



Care Inspectorate Wales

Regulation and Inspection of Social Care (Wales) Act 2016

Inspection Report

**Cheerful Elegant Healthcare Ltd
58 – 60 James Street
Cardiff
CF10 5EZ**

**Type of Inspection – Full
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Summary

About the service

Cheerful Elegant Healthcare Ltd is registered with Care Inspectorate Wales (CIW) as a domiciliary support service within the Cardiff and Vale regional partnership area. CIW regulates the care and support provided by the service, but this does not include the accommodation people live in.

Abdul Mohammed is the responsible individual (RI), who is accountable for providing operational oversight of the service. A manager is in place who is registered with Social Care Wales.

What type of inspection was carried out?

We undertook a full, unannounced inspection of the service in line with our inspection programme on 06 June 2019. Following this, we obtained feedback from individuals, relatives and staff between 07 June and 10 June 2019. The following sources were used to inform this report:

- Information we already held in respect of the service, such as the registration report and statement of purpose.
- Discussions with the RI. The manager was unavailable at the time the inspection took place.
- Telephone feedback from three staff.
- Feedback from four individuals and/or their representatives, comprising three home visits and one telephone feedback.
- Examination of care records for three individuals.
- Examination of documentation relating to call planning and delivery, including staff rotas, daily care logs and call schedules.
- Examination of three personnel records, which included staff training and supervision records.
- Records in relation to complaints, compliments, incidents and accidents.
- Matrixes relating to staff training and supervision.
- Examination of monthly audits of medication and care records.
- Quality assurance reports dated December 2018 and March 2019.
- Written guide to the service.

More information about what we do can be found on our website:

www.careinspectorate.wales.

What does the service do well?

We did not identify any areas which exceeded the minimum requirements of the Regulations and Statutory Guidance.

What has improved since the last inspection?

This was the first inspection of the service under the Regulation and Inspection of Social Care (Wales) Act 2016. Any improvements will be considered as part of the next inspection.

What needs to be done to improve the service?

Improvement is needed in order to fully satisfy the following requirements of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017:

- (1) *Reviewing the personal plan (Regulation 16(1))*: The personal plan must be reviewed as and when required, but at last every three months.
- (2) *Notifications (Regulation 60)*: The service provider must notify CIW of any of the events specified under Parts 1 and 2 of Schedule 3 of the Regulations.
- (3) *Oversight of the adequacy of resources (Regulations 74(1)-(2))*: The RI must report to the service provider at least quarterly on the adequacy of resources available to provide the service in accordance with the requirements under Parts 3 to 15 of the Regulations.
- (4) *Six monthly quality of care review (Regulation 80)*: The RI must put suitable arrangements in place to review the quality of care and support at least six monthly, which must cover all of the matters specified under Regulations 80(3)(a)-(d). The RI is required to prepare a report to the service provider regarding the matters specified under Regulations 80(4)(a)-(b).

Non-compliance notices were not issued on this occasion, as there had been no adverse impact to people using the service and the RI assured us they would put measures in place to address the deficits. We expect prompt action to be taken to comply with the above requirements, which we will follow up at the next inspection.

We made the following recommendations to help the service develop:

- (1) The monthly audits of medication administration records (MARs) and care records

should be more comprehensive, to clearly demonstrate that appropriate scrutiny of the records has taken place and what actions are taken in response to any discrepancies identified.

- (2) The written guide should contain all of the required information in the *Statutory Guidance for Service Providers and Responsible individuals on Meeting Service Standard Regulations* (February 2018).
- (3) The statement of purpose should contain more detail regarding the governance and quality assurance arrangements.
- (4) A record of the application of any topical creams and ointments should be maintained, to monitor what is used, by whom, when, in what quantity and to which areas they are applied.
- (5) The system for organising complaints records should be reviewed to ensure a full and clear audit trail is kept together, for ease of reference.

Quality Of Life

People are content with the overall service they receive. Individuals and relatives we spoke with provided mostly positive feedback regarding the care staff that delivered care and support to them. People told us staff were respectful and generally attentive to their individual needs. Some people told us staff occasionally required prompting with certain tasks although, on the whole, people were satisfied that the agreed care tasks were carried out. People told us staff mostly communicated with them in a manner which they understood. Examples of comments we received regarding the staff were:

- *“They’re very good with [individual]. Good and well mannered”* (relative);
- *“They’re wonderful”* (individual);
- *“The attention given to [individual] and their needs is good”* (relative).
- *“Quite good, the carers are very nice”* (relative).

Where issues or queries had arisen, most people told us they were able to contact the service and were satisfied with the response. People also consistently told us staff wore appropriate personal protective equipment. We saw there was a supply of personal equipment available in the service’s office and staff told us they were always able to replenish personal stocks when needed. This indicated that staff maintained appropriate infection control practices. We judge that people enjoy relationships with caring staff.

Personal plans set out people’s identified needs and how staff will meet them; however the plans are not reviewed as frequently as they need to be. Personal plans offered appropriate guidance to staff in delivering care, and the support required at each call was broken down for ease of reference. Staff told us that the care plans were clear to follow. We saw that risk assessments were in place to accompany the personal plans and they were reviewed at the same time, which we considered was good practice. However, the personal plans were not reviewed at least three monthly in consultation with all relevant parties, as required by the current regulations. From the home visits we undertook and feedback we received, we noted that all but one individual had received a copy of their most up to date personal plan. We discussed this with the RI, who assured us that the manager was in the process of arranging for a current copy to be provided. The RI confirmed they would ensure a current copy of the plan was provided to the individual and their representative. Whilst staff therefore have appropriate guidance in delivering care, the personal plans must be reviewed more regularly in consultation with all relevant parties to meet the current legal requirements.

