

## Quality of Care Review Report June 2022

### **1) People feel their voices are heard, they have choice about their care and support and opportunities are made available to them.**

#### **What we do well and the evidence for it.**

We provide a flexible approach to providing care and support.

One recent example of this involves an individual who has MS. She has asked us to come earlier one day every week at lunchtime as she is collected for an appointment at the time we usually come. We discussed this with the individual and have been able to move the rota around to accommodate her wishes.

We continue to receive lots of praise from individuals and their relatives. The praise is for carers who build excellent working relationships with individuals and their relatives and for the management team. We receive praise over the phone, via email and we have had relatives come to the office.

We work closely with a family who's relative has a diagnosis of Dementia. The individual has declined in his continence needs and in his mood. We have discussed what we can do to support them care for their relative.

Individual Care Plans are updated regularly to ensure they reflect their choices and ensure their needs are met with the care and support that is provided by our carers.

#### **What areas do we need to improve or want to develop further? June 2022**

1. Despite the Pandemic being over it is no easier to attend face to face training. We have had a catastrophic loss of staff losing 50% in month. It is therefore currently impossible to release staff for face to face training.

2. We are now using new software (CareLiveLine) for rostering, eMar and log writing. We are continuing to provide guidance and now more information is being captured.

#### **What areas do we need to improve or want to develop further? Dec 21**

1. COVID-19 Pandemic continues to have a significant impact on face to face training. There still isn't a lot of it around. Some face to face training has been planned, but this if planned using the current guidelines and risks being postponed/rearranged. We now have fewer staff so that it is difficult to release staff for training.

2. We have put in a lot of guidance about writing logs. However it is still one area that consistently needs improvement. We continue to provide guidance.

#### **What areas do we need to improve or want to develop further? June 21**

1. The COVID-19 Pandemic has had a massive impact on staff training as all face to face training has been cancelled. Training has moved online which is not suitable or accessible

for everyone. In the height of the pandemic there was the added issue of time, as care staff who could work were working longer hours.

2. One consistent area for improvement is the care log writing of some staff. Care staff go above and beyond on a regular basis, yet don't include this in their written log. We have provided training and verbal and written guidance.

3. Capturing individuals voices better and in a more formalised manner.

**What specific action do we need to take to make the improvements / developments successful and how will this be measured? June 21**

1. Change the online training provider we use (Social Care TV) to one that meets our need better.

**Timescale:** 2 months    **Responsible Person:** Manager    **Performance Indicator:** Review in 3 months.

2. We have recently engaged the services of Peninsula under a HR and Health & Safety remit. This means I can use them for advice regarding employment issues such as failure to follow training and guidance.

**Timescale:** 2 months    **Responsible Person:** Manager    **Performance Indicator:** Review in 3 months.

3. Amend the annual quality questionnaire for individuals to bi-yearly with a change to questions as well. The questions need to gather more detail rather than the emphasis being on a tick or one word responses.

**Timescale:** 1 months    **Responsible Person:** Manager    **Performance Indicator:** Review in 6 months following the gathering of responses to the next Quality of Care Review.

**Sept 21**

1. We have changed our online training provider (Grey Matter Learning). This is a much better system. It offers more courses, with courses linked to specific Welsh Legislation & Policy and allows for training refreshers to be timetabled in.

2. We have used Peninsula on a few issues successfully.

3. The quality questionnaire is still in development and will be used twice in 2022.

**What specific action do we need to take to make the improvements / developments successful and how will this be measured? Dec 21**

1. Amend the annual quality questionnaire for individuals to bi-yearly with a change to questions as well. The questions need to gather more detail rather than the emphasis being on a tick or one word responses.

**Timescale:** 2 months    **Responsible Person:** Manager    **Performance Indicator:** Review in 6 months following the gathering of responses to the next Quality of Care Review (June 22).

2. Produce a card containing the specifics of what makes a good care log entry and explain to each employee.

**Timescale:** 2 months    **Responsible Person:** Manager    **Performance Indicator:** Review in 2 months

**June 22**

1. Due to continuing time constraints work is progressing on the new questionnaires and we are hoping to get them out and gather responses for the next Quality of Care Review Dec 22.
2. We have changed the software we use and will continue to support staff to produce the correct information.

**What specific action do we need to take to make the improvements / developments successful and how will this be measured? June 22**

1. Finalise work on the new quality questionnaires

**Timescale:** 4 months    **Responsible Person:** Manager    **Performance Indicator:** Review in 6 months following the gathering of responses to the next Quality of Care Review (Dec 22).

2. Develop recruitment strategies that work.

**Timescale:** 4 months    **Responsible Person:** Manager    **Performance Indicator:** Review in 6 months

**Summary**

We continue to provide a responsive service to meet individuals' needs. This service is based on the wishes, choices and needs of the individual and their relatives. Our care staff are keen to ensure individual's voices are heard and their choices are met safely, if they can't be met safely, full explanations take place and alternatives are offered.

**2) People are happy and supported to maintain their ongoing health, development and overall well-being.**

**What we do well and the evidence for it.**

We provide a responsive and proactive service that has enabled us to support individuals to access timely health care.

One example of this is of an individual who uses continence products. The products they have do not meet her needs. We have worked with the individual in trying to get the District Nurses to assess the individual for the correct absorbency of pads. Despite the individual contacting them and us it has now been 5 months and nothing has been done. We have reported it to Social Services.

One individual we support has a short term memory deficit and is also keenly independent. It is sometimes hard for care staff to ensure this individual is maintaining her health and well being. All concerns are reported to the office and we liaise with her Social Services Support Worker, who ensures the individual receives extra support.

