



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

Care and Social Services Inspectorate Wales

Care Standards Act 2000

Inspection Report

Haven Homecare Trust

Cardiff

Type of Inspection – Baseline

Date of inspection – Wednesday, 28 September 2016

Date of publication – Wednesday, 26 October 2016

Welsh Government © Crown copyright 2016.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk You must reproduce our material accurately and not use it in a misleading context.

Summary

About the service

Haven Homecare Trust is based in Rhiwbina, Cardiff. The service is registered to provide support for people living in their own homes, including older people, those with physical disabilities, sensory loss, mental health needs or dementia. The registered manager is Jennifer Yarham. The registered provider, Haven Homecare Trust, is a not-for-profit charitable trust, registered charity number 1072416. The trustee board and management committee have nominated a trustee as the responsible individual, who is the person responsible for overseeing the operations of the agency..

What type of inspection was carried out?

We, the Care and Social Service Inspectorate Wales (CSSIW) carried out a scheduled, unannounced, baseline inspection. This report is based on our findings, which looked at three quality themes; quality of life, quality of staffing and quality of leadership and management. We also followed up one matter from the previous inspection. The registered manager was present during the inspection. Information for this report was gathered from:

- a review of information held by CSSIW about the service, which included the previous inspection report
- interviews with two individuals receiving a service and the family member of an individual who funded their care privately
- discussion with the registered manager and senior carer
- sampling of documents, including individuals' files, personnel files and documents associated with running the agency, such as policies and call monitoring logs.

What does the service do well?

We did not identify any specific areas of excellence during this inspection.

What has improved since the last inspection?

Since the previous inspection, the following improvements have been made:

- increased sustainability of the service by providing support to an extra 15 people;
- installation of new IT software to audit and monitor the quality of the service;
- appointment of a new service manager and senior carer; and
- an increase in the number of staff holding or working towards appropriate qualifications.

What needs to be done to improve the service?

We notified the provider that the service was not compliant with the following regulations:

- Regulation 14 (1) (b) and (c) and Regulation 14 (5) (c): This relates to a person with complex physical care needs being provided with a service without a handling and positioning risk assessment being carried out. We have not issued a non-compliance notice on this occasion. This is because the manager had already taken action to address the matter, including providing care workers with opportunities to shadow more experienced staff when carrying out moving and handling practices.

- Regulation 14 (6): This relates to inaccuracies in medicine administration records. We have not issued a non-compliance notice on this occasion. This is because action was being taken by the manager to address these issues including, for example, using the staff disciplinary procedure, providing staff training and increased auditing of records.
- Regulation 4 which states that a statement of purpose must be developed which consists of the matters listed in the Regulation and Schedule 1. The document should also be written in line with National Minimum Standards. We have not issued a non-compliance notice on this occasion. A copy of the amended document must be forwarded to CSSIW.
- Regulation 5 which states that a service user's guide must be developed which consists of the matters listed in the Regulation and, where described, Schedule 1. The document should also be written in line with National Minimum Standard 1. We have not issued a non-compliance notice on this occasion. A copy of the amended document must be forwarded to CSSIW.

Practice recommendations:

- Individuals should be provided with a comprehensive initial assessment, to ensure that their needs can be fully met. This should include a separate moving and handling risk assessment. The assessment should be drawn up in consultation with the individual and included in the service delivery plan for staff to refer to.
- Management should satisfy themselves that referral processes are in place to enable people to access specialist support. For example, an assessment from an occupational therapist in relation to moving and handling individuals.
- Management should review the quality and nature of their moving and handling training for staff and satisfy themselves that it is sufficient to meet the needs of people receiving a service.
- A more robust audit procedure should be established to monitor the accuracy of medication administration records, so that the well-being of individuals is protected.
- A formal supervision process should be established for all staff, including the registered manager.
- More attention should be paid to ensuring records are fully completed and dated, and also signed by both parties where applicable.

Quality Of Life

Overall, we found that people and their families were happy with the agency. People were able to make their own decisions and their independence was promoted. Staff had good relationships with the people they supported. However, more attention should be paid to ensuring people have comprehensive assessments so their needs are met and they experience well-being and good health.

People have choice and influence. This is because staff understand that people have a right to make their own decisions. We found that people had choice regarding the sort of care they received, the food they wanted to eat and how much support they had during personal care tasks. An individual confirmed to us that when they first met agency staff they were able to specify the things they needed done. People and their families felt that the agency was also flexible when they needed to make changes to their usual call. A relative told us that they had been present at the initial assessment meeting which the manager attended and that they specified exactly what they needed from the agency.

People experience wellbeing and a sense of achievement. This is because staff promote people's independence by identifying what they can do for themselves and where they may need support. Evidence showed that people were encouraged to take responsibility for their own health and personal hygiene as far as possible. One person's needs assessment included instructions for staff to facilitate their independence, encourage them to do as much as possible for themselves but to be on hand when assistance was needed. An individual who funded their own care told us, *"I can manage without them at a pinch, but I see it as something that keeps me on the ball as well, so if I get rather lazy about tidying, it gets me motivated to get it ship-shape."*

People do not always experience appropriate, responsive care from staff who have an up to date understanding of their individual needs. This is because individuals are sometimes provided with a service without an adequate and accurate assessment of their needs. For example, we found evidence that a person with very complex physical care needs did not receive an appropriate risk assessment in relation to mobility. Staff were not provided with enough information to enable them to carry out personal care tasks in a way which promoted the individual's well-being, safety and dignity. We discussed this in depth with the manager, who agreed that a risk assessment should have been carried out. We were told that staff subsequently shadowed more experienced staff over a period of weeks until they felt competent.

