 surveys sent, some 26 were returned. The key themes for consultation centred on:-

* Induction
* training
* Access to relevant service user information
* Team meetings
* Supervision
* Views on what the service does well
* General comments on what the service could do better

|  |  |
| --- | --- |
| Staff survey response  | Of surveys returned |
| Attended induction training at start of employment | 100% |
| Access to relevant service user information  | 100% |
| Access to regular Team meetings | 96% |
| Access to regular Supervisions | 98% |
| Able to raise concerns with supervisor  | 96% |
| Average years in service | 11 years |

## Staff views on what the service does well and what it could do better.

|  |  |
| --- | --- |
| Does well | Could do better |
| We have good staff | Communication between office and care staff |
| Good support all equipment in place | Not always able to book annual leave when I want it. |
| Carer staff and supervisors work well | Give more time to new service users until they settle in |
| Care given stops people going in to care homes |  |
| Our training in excellent |  |
| Being able to see all my work on my phone |  |
|  |  |
|  |  |

# Performance measures

The service has developed a performance framework against which to track quality, productivity, and costs.

## Number of VA1’s completed January to December 2016

In line with the requirement of the Social Services & Wellbeing (Wales) Act 2016, and the responsibilities of Registered Manager Status, the onus on the RM to report any suspicion of neglect or abuse, and true to the mantra: *“The expectation is that anyone suspecting abuse is, if in doubt, report”*.

To this end, the service has initiated 16 VA1’s between January 2016 and December 2016. None have met threshold.

## Regulation 26 reports submitted January to December 2015

Between January 2016 and December 2016, the service completed 32 Regulation 26 reports.

# Staff training and development

There is a comprehensive training programme is place, and the service, in conjunction with the Councils training and development department, has adopted a systematic approach to the design and delivery of a core training set. This includes Delivering Dignity, Base Values, Moving and Handling, Medication Management, and support to register and achieve the relevant NVQ for their post.

There is a detailed medication policy in place that sets out the procedure for staff to follow when assisting a service user to maintain a safe medication regime.

Staff are trained by a suitably qualified person in the administration of medication. Supervisors have enhanced training, and are able to assess staff for their competency in the administration of medication at all levels within the medication policy / procedure. Staff are regularly monitored when administering medication in service users home (with the permission of the service user), and are asked supplementary questions to confirm their understanding of the policy / procedure.

Where a training need is identified, because of the specific needs of an individual service user, professional advice will be sought on the skills requires, and bespoke training will be provided to those staff delivering the care. In these circumstances, the Homecare' Electronic Call Monitoring (ECM) system has a facility that will only allow appropriately trained staff to deliver the care required. Thus ensuring that the right staff, with the right skills, attend to the service users needs.

The Registered Manager is currently working with the Training and Development team to co-produce a systematic training programme that will entail a block of 4 consecutive days training repeated annually.

A checklist of all the documents the care worker has received is held on their personal files, and any training due dates are programmed into both the ECM system and the Social Services Information System (SSIS) and flagged up to the supervisors so that they can ensure that their staff attend training updates. Staff training records are also held on a service electronic database, within the corporate training and development department as well as in hard copy on staff files.

# Challenges

Staff continue to work assiduously to ensure that the care provided meets the national minimum standards.

The introduction of a dynamic purchasing system in April 2016 presents both challenges and opportunities for the service, and the management team will be working with staff, trade unions and professional support services to ensure that it maintains a presence in the local care economy.

# Service development – forward plan for 2017 / 18

The management team take part in quarterly lessons learned workshops to plan the next quarters milestones, and work plan to achieve these. This approach will be undertaken with the Supervisors throughout 2017/18.

The service will also focus its attention of delivering care and support to those with the most complex needs, which will include working with people who have dementia, are in need of palliative care or are physical frail. This will link in with the Western Bay Community Services work stream for anticipatory care.

# CSSIW inspection report.

















