



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Care and Social Services Inspectorate Wales

Care Standards Act 2000

Inspection Report

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg / This report is also available in
Welsh

Awel Homecare and Support

Ruthin

Type of Inspection – Baseline
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Summary

About the service

Awel Homecare and support is registered with Care and Social Services Inspectorate Wales (CSSIW) to provide domiciliary care services for adults with physical disabilities, sensory loss/impairment, learning disabilities, mental health problems or dementia. Rachel Ryland is the registered provider and the registered manager. The agency currently provides services to 20 people living in Ruthin and the surrounding area.

What type of inspection was carried out?

We, (CSSIW), carried out an announced full inspection on July 27 2017 between the hours of 09:30a.m. and 12:30p.m. This inspection visit was announced due to the manager having a hands on role within the community.

The information within this report was gained from the following sources.

- Spoke with two people using the service via telephone.
- Spoke with two staff members via telephone, the registered provider and the business support at the office.
- Looked at three service delivery plans for people using the agency. We viewed two staff recruitment files, training and supervision records.

We viewed the Statement of Purpose and the service user guide.

There have no been complaints or concerns raised.

What does the service do well?

People told us they had regular care workers who they liked and knew well. Comments from people using the service included: "very friendly", "manager visits", "carers always arrive on time" Staff who spoke with told us that the manager was very supportive.

What has improved since the last inspection?

The manager has an increased understanding of recruitment procedures.

What needs to be done to improve the service?

There have been no non compliance issues raised as a result of this inspection.

The following have been identified as in need of improvement.

Service delivery plans still need to reflect the voice of the person using the service. They need to evidence that the person was involved in the implementation of the support plan.

Service delivery plans are being reviewed but these reviews are not being recorded. A record of each review held should be kept on file.

A review of the quality of care should be completed by the manager.

A front sheet on staff files would make it easier to audit each file.

Staff development reviews should be undertaken with staff annually.

The manager should keep a list of staff signatures to identify who completed the records.

Quality Of Life

Overall, people were very positive about their experience of the agency and spoke highly of their care workers and the registered manager. People told us they had regular care workers who they liked and knew well.

People using the service can be confident that staff who support them have up to date information about their assessed needs. The manager visits people, if possible, prior to the care being offered, but usually they will accompany the carer on the first visit. During this visit the manager will go through the service delivery plan implemented by social services. The manager and the person using the service can then discuss the care and support they need and how it will be provided. Following this visit the manager will put together a record of all the tasks carers are expected to undertake. Within the files viewed we saw that one page profiles had been put on the files but the information within them was very limited. They did not look at the support in a person centred way. They were very task orientated with staff recording which tasks had been completed. Elements of care and support to be provided have been extracted from the service delivery plan and numbered to streamline communication records. The registered manager told us this had made it easier for staff to write the communication records, allowing them to spend more time with the person being supported.

We discussed with the manager the need to look at outcomes for people using the service. We evidenced practices carried out by staff in a person centred manner that enhance people lives and enable them to become more independent. The service delivery plans should reflect this way of working to evidence that the support being offered is person centred. Risk assessments are held on file in relation to moving and handling if appropriate, the physical environment of the property and any other areas identified as a potential risk. Within these documents we saw that the risk had been identified, but the actions to be taken by staff and the person to minimise the risk was not detailed.

Service delivery is reviewed by Social Services on a twelve monthly basis. These meetings are recorded and a copy kept on file in the office. The manager will visit people in the community to review the care but the visits and the discussions that take place are not recorded. These visits were discussed with the people we spoke with. They confirmed that the manager visits them to discuss their satisfaction with the care and support.

There have been no complaints or concerns raised since the last inspection, people we spoke with and staff confirmed that if they had any reason to raise a concern they would speak with the manager in the first instance. We were told that the manager "listens and would sort things out".

Quality Of Staffing

Overall, people using the service can be confident the staff that support them are themselves supported by the manager. The manager ensures that staff have an opportunity to share any concerns or comments by attending supervision meetings.

People can be confident that staff are recruited using the agency's policies and procedures. However, they cannot be confident that the manager has ensured all checks are in place before the staff member starts to work within the community. Regulation 15 of the Domiciliary Care Agencies (Wales) 2004 state "there is full and satisfactory information in respect of each member of staff" On examination of staff files we found that a staff member had started to work two weeks before the completed checks came through. As this has been identified after the event we will not issue noncompliance as the manager is now aware that all checks must be in place prior to commencement of employment.

