



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

Care and Social Services Inspectorate Wales

Care Standards Act 2000

Inspection Report

Cymryd Rhan (Dom Care)

Llandrindod Wells

Type of Inspection – Full

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Summary

About the service

Cymryd Rhan is registered with Care and Social Services Inspectorate Wales (CSSIW) to provide care services to older people, older people with dementia/ mental infirmity, adults with a physical disability and adults with a learning disability. Services are provided in Powys, Conwy, Carmarthenshire, Denbighshire, Wrexham and Flintshire. The registered office for Powys and Carmarthen is based in Llandrindod Wells and forms the basis for this inspection. The other regions are inspected separately.

The Registered Provider is Cymryd Rhan, a voluntary organisation, registered charity and limited company. The Responsible Individual is Mr Nick Evans. The manager is in the process of applying to become registered with Social Care Wales.

What type of inspection was carried out?

This was a full inspection looking at the three themes as detailed later in the report. The 'environment' theme is not relevant to domiciliary care agencies other than checking that the office is suitable to operate the business from.

We visited the main office and made further arranged visits to people receiving the service.

We looked at the following to inform our findings:

- Information held by CSSIW about the service since the last inspection
- Discussion with the manager and registered individual obtaining information about the operational procedures.
- A visit to three people receiving the service obtaining feedback from them and their relatives, and also looking at their service delivery files.
- Speak to two staff members in private
- Look at samples of staff files to see evidence if thorough recruiting procedures are being adhered to and that training and supervision are provided.
- The Statement of Purpose, Service User Guide and Quality Assurance Report.

What does the service do well?

We found that the service was adhering to the Domiciliary Care Agencies (Wales) Regulations and the National Minimum Standards for Domiciliary Care Agencies Wales. We evidenced that it was meeting its objective well.

What has improved since the last inspection?

The previous inspection identified that the service was operating without a registered manager. At the time of the current inspection visit the manager stated that he had applied to become registered with Social Care Wales. Prior to completing the report the manager notified us that he is now registered.

We saw that the new service delivery plan documents were well formatted and completed in an informative manner. There was evidence in the form of the person's signature to indicate that the plans had been discussed and agreed by them. This improvement demonstrates that the agency is complying with the National Minimum Standard for Domiciliary Care Agencies Wales Standard 4.

Since the previous inspection staff have received training in dementia care.

The previous inspection identified that a quality assurance report had not been completed. We saw that a report had been completed for the previous year.

We found that medication administration charts were being used appropriately and told that the organisation's medication policy had been agreed by the local authority. Staff and management had also attended a two day training event.

Since the previous inspection management and staff have received risk assessment training tailored specifically for the organisation.

What needs to be done to improve the service?

Recommendations for improvement

When recruiting new staff, management need to show evidence that any gaps in employment history are explored and that this is documented in the staff file. This was brought to the attention of the registered individual and manager during the inspection.

We were told that annual appraisal of staff had not been completed, but we understood that the procedure had commenced and that staff had received their part of the form to complete prior to meeting with management.

At the time of the inspection visit we found that not all staff supervision notes were signed and dated by both parties. We brought this to the attention of the registered individual and manager and received assurance from them that this would be actioned.

Quality Of Life

People and their families value the service. We were told that the thought of having care staff coming to the house was daunting, but that it soon became a very positive experience for the person receiving the service, and their family. People said *“life has improved a lot for us since having the carers”* and *“the girls are excellent and go over and beyond their call of duty”*.

People told us that they are informed in advance which carer is coming on each visit and that it is the same team of staff, usually three staff on rotation. A gentleman told us that he has received the service for two years during which time there has been consistency of staff whom he has become familiar with. They recognise early on when there is a need to contact health care professionals. An example given was that urine is measured and recorded when the catheter bag is emptied. If the output is significantly less, implying that the flow is impaired (which he experiences occasionally), the carers are able to alert the district nurse so that action can be taken in a timely manner. A next of kin told us that he feels involved in the plan of care and that he is kept informed of any changes which he finds reassuring. Any changes noted are discussed with him, such as the need to call the general practitioner or other health care professionals.

We saw that the service delivery files included the necessary information about the service, such as the statement of purpose, service user guide, contact details of the office and similar. We noted that the daily record that staff had written on each visit was relevant and informative including the date, time and signature of the staff completing. Any changes were being relayed to the team leaders and manager in the office electronically so that all relevant staff would have the current information. This ensures that any action to obtain specialist intervention can be obtained as soon as possible and that service delivery plans are as current as those held in people's homes. Since the previous inspection we saw that new service delivery plans were operational and had been formatted to reflect more person centred care and well-being outcomes. From reading the plans a carer would have sufficient information to deliver the care efficiently and know what the person's interests were. We saw that the persons, health, mobility, medication were recorded and that the plans for each call were detailed with emphasis on the routine and wishes of the person receiving care. Examples of these were how the person liked his tea, his usual food preference for each meal and the sequence of how he wished to have personal care. We saw evidence that, where possible service delivery plans were being signed by the person receiving care or their representative indicating that they had been involved in devising their plan.

Risks are being recognised and reduced whilst independence is being encouraged. We noted that critical information, such as allergies, living with diabetes and similar had been documented and that medication administration charts were being recorded appropriately.

