

Quality Assurance Report 2017/18

Introduction

Cymryd Rhan has carried out a review of the quality of service provision for the year 2017/18 against the requirements of the Social Services and Well-being (Wales) Act 2016

The key areas that we have reviewed are:

- Improving people's well-being through monitoring, assessing and understanding what matters to them. Measuring the impact of how services we provide has an impact on the life of the individual and their family.
- Supporting people to have a stronger voice about how they want their service to be delivered.
- Being more open and transparent when reviewing the regulatory and contractual requirements, and using analytical data to show patterns and trends around our performance.
- Creating stronger levels of accountability and having clear leadership around achieving our core purpose in helping people to live their life.

We have reviewed these areas through a number of different platforms:

- Support planning and person centred meetings.
- Observing and supervising staff.
- Customer satisfaction visits from senior managers and board members.
- Feedback received from our monitoring and review meetings with commissioners which include Inspections.
- Family forums
- Review of the compliments and complaints received from people we support and their families.

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- Health and Safety location visits.
- Detailed analytical review of all on-call reports received.
- Better information shared with the Audit and Scrutiny committee.
- Information we record on our customer database which we review with commissioners.
- Understanding why people need support and whether we can help prevent it.

We currently provide a range of services across Wales including Carmarthenshire, Powys, Flintshire, Wrexham, Denbighshire and Conwy. Our services range from Domiciliary Care, Floating Support, Supported Living, Child Care Business Support, Training and Qualifications in Health and Social Care and Child Care Learning and Development.

We have continued our commitment throughout the year around maintaining levels of quality when funding and financial pressures have increased, and that the use of financial data has allowed us to identify cost saving and efficiency in other areas of the organisation. We therefore can target and direct financial stability in staffing, their terms and conditions, their training needs, and developing in-house career paths by way of identifying skills and management competency.

We have also been committed to supporting commissioners to maximise the investment that they have made with us through reviewing and adjusting how we respond to people we support, through a strategy of prevention and early intervention and tackling social isolation through greater inclusion and community involvement.

Improving well-being

Our findings through these evaluations and data capture exercises shows that on the whole, the support we provide to individuals is a strong area for Cymryd Rhan. Our main strength is that the people we support feel we are reliable and always have a positive attitude towards the support we provide. Understanding what matters to the people we support means that we respond to them in a way that helps them to maintain choices and control in their life.

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Whether we are engaging with a person that we are caring for, advocating on their behalf, supporting a learner to achieve their qualification, assisting a new nursery group or supporting family members, we always fine tune our approach to suit the individual by understanding what matters to them. The organisation measures this alongside other key aspects which are:

- Understand what the person needs
- We deliver the service in the way the person wants
- We are honest and trustworthy as an organisation
- Our staff are friendly, polite and respectful
- We show commitment to people we engage with and we are good at listening
- People we support feel safe and comfortable
- We change how we do things to suit the person more
- We arrive on time and that we don't let people down
- We communicate any changes that we have to make
- People are confident that we have appropriate procedures in place when managing medication, intimate personal care, moving and handling
- People are confident that staff members know their job and have the expertise to guide and advise when needed
- We work well as a team
- We actively involve any family members and their friends in planning the support we provide
- We respond well to concerns that are raised and deal with complaints quickly and effectively

At present we typically achieve the above 90-95% of the time. The same percentages of people we support have said that they would definitely recommend us. The areas that matter the most to people we support is that we recruit and appoint the right staff, they feel that the organisation is approachable and open to ideas, that people we support and the staff teams are valued and their opinions are respected, that the organisation and its staff are friendly and have a mature attitude. In terms of recruiting the right staff members, we involve people we support and their families as much as possible within the recruitment stage, and certainly staff match with all people we engage with.