**What areas do we need to improve or want to develop further? June 22**

Despite our efforts it is still hard to develop relationships with District Nurses and GPs and a drastic shift is needed from them.

We continue to support our individuals to be happy and at home, providing extra care as when we required.

**What areas do we need to improve or want to develop further? Dec 21**

We need to continue to develop communication channels with the professional involved with the people who use our service. In our experience this works well if prompted by us.

Improvement and development of effective communication and joint working with the other professionals definitely needs to happen. As a domiciliary service, who usually has more contact time with the individual, we are the most forgotten. This is most evident in the actions of health service workers, be it GPs, district nurses or hospital staff who may change medication, re-assess or discharge without ever thinking to inform us or talk to us. This unfortunately continues to be the case. In the last 6 months, a GP has put the phone down on me, District Nurses have tried to undermine our reputation, blister packs have been filled incorrectly and had to be returned.

**What specific action do we need to take to make the improvements / developments successful and how will this be measured?**

**June 21**

1. Continue to request email addresses of the professional we work with.

**Timescale:** Ongoing **Responsible Person:** Management team **Performance**

**Indicator:** Review in 3 months.

2. Continue to demand better joint working with GPs, district nurses and hospitals to continue to improve outcomes for people. This could be done by attending meetings and joining forums, whilst we wait for continued regulatory guidance.

**Timescale:** Ongoing **Responsible Person:** Management Team & Professionals

**Performance Indicator:** Review in 3 months.

**Sept 21**

1. We continue to foster good working relationships with social workers.

2. This is going to be ongoing for a long time. We continue to be viewed as 'less than' by the health service. We continue to insist on the health service to meet the needs of the individual's we provide care and support to.

**Dec 21**

1. Continue to demand better joint working with GPs, district nurses and hospitals to continue to improve outcomes for people. This could be done by attending meetings and joining forums, whilst we wait for continued regulatory guidance.

**Timescale:** Ongoing **Responsible Person:** Management Team & Professionals

**Performance Indicator:** Review in 3 months.

**June 22**

1. Continue to demand better joint working with GPs, district nurses and hospitals to continue to improve outcomes for people. This could be done by attending meetings and joining forums, whilst we wait for continued regulatory guidance.

**Timescale:** Ongoing **Responsible Person:** Management Team & Professionals

**Performance Indicator:** Review in 3 months.

**Summary**

Despite our struggle with District Nurses and GPs we continue to support and maintain our individuals' health, development and well-being. Our new Roster system allows families and Social Services to have access to carers' call notes which has helped to improve services.

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### 3) People feel safe and protected from abuse and neglect.

#### What we do well and the evidence for it.

We have clear safeguarding policies and procedures in place, which follow the most up to date arrangements. We have had no safeguarding referrals since the last quality report.

All of the people who use our service are vulnerable and some of those are very vulnerable.

Carers continue to inform of any concerns as they arise, for example the deterioration of an individual's memory. This allowed us to contact Social Services who then accessed the daily notes and was able to plan in place.

#### What areas do we need to improve or want to develop further?

Communication is key and we are continuing to work on improving communication routes with health professionals. We have good working relationships with Social Services which helps us to ensure the individual is receiving the best possible care.

#### What specific action do we need to take to make the improvements / developments successful and how will this be measured? June 21

1. Continue to demand better joint working with GPSs, district nurses and hospitals to continue to improve outcomes for people. This could be done by attending meetings and joining forums, whilst we wait for continued regulatory guidance.

**Timescale:** Ongoing **Responsible Person:** Management Team & Professionals

**Performance Indicator:** Review in 3 months.

2. Review our safeguarding policies to ensure they are up to date and we continue to appropriately manage risk.

**Timescale:** 3 – 6 months **Responsible Person:** Management Team **Performance**

**Indicator:** Review in 3 months.

3. Ensure carers complete regular safeguarding training.

**Timescale:** yearly **Responsible Person:** Management Team & Professionals

**Performance Indicator:** Review in 6 months.

#### Sept 21

1. This is ongoing.

2. Safeguarding Policy to be reviewed in October.

3. Our new online training provider allows us to schedule training and updates to training

#### Dec 21

1. Continue to demand better joint working with GPSs, district nurses and hospitals to continue to improve outcomes for people. This could be done by attending meetings and joining forums, whilst we wait for continued regulatory guidance.

**Timescale:** Ongoing **Responsible Person:** Management Team & Professionals

**Performance Indicator:** Review in 3 months.

2. Review our safeguarding policies to ensure they are up to date and we continue to appropriately manage risk.

**Timescale:** by April 2022 **Responsible Person:** Management Team **Performance Indicator:** Review in 3 months.

**June 22**

1. Continue to demand better joint working with GPSs, district nurses and hospitals to continue to improve outcomes for people. This could be done by attending meetings and joining forums, whilst we wait for continued regulatory guidance.

**Timescale:** Ongoing **Responsible Person:** Management Team & Professionals

**Performance Indicator:** Review in 3 months.

2. Ensure staff have access to training in particular to any new DOLS procedures due to come in soon.

**Timescale:** 6 months **Responsible Person:** Management Team & Professionals

**Performance Indicator:** Review in 6 months.

**Summary**

People using our service feel safe and protected from harm and abuse from us, however they may not feel this from other agencies. Staff have regular supervision and are up to date with training. We continue to ensure any new polices, legislation, procedures and communicated to our staff and training is provided.