



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

Care and Social Services Inspectorate Wales

Care Standards Act 2000

Inspection Report

Somebody Cares Limited
560 Cowbridge Road East
Canton
Cardiff CF5 1BP

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Summary

About the service

Somebody Cares Limited is a domiciliary care agency registered with Care & Social Services Inspectorate Wales (CSSIW) to provide home care to people with a variety of personal care needs. The agency, based in Canton, provides personal care and support to people who live in and around Cardiff. The registered manager and responsible individual is Julie Borek.

What type of inspection was carried out?

We undertook a full inspection as part of our inspection programme. We made an unannounced visit on 15 January 2018 from 12.30pm to 7.00pm, to the office and later visited three people in their homes. The following method was used:

- We met the registered manager at the premises and had discussions about the management of the service. We looked at a range of care and other records.
- We selected six care files. We examined the contents of the written records, risk assessments, care assessments and care plans. We discussed and examined the staff recruitment, induction, training and supervision records of five care staff and also their management supervision. We were given copies of the agency's statement of purpose, service user guide and staff training matrix and discussed the annual quality assurance review.
- We assessed the quality of leadership and management by discussions with the registered manager and also separately with talks with individual staff.
- We accompanied a care worker on three early evening calls, for a period of three hours, to meet people who were using the service and see their care provision.

What does the service do well?

- Care and support is provided by motivated staff. The service is organised well and managed competently by the registered manager, with active management support from the human resources officer, the quality monitoring officer and the two planning coordinators.

What has improved since the last inspection?

- No areas for improvement were identified at the last inspection.

What needs to be done to improve the service?

- No areas for improvement were identified in this inspection.

Quality Of Life

People are provided with a good level of personal care and support adapted for their specific needs, to enable them to be supported in the community. Each person who received the service had an assessment and an agreed care plan. It was based on the initial joint care and support plan printed by Cardiff and Vale local authority issued under a tendering process to care agencies. The assessment covered areas that would be a risk and an environmental assessment, and where indicated, infection control, hoist use and other areas as applicable to the individual. The local authority monitored all funded contracts. We conclude that assessments and care plans are person-centred.

Each person was offered a flexible service to meet their assessed needs. Calls for assessed and agreed needs were timed so that people were provided with an effective service. It involved, for example, choosing a meal with preparation and provision, toilet and continence care, chats and conversations; with a final check on the immediate environment. We arranged and spent time on early evening calls with two care workers for single and double staff home care and support. The care worker we spent most time with during the evening house calls reported a steady workload with people whom they were familiar. We witnessed how those people visited responded well to the care worker. We also spoke with a family member we met on one call and privately discussed their care. They were complimentary of the ability and friendliness of the staff when engaging with their relative. Staff had been well prepared for their duties. We were impressed with the organisation of care at each call which was provided with humour and with unrushed choices, so that each person visited felt in control of the service. We judge that people are treated in a manner that is warm and friendly.

People can expect to have a team of familiar care workers visiting them at home and are encouraged to express their views and influence their personal care plans. We looked at six individual care plans issued by the agency. We also spoke with the quality monitoring officer, who explained that an initial assessment was followed by quarterly checks and reviews of the service provision. We identified that each area was completed and recorded with a signed agreement, all in sufficient basic detail. Personal care and support details were specific for each person and included contact details for their own GP and their family. Those details were replicated in the home of each person which had additional information so that care workers were aware of specific detail. After each visit we saw that a written record documented the care and support provided. Overall, we saw that assessments and risk management documents had been completed in specific detail. Healthcare needs were also recorded, with contact details of district nurses, along with nurses for people who received continuing health care funding. We met a community nurse during one visit and found good supportive contact between everyone. People had their care needs regularly reviewed by the care agency, which recorded any changes and thereby maintained a safe service for people who sometimes could not easily express their views. People were provided with care and support delivered for their individual requirements in line with identified good practice. We conclude that the health,

well-being and security of people who use the service are characteristics of the service provided by the care workers of this agency.

Quality Of Staffing

People receive a caring and responsive service from staff who are given training and guidance to support them in their roles which enables them to provide an effective service. We were introduced to the human resources officer, who provided a selection of individual files of six people who used the service and five care workers. We were provided with a room to peruse these files, with the quality monitoring officer readily available, who then assisted us with any questions. Regarding staff, we were satisfied that they were only recruited after suitable checks, including the disclosure and safeguarding procedures. People selected for interview were appointed if successful. Staff turnover was moderate. New staff had a thorough induction and shadowing period with an experienced staff member. They were provided with a range of core and specific training for their roles. The staff files seen were all in sound order, with the required information recorded. Each file contained a photograph, application checklist, two references, interview notes, disclosure and barring (DBS) check, probationary report, staff handbook, staff monitoring reports, individual quarterly supervision and annual appraisal. Formal supervision involved regular 1:1 meetings between a member of staff and their line manager to discuss performance and development needs. The recruitment, induction and training of staff is comprehensive and recorded in good detail.