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To improve Well-being, we have spent a considerable amount of time in understanding what causes someone to need support, what are the barriers that they face which creates the need for support, how can we respond to them where we can prevent them from needing more support, doing more for themselves and having less support or keeping them on an even keel with their current support. We have also spent time in understanding how people feel engaged and learn things, finding employment and attaining qualifications and skills to support that search for employment.

The diagram below taken from Social Care Wales outlines the outcome areas that would be targeted to achieve Well-being.

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Our pursuit of these outcomes within our Domiciliary Care Services for example, could have created a problem due to the nature of how domiciliary care is currently commissioned, assessed and delivered where upon time pressures create the inability to be flexible and as person focussed as we would like. We realised that within this service there were a number of key factors that we could control that would change some of the outcomes that we want to achieve around a persons Well-being.

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Those factors included travel times which would be at a level of 40 minutes travel for every 60 minutes of support, staff are programmed to only follow the tasks identified within the care plan, gaps between supporting someone resulted in staff not having enough work to feel engaged and that they felt limited in wanting to do more but were concerned that they would get in to trouble.

How we decided to address this was by completely understanding what people being supported actually needed outside of their current support as identified through their care plan. We used our knowledge from our floating support services to help identify concerns around homelessness, financial inclusion and social isolation. We worked closely with a small number of staff and re-programmed the way in which they heard the requests for help being made from the person that they were supporting. We took the approach that we didn't just hear what was being asked for, we also wanted to know why things were being asked for in the first place. When we did this in Powys (our most rural of counties), we found that a third of the people we support in domiciliary care needed additional calls because it made them feel less lonely and isolated. We also found that a third were in fear of becoming homeless due to no longer being able to manage in their current home even though they appeared to be adequately supported.

We responded to this by creating greater capacity by removing some of the time pressures that we faced, and we did this by moving our services to a locality cluster style where upon staff lived and worked within that locality cluster. The benefits of doing this were a massive reduction in travel time, a massive reduction in mileage costs, greater locality intelligence of how to access or create community based alternatives to support and an even greater level of reassurance of having staff that the person knows and trusts based close to where they live. We decided to off-set the reduction in travel costs and time against having a reduction in numbers of people needing care and support and found it was more cost effective than how we had been doing it previously.

Being more locality cluster based has allowed us to spend more time with people to address their feelings of loneliness by supporting them to attend community groups which may have already existed or that we have set up ourselves. As a result we have seen a 20% reduction in people making additional requests for help whilst we have supported them around their normal care needs. We have also seen a 40% reduction in people making demands on us which could have been prevented due to the "system" that they engage with, not being able to respond to them in the way that matters to them and has resulted in them asking for the same thing again. We have found that this reduction comes through people feeling better equipped to manage things for themselves rather than relying on support to "do it for them" as they feel more confident and more in control of their lives as a result

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of being more engaged with things within the community. We have dealt with things and have created less pressure for family members who then feel like family and not unpaid carers whereas before.

We have also found from working in a locality cluster that a number of people would have unnecessarily contacted the social care system for support, what they actually needed was help to access things locality ie, a more floating support style service was required rather than a care response. We have supported 108 additional people within the locality clusters who would have contacted the local authority previously as they felt they needed additional support. After supporting them to manage their own Well-being, they no longer feel that they require a service and that they are now back in control of their own life.

In 2017 we also began to adopt this approach in a small town in Carmarthenshire working in partnership with the local authority and health colleagues and we have already started to see similar results as in Powys.

In terms of our support services in North Wales, our engagement with commissioners has been a key element in establishing how to drive forward greater levels of Well-being outcomes and ensure that people we support are able to design how they wish for their service to be delivered. We have a participation officer who works alongside support staff and team leaders to establish with the individual and their family how best we can support them to live a meaningful life and to maintain their levels of control and choices based on their aspirations and the direction that they would like to see their life going. We support people who need additional help to communicate these things and see that working with care management, family members and the knowledge that we have of the person through our relationship with them is paramount to achieving these outcomes.