People experience warmth and attachment. Staff maintain good relationships with people and their families. Records showed examples of this and how staff took time to talk with people. In daily notes we read, *"Had a chat with X"*, *"Had chat with Y about dogs,"* as it had been highlighted that this person liked dogs. A relative explained that staff provided their family member with good social interaction, *"They have a chat with her, make her cups of tea. They change the carers around to break the week up for her."*

Quality Of Staffing

Overall, we found that staff communicated with people in a way that they could understand. They were punctual and carried out the visits specified on their rotas. Staff turnover was low. However, there was no formal system to monitor and support staff in their role.

People with more complex needs experience engagement with staff. This is because staff tailor their communication appropriately to suit individual abilities. A family member of a non-verbal individual told us that staff took time to explain things to their relative so that they were able to understand what was being said. The family member of an individual with dementia also confirmed that staff communicated appropriately with their relative. We saw that the agency offered people the opportunity to receive the statement of purpose and service user guide in an accessible format, so that people could read for themselves what the service has to offer.

People receive timely support and care. The agency operates a call logging system which helps ensure staff are punctual and support people when they need it. We were shown the new electronic logging system and were told that it instantly flagged up if care workers were running late, so office staff could contact people to inform them straight away. Individuals told us that care workers were punctual and carried out visits in line with their rota. One person said staff, "...*have to ring back when they arrive and they depart.*" They added, "*Some are very, very punctual and some are quite punctual.*" A family member said they were pleased that call monitoring was in place, as they felt it also offered added protection for vulnerable people.

People are cared for by familiar staff as turnover is low. Staff have been working at the agency for a long time so individuals know them well. Although some people receive support from a number of different care workers, we found that these staff were part of a core team. This provided consistency and familiarity for people. The manager told us that the agency never used temporary staff. One person who had received a service for eight years told us that although in the past they had experienced a '*whole variety of people*' the agency had now arranged that only one care worker provided support for them. We examined one person's daily notes which showed that generally the same group of care staff attended their home. A member of staff told us, "*I've worked for other care agencies and I've never seen anyone stay as long as they do here.*"

People receive care from relaxed staff able to cope with more complex demands without becoming stressed or resentful. This is because staff are given opportunities to discuss their concerns and any development needs they may have. The manager told us that a weekly newsletter had been set up to promote a '*whole*' team approach and this let them know what they could do to support each other. She also explained that she has an open relationship policy and staff can talk to her about anything. A staff member confirmed that they received supervision and appraisal sessions and said, "*It's great. A lot of it is supervising as I go, we talk about it all the time. It's very open, if there's a problem I come in and we talk.*" However, from discussion with the manager we found that supervision was carried out on a very informal basis and that no written records were kept. We have made a good practice recommendation in relation to this matter.

Quality Of Leadership and Management

Overall, we found a clear management structure in place. The manager dealt with staff performance issues and complaints in an appropriate manner. The new IT system provided for better sharing of information and call monitoring. A relative told us that they felt the agency was well organised and reliable. However, more attention needed to be paid to record keeping and monitoring, in order to protect people's well-being. Also, although people were provided with a statement of purpose and guide about the service, these documents required improving.

People using the service, working in the service or linked to the service can be reasonably clear about what it sets out to provide. The agency has produced a statement of purpose and service user guide. However, we found that neither document included all the information that regulations required. For example, the statement of purpose omitted details about staff qualifications, the agency's charges and the complaints procedure and the service user guide did not include the agency out of hours contact number. The review dates on the documents were the 27 December 2012 and the 25 April 2015, respectively. Regulations state that they should be reviewed at least annually.

People can be reasonably confident that they are safe because generally the business is well run. This is because the agency is operated by an experienced and qualified manager. However, although the agency had a history of compliance with regulations, on the day of our inspection some records, we found that some processes and monitoring systems required improvements. The agency's quality of service report would also have benefited from having an action plan included.

People using the service can be confident the provider will respond positively to feedback and critical incidents. The manager has processes in place to improve staff performance. We followed up a matter from the previous inspection report regarding the completion of MAR charts (medicine administration record). From discussion and scrutinising records, we found that the manager used a variety of methods to reinforce to staff the importance of completing these accurately. This included scrutinising the charts, providing staff with reminders and a copy of the medication policy and using the disciplinary procedure when necessary. Staff received medication training during induction and also refresher training. However, we felt that there was still room for improvement as we noted numerous gaps in some charts. We therefore recommended that a more robust audit procedure was used to monitor MARs.

People experience a reliable, improving service which they can rely upon. The provider has a formal procedure which ensures that complaints can be rectified and learnt from. We found evidence that a recent complaint had been dealt with appropriately, which included taking disciplinary action and ensuring the staff member concerned was monitored via observation and supervision. A new IT system had been installed which allowed staff to instantly record and access people's files in 'real time' which improved communication so that individual's needs were more efficiently met.

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.