People will find staff to be well-trained and knowledgeable in providing a good service. Staff training included essential core topics and also specialist training, such as diabetes care, Huntington's and also the Mental Capacity Act 2005. The staff training matrix showed that all staff had completed induction and core training topics. Some others had completed training in medication, infection control, mental health, learning disabilities and dementia care. We saw good examples of staff engaging with people with physical or mental health needs by talking to them in an understanding manner which stimulated responses. People receive care and support from staff who are enthusiastic and skilled in their duties and who value the people in their care.

People are provided with a service that is committed to achieving high standards in the delivery of care and support in their own homes. Staff had been provided with initial training and specialist training by a variety of systems, which included an induction course, online courses and local authority courses. We were informed by the manager that the agency had good access to the local authority courses in manual handling, emergency first aid, infection control and food hygiene for example. The manager told us that Barry College and a Cardiff training company provided a care qualification course to work through, where staff could achieve a level 2 care qualification issued under the Qualification and Credit Framework (QCF). Some staff also had a level 3 qualification for their professional development. Senior staff had higher qualifications. At the time we inspected, 23 care workers provided care and support to 58 often frail and vulnerable people. We were given the opportunity to meet several care workers who called in or who were doing online training in the office. Staff clearly enjoyed their office visits and

engaged with the supervisors and managers. One care worker was working through an online training package and expressed to us their satisfaction and pleasure in their work. People who use the service can expect to normally receive care services regularly from a small team of dedicated care workers who enjoy their home care duties.

Quality Of Leadership and Management

The service is led and managed to a sound standard by an experienced and skilful manager. The manager had excellent experience and demonstrated a range of skills throughout the inspection. The manager showed a commitment in providing a service which we found was organised, thorough and methodical in the systems adopted. The manager reported their personal training updates and their involvement in Care Forum Wales meetings, where providers met and then attended the local authority provider meetings. In addition, we were informed that staff meetings were held quarterly where staff met together and any development changes could be announced. That linked in with the manager's 1:1 conversations with staff as they called into the office on Fridays for their rota of work for the following week, when handover information was also exchanged. There was an on call system of senior staff that responded to calls for advice or changes reported when staff were out on their rounds. We asked the manager, who is also the company managing director, about the recent name change of the company that ran the care agency. The care agency is professionally managed by the manager and senior staff.

People and their relatives can be clear about what the service provides as there is a comprehensive statement of purpose and guide to services, which set out the aims of the service and what people can expect. We read information from the detailed statement of purpose and the service user guide which showed the extent of the service. Formal individual staff supervision sessions with a senior staff member were also evidenced and were recorded on a consistent basis. During discussions with the manager, we confirmed that a quality assurance survey was held annually, when people who used the service and their families were given an opportunity to respond. There were processes in place to record any concerns or complaints and each person who used the service had been provided with a written explanation of the process. We were also told that no serious incidents had occurred and no significant complaints had been reported since the last inspection. We had a discussion with the care coordinator regarding the continuity of care and were shown the current staff allocation, some of which needed to be resolved that day. The care coordinator was confident that staff were adaptable and they took it as a needed duty to alter their rota of scheduled work when required. That was confirmed when we talked with care workers on the evening shift. We consider that business management and the record-keeping overall is of a good standard.

Staff are confident in their roles and are trained to safeguard people from abuse. Safeguarding policies and procedures were in place, with suitable arrangements which protected people from abuse or neglect. We spoke with the care coordinator, care workers and the manager. In addition, we spoke separately with people using the service and one relative. We were satisfied that each person was provided with a care package and had their choices identified, signed and recorded in the delivery of care. People benefit from having a service that prioritises good care delivery and care packages, with

effective supervision by the care management team.

Quality Of The Environment

The quality of the environment is not a theme applicable to a domiciliary care agency, at this time. However, we found that the agency operated from offices on two floors with various rooms on each floor. The entrance had a front reception desk with the registration certificates displayed. Confidential information was stored securely. The accommodation was well equipped and had sufficient space for record keeping, holding various meetings, small training events and staff supervision sessions.

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.