These person centred reviews help us to identify when as an organisation we may need to change or slightly adjust how we go about delivering the support that the person has requested at this stage of their life. This may include for example a reduction in the current level of support that is required which consequentially has a negative business effect on the organisation. However we are committed to working closely with commissioners to create a sustainable business model that has the ability and “wriggle room” to promote and support decisions like this when needed and appropriate. We believe that an ability to review our performance and the needs of the individual is a key strength of Cymryd Rhan and a key part of our relationship with commissioners to help deliver services to people with the current funding levels which is undoubtedly lower than the levels of demand. Working with families and

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reducing support levels where upon the family choose to take on a more active role in providing support is something that we promote. We also actively look to reduce our day to day involvement and replace it with a “when needed” response. Our knowledge and learning from our locality cluster model has helped us to feel more confident in providing these agreed alternative models. It is exciting to see that the Well-being outcome for suitable housing for example is achievable because the organisation is able to change how it does things and in turn making the housing more suitable. The funding pressures have really created opportunities to do things differently and means we do things better when we focus on the individual.

Having a stronger voice

Our aim to communicate well with the people we support includes ensuring that we provide services to individuals in their preferred language which is particularly important to older people in Wales. We continue to develop our domiciliary care services in Carmarthenshire and Powys, where we will be supporting more individuals whose first language is Welsh. In our other services we also use sign language and electronic communication devices.

Ensuring that people have support from staff that are able to speak to them in their preferred language is a priority and we continue to recruit with that in mind.

Following the principles in More Than Just Words we will work to achieve a service where:

- Citizens are immediately sure that the service is centred on their communication needs rather than those of Cymryd Rhan
- Citizens are encouraged to express their needs and are able to fully participate in their care as equal partners.
- Citizens are able to see and hear the Welsh language and feel comfortable with the services they receive.
- Citizens are aware that the service has a supportive ethos, where Welsh and other natural means of expression are used.
- Citizens are aware that the service recognises that language is more than a means of communication and they are able to express their ideas and emotions effectively.
- Citizens are aware that the service acknowledges their language needs by ensuring the “Active Offer” is available.
- Citizens are shown respect for their cultural identity and are able to access Welsh language services without any obstacles

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Language and communication is only one part of having a strong voice and so we pay attention to understanding the type of things that people are talking about and the type of things that they are asking for. Our floating support services are a fantastic example of showing how different people are from one another, and how varied they expect their support service to be and how they express themselves to us.

Data from the past six months shows that we have supported 148 people, all of which accessed the floating support service from us without any eligibility criteria, prior assessment or from a single pathway referral. We found that firstly people wanted to voice their need for support in different ways, such as face to face, by accessing the locality cluster office, some purely by text or on the telephone, and some through a type of social media platform or what's app. To meet the variety of ways people wanted to make contact with us, we have designed a system that responds to all requests for help regardless of how they come to us. We have found that when we have previously dictated how people access our support, they have ended up going to another provider and then another, until they get the desired response. It is easy to assume that they are being unreasonable in dictating how they access support, but they are actually using their voice to design how they want to be responded to.

We have also found when listening to people who use our floating support service, that 28% of them are asking for help because they had asked elsewhere and it was not met in the way that mattered to them. In terms of preventing this, we try to understand why they feel they need support by following five steps.

- Step one is that the person is able to access the support in the way that matters to them and that we have a system that can recognise how people wish to voice their need for help.
- Step two we collect relevant information about what the person is asking for and what is causing them to ask for the support, for example, is this the first time that they are asking or have they been asking before. What does the support need to provide so that they feel that they are again back in control of things and what stops them from being able to do that for themselves. Also when do they want the support to respond?
- Step three we establish what makes us the right organisation to respond to them and whether we have the skills to meet their request. If we identify that it is not us, then we support them to access the support that is the right response, and we don't let go of them until they get it. We do not hand the person off with a referral or signposting as we have found that they end up coming back to us if they still can't get the right response.

