



Inspection Report on

ND Care andSupport

New Direction Care & Support

39-47

Somerset Street

Abertillery

NP13 1DL

Date Inspection Completed

07/03/2023

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About ND Care and Support

Type of care provided	Domiciliary Support Service
Registered Provider	ND Care and Support Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	06 November 2019
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

ND Care and Support Limited is a domiciliary support service that provides care and support to people in their own homes within the Gwent region of Wales.

Most people we spoke to are complimentary about the service provided. Each person receiving a service has a personal plan, that includes people's needs and wishes and consideration of risk. The review of personal plans needs improvement. People are supported by care staff who are recruited and vetted appropriately with pre-employment checks in place. Supervision and access to refresher and specialist training is improving. Recording of medication administration requires improvement. Staff we spoke to are complimentary about working for the service and said management are accessible and approachable. The management team have put checks and processes in place to keep service delivery under review. Care calls to people can be late to start and cut short at times and requires improvement. There is a good organisational structure in place, with all staff having their designated roles and responsibilities.

Well-being

The service tries to encourage people to have as much choice and control over their everyday lives as possible. People's likes/dislikes and preferences are included in personal plans. People are encouraged to share their views about the service they receive. Personal plans are signed by either people receiving services or a family member. Quality of care reviews are regularly completed with people receiving a service. People can receive their care in Welsh if they choose so. We saw feedback given was positive overall. People and their families told us they are happy with the care and support they receive. One person told us *"I cannot speak highly enough of the service"* and another person said, *"No complaints"*. We were also told about changes to the expected call times and length of call. Comments included *"They can come late and leave quickly with lots of excuses why?"* and *"Care staff do not stay for the full call"*.

People receive the support they need to maintain their health and well-being. The service assesses people's care and support needs and any associated risks to their health and well-being. These are documented in personal plans and risk assessments, providing guidance for staff on how to support individuals with their needs. A person-centred approach to care planning ensures people are at the forefront of the care and support they receive. Feedback from people and their representatives suggests care staff treat people with dignity and respect. Referrals to health professionals are made when required and advice or actions required are logged. The service has systems in place for the management of medication, recording of administration requires improvement. Care workers receive medication training and competency checks are carried out.

People are safe and risks to their health and well-being is minimised as much as possible. The provider has systems and processes in place to safeguard people. The training plan shows most staff have completed online safeguarding training. The provider has safeguarding and whistleblowing policies and procedures in place. Staff told us that they had received safeguarding training, and this is updated annually online. Those staff spoken with have good knowledge and understanding of the importance of safeguarding and of their responsibilities. A programme of spot checks helps ensure staff maintain good standards of practice. Personal plans are accompanied by detailed risk assessments that ensure any identified risks are minimised as much as possible. However, plans are not reviewed on a regular basis to ensure they remain up to date and provide the right guidance for care staff to follow.

Care and Support

People receiving a service and their representatives are overall positive about the service they receive, *“The service is flexible and accommodating, staff will go the extra mile”* and *“Nothing is too much trouble for care staff”*. However, others were not so positive about their experience, *“They are usually on time, but they can be late and rushed”* and *“Good service when management do spot checks but poor the rest of the time”*.

Each person receiving a service has a personal plan in place, covering core areas of care and support needs. The service provider uses both an electronic and paper-based care documentation system. Individuals receiving a service, or their representatives sign they agree with their plan of care and their involvement in its review. Plans are person centred and contain information about individual needs, which explains to staff what matters most to the people in their care. Plans contain risk assessments and information from other professionals. Improvements are required to ensure that documentation is reviewed and updated regularly in line with legal requirements. This is an area for improvement and we expect the provider to take action.

On a daily basis staff record the care and support delivered to each person. This can often be task orientated and minimal in content. The provider is moving towards a more outcome focussed approach to service delivery. We were told this approach would ensure service delivery would be built around what matters to people and this would be incorporated into daily records of the care provided to individuals.

The administration of medication requires improvement. The providers medication policy provides guidance for staff to follow. Care staff completed medication training and competency checking. Internal medication audits alongside a review of Medication Administration Record (MAR) sheets identified a number of errors in recording. For example, MAR sheets did not fully explain what medication is prescribed for or how they should be safely administered. We also noted gaps in recording that medication had been administered. This is an area for improvement, and we expect the provider to take action.

Leadership and Management

There are systems in place to ensure there is oversight of the quality of service delivered. New governance and quality assurance systems have just been introduced and require time to be embedded into day-to-day management of service delivery. The responsible individual (RI) has oversight of service provision. The RI quarterly visits are undertaken, and quality of care reports are available. The recently updated statement of purpose sets out the vision for the service. A guide to services provides details of what people can expect from the service as well as contact details for the office and details of the complaints process should they need to use it. There is a good organisational structure in place, with all staff having their designated roles and responsibilities.

The management team are implementing new checks and systems at the service to streamline records and improve quality assurance, which is the monitoring of the service provided. We noted many documents to be implemented are outcome focused and includes what is important and meaningful to the individual. We found the management team to be person centred, responsive and committed to improving quality of care for people. All safeguarding allegations, accident and incident and complaints, are recorded and monitored with evidence of actions taken and outcomes.

The service provider uses an electronic call monitoring (ECM) system that allows office staff to track the progress of calls delivered and address any problems that arise. The management team have direct access to this system and can undertake a range of audits and monitoring of calls. The provider's ECM did not provide sufficient evidence that care staff, arrive on time, and stay the full duration of the call. We found calls not being logged electronically and a sample of handwritten daily notes were incomplete and contained conflicting times. We were informed the provider has experienced technical issues with their ECM which may have previously impacted on communication and monitoring systems. However, the monitoring information available showed a significant number of calls being late and cut short. Reflecting feedback, we received and individual complaints the provider has received. This is an area for improvement, and we expect the provider to take action.

Care workers told us their rotas are better organised unless they were required to cover extra calls. Rotas show allocated travel time between care calls. Care staff confirmed they had travel time between calls, and this was usually adequate.

The service has robust and safe recruitment systems. They include the required references and current Disclosure and Barring Security (DBS) checks. Newly appointed care staff complete an induction programme which includes training and shadow shifts. Care staff are supported to register with the workforce regulator, Social Care Wales (SCW). There is commitment to ensuring all care workers undertake the qualifications required to enable them to register. Care staff training records indicate care staff have access to a variety of training opportunities, and most care staff have completed a basic level of training. A range

of specialist training has recently been introduced to equip staff with the skills to meet individual needs.

Care staff receive an annual appraisal. Team meetings are held on a regular basis. Formal supervision of staff during the previous year was not provided on a regular basis. The current staff supervision matrix shows some improvements in the frequency this requires embedding and sustaining. Care staff we spoke with, told us they felt supported in their roles and management are available to help when needed. They also confirmed they had been provided with an offer of fixed employment contracts.

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
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58	Medication administration records are not sufficiently robust.	New
16	Personal plans are not reviewed on a regular basis.	New
21	Call times are often late and cut short and do not reflect the identified call times within personal plans.	New

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