Quality Of Staffing

People benefit from a service where staff are well lead, trained and supported. We looked at three care workers files and one team leaders file, which demonstrated that required checks, clearances and information had been conducted and held on files and electronically through 'Simply Me' system. However, one of the three files revealed a gap in their employment history with no documented evidence that this had been explored by employer. It was noted that since the last inspection and discussion regarding Regulation 15(1)(b) a new prompt to explore gaps in employment history had been introduced but this correct documentation was not always being used. This was raised with the manager who undertook to rectify as soon as possible and archive old documentation. The supervision records for three workers were also checked, and were found to be taking place within the required timescales, however one was not signed and dated by the supervisor and one record was not signed by the supervisee. Appraisals were not taking place in accordance with National Minimum Standard 21.5. This had already been highlighted by the manager who recognised that historically appraisals had not been taking place. The manager had discussed with team leaders at a recent meeting and the process of issuing appraisal documentation had commenced.

We also looked at the training matrix which demonstrated that care workers receive a range of mandatory and specific training including:

Induction awareness

Health and Safety

Risk Assessment

Safeguarding of Vulnerable Adults

Safe Administration of Medication

Food Hygiene

Infection Control

Dementia Care

Manual Handling

First Aid Awareness

Confidentiality

Person Centred Care

Staff also benefit from an in-house trainer and specific training room with access to video conferencing facilities and Webinar. On-line training has a pass rate of 90%, the training matrix will be updated to reflect number of attempts taken to achieve pass rate.

We were shown identification photograph of staff member held electronically and an example of an ID badge.

The manager informed us that seven staff are fluent Welsh speakers in Powys and Carmarthen and that three understand basic conversation. This was supported by one service user who told us that two carers spoke to them in Welsh, and others attempted basic Welsh conversations, which they were happy with. People spoke highly of the care and support they received from care workers.

We spoke to two care workers who felt supported throughout their induction period with shadowing opportunities provided and good access to training. This is because they were able to access support from team leaders and had opportunities to meet in sub-offices. They told us they were confident in seeking advice and support from team leaders and happy with the 'on call' system. They were able to clearly explain the organisations lone

worker policy, safeguarding and person centred care. Care workers stated that management were always approachable, that they felt 'valued' and were working for a 'really good company' that delivered the ethos of person centred care. During discussions with care workers they were able to provide us with details regarding people's personal history. We saw written evidence of appropriate daily recordings and current risk assessment plans in people's care files.

Quality Of Leadership and Management

The responsible individual and manager are enthusiastic about the quality of the service and outcome for people. They are responsive to recommendations for improvements and actioned those from the previous inspection. Methods are in place to collate people's views to improve the service as we saw that management had completed a quality assurance report for the previous year. From the discussion had with both the registered individual and the manager we concluded that the service is striving to improve people's well-being as detailed in the objectives set out in the organisations' Statement of Purpose. This document sets out the level of qualifications, induction and ongoing training provided for staff and the measures taken to safeguard people receiving their service. The terms and conditions of service are also provided. We saw that the Service User Guide document was available in people's service delivery files. This was seen to be presented in an appealing format using large font words and a pictorial format including information such as the support people can expect, "how we will work with you" and how to make a complaint. Photos of the responsible person and regional manager were also included. The document gave the person receiving the service and their family information about how the service supports and safeguards them, and the organisations responsibilities for the health and safety of their staff. The documents are not yet available in Welsh, but we are told that they are working towards providing an 'active Welsh offer' and that seven staff members are fluent Welsh speakers and another three can converse basic conversation.

We note from the organisations statement of purpose that it acknowledges the challenges that people living in a rural area encounter and strive to minimise this. It focusses on local provision and has four team leaders in each sub area, each with a team of care staff working in each locality. These are located in Llandrindod, Rhaeadr, Ystradgynlais and Llandeilo. There are sub-offices close to these areas in Llanybydder, Llandeilo and Rhaeadr. People told us that calls are not missed unless they have been notified in advance. In a recent spell of snow a person told us that a carer came in a borrowed 4x4 vehicle. This demonstrates that management have contingency plans in place for people living in rural areas. Team leaders have regular meetings and one had been held the previous week. Management are currently working through the actions from this meeting. All staff meetings are held every three months. The organisation uses electronic means such as Webinar and Skype to keep in contact with staff. They are issued with electronic phones and can log in and update the care management system ensuring that all relevant people are alerted to any changes. The organisation operates a rolling rota 'on-call' system with four team leader and the manager every fifth week. In order to simplify contact the phones are diverted and the same number used.

Procedures are in place in an effort to safeguard people. We understood that robust induction and probation procedures are adhered to and that two staff failed to pass this recently. However we noted that the performance review appraisal had not been completed but were told that the process of issuing appraisal documentation had commenced in that staff had received 'part 1' of the form prior to having their 1:1 meetings. We understood that management have a good relationship with the commissioning authorities and that they had attended a two day medication training provided by one of the authorities. The managers also attended the training. There is a

designated 'Learning Manager' for the organisation who leads on the training of personnel and we understood that the trustees of the organisation also complete e-learning training.

Quality Of The Environment

The quality of the environment does not relate to domiciliary care other than checking that the main office is suitable to operate the service from, and we found that this was the case.

We noted that there was a staffed reception area on the ground floor with other usual office facilities and a large room available to deliver training and meetings on the first floor.

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.