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- Step four if we are the right organisation to respond to this request, then we get on and support the person.
- Step five we measure using an on-line recording system covering key aspects of the support whether we have provided the right response in the right way and at the right time. If we haven't our data will help us to understand where we need to make the changes within the organisation to improve what we do.

We recognise that step two can be a long process as we are trying to gain enough information to identify why support is needed whilst at the same time doing smaller levels of support to get someone back on to an even keel. For example, this may include securing their home and preventing an eviction due to our support being in-place, but we are still trying to understand why their behaviour causes them to put their home at risk in the first place.

Step five is vital as we can use data to pinpoint changes within the support that we provide to the person. People do not always come out with what they want in a loud voice for everyone to hear, but the type and frequency of the things they are asking can represent their true voice that we hear and respond to. Our data and measures help us to improve, they are recorded by staff who do the work and that they use this data to show patterns over time to see whether improvements have been achieved. The data recorded from step five also helps senior managers to remove barriers from within the organisation that may be preventing someone from getting the right support in the right way and at the right time.

Step five also reveals levels of prevention data and identifies which system would have been targeted to help this person if the support had not intervened earlier and prevented their needs from unnecessarily increasing. It shows us how capable we are at responding from the point of view of the person and whether we responded in the way they wanted or that they had to wait for us to respond which led to delays and an increase in need which meant their problems became worse. It also helps us to understand what the support is trying to fix and what the causes are. An example would be that we spent 28% of our time supporting people as a result of another service not being able to help them at the time they needed. Housing related requests for help are quite high in this area as people struggle to find somewhere to live. We use this data to form part of a dialogue with housing to help find improvements.

Using these five steps alongside our domiciliary care service revealed that 90% of people we provided domiciliary care to are lonely and all of their requests for help were linked to their loneliness. It also revealed that these same people made requests for help

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whilst we were meeting their care needs and thus our previous model of rushing away to the next call 40 minutes away resulted in leaving the person still in need and sometimes in distress because the system did not allow us to hear what they were saying. Moving to a model based on hearing and understanding how people want to be supported and how they want their service to work has resulted in a huge reduction in “latent” requests for help. We found responding to people in a better way has increased morale within the workforce.

We also feel that as an individual staff member and as an organisation it is important that we too have a strong voice and we are able to communicate this effectively with policy makers, commissioners, unions and communities. We have found that sharing the data from step five with key commissioners has resulted in them questioning their current commissioning arrangements and support them to review the strategic relevance within the current climate. The data we have collected in one authority has been shared in other authorities creating dialogue around changes which meet the prevention and early intervention agenda, and also focuses on the detail within the Well-being Act. This has resulted in a complete redesign of how we deliver services in two authorities and again a third authority is in the early stages of discussion to do the same.

Sharing knowledge and understanding is a great platform to facilitate changes to how we respond to the requests being made by people. By truly listening to what and why they are asking, coupled with supportive data we now have the confidence to change how we do things without a fear of taking a leap of faith where upon the safety of people maybe at risk of compromise. When we have made organisational changes, we continue to measure the voice of the people we support to gain knowledge on the impact that it has had on them and their families.

Transparent Monitoring and Reviews

Cymryd Rhan has focussed on all areas of its day to day operations including a complete overhaul of Human Resources, financial review of services, the structure within the organisation and how it governs. As a senior management team it is important to us to be totally transparent, and to not be afraid to tackle uncomfortable issues in order to improve, create or remove procedures. We measure the effectiveness of these procedures in terms of whether they have a direct positive impact on the lives of the people we support. We also follow this philosophy when we are faced with regulatory or contractual requirements; again we question the impact that it has on people we support and whether dialogue then follows as we all endeavour to deliver the expectations of the Well-being Act.