We examined two staff files and found them to contain an application form, with evidence of previous employment. We saw interview questions and answers, a letter to offer the job and a contract of employment signed by the manager and the staff member. There was proof of identity and references. A range of training certificates are also held on file. It was evidenced that this training had taken place at the office prior to the staff members starting to work. This is achieved by staff attending the office every day for the first two weeks of their employment. They will then shadow experienced members of staff for two weeks prior to going out on their own.

Staff complete the Care Council for Wales induction programme with all staff undertaking the three day Manual Handling training. Disclosure and Barring Checks (DBS) are undertaken by the manager every three years. We saw evidence that staff attend supervision meetings with their manager. New staff meet with their manager every two weeks while longer serving members of staff meet with their manager every four to six weeks. The manager also works alongside the carers in a hands on capacity enabling her to monitor the care and support offered and gain peoples satisfaction with the service provided. People and staff we spoke with confirmed that the manager visits on a regular basis. People we spoke were very complimentary about the staff that visit them comments included "staff are lovely", "very kind", "always on time", "usually the same staff", "can't fault them" and "they do as I ask".

People we spoke with said that usually they had the same members of staff calling on them. On the odd occasion when a staff member was off sick or on holiday someone else would call. Staff have their rotas at least a week in advance; if the rota should change the manager will contact the staff member and inform them of any additional or cancelled calls. We were told that this system works well as there have been no missed calls.

Quality Of Leadership and Management

Overall, people using the service are aware of the lines of accountability and leadership and the registered manager is visible, approachable and responds to concerns.

We saw evidence of this during the inspection. The manager plays a hands on role within the community. She knows the clients as she visits them either to offer support or to monitor the supported being offered by her staff. People we spoke with and the staff spoke highly of the manager saying how supportive she was.

People can be confident that there are robust, transparent systems in place to access the quality of the service in relation to outcomes for people. Staff record their visit and the care and support given in a folder kept at the client's house. These records are returned to the office weekly for the manager or the business support to audit. We saw evidence of these audits which have a weekly overview log completed by the auditor. This, at a glance gives the manager an understanding of the health and wellbeing of each person. The manager should hold a list of staff names and their signatures as some of the signatures on the daily records are illegible.

People can be confident that the staff who support them are valued by their manager, they are given clear direction and their potential promoted. Staff attend supervision with their manager but they do not attend a staff development review. This review would give both the staff member and the manager an opportunity to review the standard of performance and identify any training or development needs, it would also evidence the level of support and respect the manager has for her staff group. This review should take place annually with all discussions and outcomes recorded. The manager holds staff meetings with minutes being sent to staff that were unable to attend.

There was evidence through discussion and paperwork in the office that the manager reviews the performance of the agency. However, people that use or work for the agency do not have an opportunity to see how the agency monitors their performance. This is because the manager does not complete a quality review. Regulation 23 of The Domiciliary Care Agencies (Wales) Regulations 2004 states that the registered person must make suitable arrangements to establish and maintain a system for reviewing and improving the quality of the care given to service users. Following the review of the quality of care the registered person should prepare a report and make it available for service users, representatives of service users, local authority, staff and the National Assembly.

People can be confident that the manager keeps up with training needs along with staff. The manager holds the National Vocational Qualification (NVQ) Level 4 manager award and the Care Quality framework (CQF) Level 5.

Quality Of The Environment

The theme 'Quality of the Environment' is not applicable to a domiciliary care provision as the service is provided within the person's own home.

How we inspect and report on services

We conduct two types of inspection; baseline and focused. Both consider the experience of people using services.

- **Baseline inspections** assess whether the registration of a service is justified and whether the conditions of registration are appropriate. For most services, we carry out these inspections every three years. Exceptions are registered child minders, out of school care, sessional care, crèches and open access provision, which are every four years.

At these inspections we check whether the service has a clear, effective Statement of Purpose and whether the service delivers on the commitments set out in its Statement of Purpose. In assessing whether registration is justified inspectors check that the service can demonstrate a history of compliance with regulations.

- **Focused inspections** consider the experience of people using services and we will look at compliance with regulations when poor outcomes for people using services are identified. We carry out these inspections in between baseline inspections. Focused inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focused inspections may be scheduled or carried out in response to concerns.

Inspectors use a variety of methods to gather information during inspections. These may include;

- Talking with people who use services and their representatives
- Talking to staff and the manager
- Looking at documentation
- Observation of staff interactions with people and of the environment
- Comments made within questionnaires returned from people who use services, staff and health and social care professionals

We inspect and report our findings under 'Quality Themes'. Those relevant to each type of service are referred to within our inspection reports.

Further information about what we do can be found in our leaflet 'Improving Care and Social Services in Wales'. You can download this from our website, [Improving Care and Social Services in Wales](#) or ask us to send you a copy by telephoning your local CSSIW regional office.