People can feel confident that their needs will be mostly met in line with their personal plan. We looked at people’s house files which we considered were well organised. People had monthly care bundles used for documenting care delivery each month. We

examined personal care checklists which indicated appropriate care delivery, although occasional entries did not accurately reflect the care delivered. For example, one person's checklist indicated they had received assistance with a shower, which the individual and their relative informed us was not the case during that particular visit. The RI informed us that regular spot checks were undertaken and we had a discussion regarding what the checks entailed and the process for recording them. Daily logs we looked at recorded a summary following each visit, including the date, time in, time out and which staff had attended. The logs were mostly complete and, from discussions with individuals and staff, the entries accurately reflected the care that had been provided. We identified a discrepancy in one person's MAR which we discussed with the RI. They told us they would follow this up with the particular staff member.

People told us calls mostly took place in line with what was expected and they were mostly kept informed if staff were running late. Staff rotas reflected time for staff to travel between visits and staff we spoke with confirmed a reasonable allowance for travel time was given. We conclude that there are systems in place which promote effective call planning and delivery; although record keeping could be more consistent.

Quality Of Staffing

Processes are in place to ensure the safe recruitment of staff. Personnel records we examined contained the required recruitment information as per the regulations. We raised a query with the RI regarding an employment reference for one individual and suggested that all correspondence with the individual's former employer should be clearly recorded on their personnel file. Measures were in place which indicated references were being verified and that gaps in people's employment history were being followed up with them. We saw a specific form had been developed for this purpose, although we did identify occasional gaps in employment history where no explanation had been documented. We discussed these with the RI, in order to ensure all gaps were accounted for. Overall, the records indicate that measures are in place to ensure the people employed at the service are suitable to work with vulnerable individuals.

There are systems for overseeing the training and supervision needs of the staff. Staff provided positive feedback regarding the training provided and support they received in their roles. All of the staff we spoke with told us they received regular supervision. This was reflected, overall, in the supervision records and matrix we examined. We discussed with the RI a small number of staff whose supervisions were slightly overdue, which we were informed were being arranged. A training matrix was in place to oversee the training needs of all staff which indicated a programme of ongoing training was in place. Team meeting minutes we viewed showed staff were kept informed of developments within the service and had additional opportunities discuss any issues or concerns collectively. People therefore benefit from a service which ensures its staff have appropriate support, skills and knowledge in delivering care.

Quality Of Leadership and Management

There are internal systems to help quality assure the service provided; We looked at monthly audits of care records. We considered the system in place was effective and well organised, whereby each person using the service had a monthly bundle containing all relevant daily care records (e.g. MARs, daily care logs, personal care checklists). We saw the records were audited monthly; however we considered the audits could be more comprehensive as we identified several discrepancies which had not been identified within some of the audits. There was no record of these discrepancies or what action had been taken in response. Whilst the auditing process in place is therefore good, the audits themselves could be more detailed.

The RI's oversight of the performance of the service, and quality of care and support provided, is not as comprehensive as it needs to be. We had a discussion with the RI regarding their duties under the regulations, looked at two quality monitoring reports, obtained feedback from relatives, staff, individuals and looked at examples of completed service user and staff questionnaires. There was evidence to show the RI met with individuals and staff to obtain feedback about the service. In addition, quality reports we looked at showed that feedback had been obtained and considered from individuals, staff and stakeholders. This demonstrated a level of commitment to learning and developing; however there was insufficient evidence that all of the RI's quality monitoring duties had been fulfilled. We had a discussion with the RI regarding the particular regulatory requirements and also the relevant statutory guidance. Consideration of the above led us to judge that improvement is needed overall regarding quality assurance to fully meet the regulatory requirements.

There are policies to help guide staff and systems are in place for recording incidents, accidents and complaints. We viewed internal policies for admissions, complaints and medication which set out the service's internal processes and procedures. We recommended to the RI that each policy was dated, to clearly show when it had last been reviewed. We looked at records relating to incidents, accidents, safeguarding and complaints and there was evidence that the service had liaised with the Local Authority, where appropriate. We noted that information regarding complaints was partly stored electronically and partly in hard copy. This made the audit trail difficult to follow, which we raised with the RI in order to review, for ease of reference. From examination of incident and accident records, we identified two reportable occurrences in respect of which CIW were not notified, in line with regulatory requirements. We were satisfied from discussion with the RI, however, that the matters had been dealt with appropriately internally. Whilst there are therefore systems for dealing with day-to-day matters that may arise, all relevant occurrences need to be notified to CIW promptly.

People can have some understanding of the service they can expect to receive. A statement of purpose was available which provided people with important information about the service. We considered the document could be enhanced by including more information in respect of the governance and quality monitoring arrangements. We viewed the written guide to the service, which is intended to provide people who use or may wish to use the service in future with a clear understanding of the culture and ethos of the service. The guide did not contain all of the required information and was in need of review. We discussed this with the RI. People therefore have access to some, but not all, of the required information about the service.

Quality Of The Environment

The environment does not currently form part of the inspection remit of domiciliary support services in Wales. We considered, however, that the service operated from appropriate premises in which suitable arrangements were in place for storing confidential information.

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 contacting us.