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We have taken exactly the same approach when completing other tasks that don't always appear to have an obvious impact on the lives of people we support. An example of this is our engagement with our financial auditors where upon we spend time with them to help them to see that we meet the require regulatory requirements at the same time as maintaining the values of the organisation which are there to have a positive impact on people it supports. We expect auditors to understand this so they may help us through their guidance and to continue to strive and create a sustainable service that does more and not less in this current financial climate.

Another example is that, we expect that our external providers to respond to us in a way that supports the values of Cymryd Rhan by meeting our requests for help in a way that matters to us. Our annual Health and Safety audit is not conducted via an office based desk top exercise to make sure that we achieve compliance, instead we spend several days in the support workplace so the auditor has a much clearer understanding of the variety of things that we do and that our procedures and policies create safe systems of working throughout our complete range of services.

We have found that this style of regulatory audit has identified key improvements that would have been missed by a desk top review. Due to the complexity of support we may provide to an individual, we want to fine tune our procedures to that individual. Our Health and Safety auditor will now understand the personal care required for someone who needs high levels of care and can see that minimum standard training does not cover all the complex needs of this individual and that person centred training is reviewed. Or to a person who is completely independent of care related needs, but their behaviour and repeat offending creates a different kind of training and that the minimum standards again do not cover all the complexities of this individual. Demonstrating to the auditor that our risk management plan may well be covered through risk assessment training would satisfy with compliance, but in truth it has left us questioning the generic content of this training and having to go back to the training provider and add in some work based learning to make this risk assessment training completely relevant to the daily work of the support staff. Making external services relevant to us improves quality and our health and safety audit reflects that.

We have taken the same approach towards our Care Inspectorate Wales (CIW) inspections. Although a regulatory inspection is required we have a positive attitude by which we take when engaging with those inspections and are one of continuous review of improvement. We have received fantastic inspection reports where any recommendations have been completed and good communication with CIW outside of those inspections have also helped to direct and guide us.

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As part of our regular monitoring visits and six monthly provider reviews we have taken an active approach in supporting local authorities and help try and ease some of their pressures that they face where request for services are out stripping levels of funding. We have not taken an approach based on our sole survival as an organisation but to work on a partnership model that provides quality support whilst keeping operational costs down and supporting other organisations along the way.

Our fee negotiation meetings with local authorities is not purely based on current operational cost but about getting the best investment for both sides whilst attracting people to work within the sector, creating obvious career paths and getting the salary just right as to confirm the specialist skills required to work within the sector. An example of this is the arrangements that we have in Carmarthenshire where they are not just investing in the care that we currently provide to people within one locality, but also investing in the prevention of people coming in or slowing down their need for care. This in turn creates a much more interesting style of work for people considering the care sector as a career, and thus we have seen an increase in people applying to work with us in this area.

Our regular monitoring and reviewing within our training department has led us to being awarded direct claims status in providing qualifications in Health and Social Care and also Child Care Learning and Development. Our partnership with one of the prime Welsh Government Apprenticeship Framework providers is transparent on both sides and has resulted in us being able to fine tune the process that if done incorrectly would have resulted in delays for learners and create a bad experience at a time when individuals aspire to achieve training recognition and excellence. We are very excited to be part of supporting people in our specialist field of service and to bring their knowledge and skill set to a recognised standard. The same can be said of our Child Care Business Support service which supports organisations setting up meaningful child care where the standards need to be achieved to complete CIW registration.

We have also conducted an external audit of our HR system where we attained a level of compliance and excellence score of 97.6% and recommendations were made to introduce an annual health questionnaire for all staff. We have also introduced an on-live staff survey that asks questions around the work of individuals, how they feel valued within the organisation, whether they feel that there are clear career paths, whether they like the direction that Cymryd Rhan is taking and whether their working conditions are good. This idea has come as a result our Joint Negotiating Committee that we have with Unison and where our focus is around the conditions of the workforce. We do not have any data to refer to at this time as this has only been a recent addition and has been added in the supervision process that staff undertake. The findings of this survey will be shared once enough data has been compiled and analysed and this will form part of next year's quality report and will be shared with staff across the organisation.

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We also survey what staff feel around their pay and conditions, where we have focussed very much on significantly paying staff way above the living wage and adding enhanced rates when covering for sickness. Although salary levels are a major part of morale within an organisation, it is not the only thing and we again will use information from our survey to gauge what adjustments we need to make so staff can enjoy the work that they do. We have found that staff members with high levels of morale can achieve better levels of support with people.

Accountability and clear leadership

Throughout 2017 we have introduced a number of changes relating to governance and compliance. Some of these changes are mandatory and are nearing completion such as our GDPR requirements which need to be completed by May 2018. We are currently auditing all of the data that we process and question whether this personal data is relevant for us to keep. We have found through our audit that people supported by our floating support service express their right to object under GDPR and do not want us to store or share their personal details. We have had to seek clarity from regulators and commissioners around the issues caused by providing information to the Welsh Government under our “contractual necessity” as detailed within the guidance of GDPR which can conflict with the persons “right to object” which is also highlighted within the same guidance. The difficulties that we face, is how to manage this level of accountability to both parties.

We have also introduced Cyber Essentials to protect our Information Technology systems from being compromised and having restricted access to information being unlawfully used. We have also introduced the home office approved PREVENT training during 2017 and have begun the process of getting all key personnel to complete this training, including our board of trustees.

The leadership within the day to day operations is very much based on an open door policy. All staff has access to senior personnel for advice and guidance and in return senior staff spends time with support staff in their day to day settings. Senior leaders also complete some of the training requirements that frontline staff are expected to complete as this helps senior staff to gauge the relevance of this training. All senior staff carries out the senior on-call duty so it is important that they have a understanding of the type of training staff need so they may be able to carry out their duties properly. An example of the training senior staff would do is the risk assessment and medication training.

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The whole of the organisational strategy, its procedures, its performance and financial stability are monitored by an audit and scrutiny committee made up of the chair and vice chair of the trustees and two other trustees. The CEO, head of finance and people manager are also part of this committee and detailed reporting takes place to test the robustness, sustainability and values of any direction that Cymryd Rhan takes before any recommendations are made to the entire board of trustees. We currently have nine trustees from a mixed background.

Any reviews, inspections, business plans, budgets and proposed changes to Memorandum or Articles of Association are determined within this committee including levels of quality and continuous improvements. This committee has the responsibility for presenting the facts and its recommendations to the full board of trustees so it may make an informed decision. The CEO is line managed by the chair of the board of trustees and he in turn line manages the remaining members of the senior management team. The CEO takes an active role in measuring the levels of quality within the organisation but also as the Responsible Individual he is also very aware of the day to day operations and monitors and reviews all of the on-call logs recorded within the organisation.

Our on-call system is also a useful tool to monitor patterns and trends and accountability of staff reporting information that may require further action. The recent on-call review has highlighted further work needs to be done around training and has questioned whether we need to provide some additional training throughout our induction process for new staff as there appears to be a correlation between information and guidance requests coming through to on-call from staff that are new in their service.

We have worked very hard to promote a culture in Cymryd Rhan where staff is accountable for their actions and any mistakes made are highlighted immediately and not attempted to be concealed from senior staff. We have found that when mistakes are made it is useful whether it was due to human error or system failure. We follow the view of W Edwards Deming who studied the behaviour of people in their work environment and concluded that 97% of people behaved in a particular way as a result of the system that they work in. We take this view of staff in the first instance and it helps us to evaluate whether the system we have created has in fact created a behaviour which has caused the mistake. Strong organisational support to staff is a key objective for Cymryd Rhan, as staff buy-in, openness to reflective learning and enthusiasm is the vital ingredient to maintain and find levels of improvement in quality so we may provide the right support in the right way and at the right time.

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Below is a diagram of the organisational structure.

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QUALITY PROCEDURES MANUAL
ORGANISATION STRUCTURE CHART

