



**Care Inspectorate Wales**

**Care Standards Act 2000**

# **Inspection Report**

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

**Mon Care Service**

**LLANGEFNI**

**Type of Inspection – Full**

**Date(s) of inspection – Tuesday, 18 June 2019**

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## Summary

### About the service

Mon Care Services is provided by the Isle of Anglesey County Council and registered with Care Inspectorate Wales (CIW). The agency provides domiciliary care services to people living within their own homes over the age of 18.

The responsible individual is Rachel Williams. The manager is registered with Social Care Wales (SCW).

The agency is located within the Council offices, Llangefni, Anglesey.

### What type of inspection was carried out?

We, Care Inspectorate Wales (CIW) conducted an unannounced visit to the agency office between 9:30 am and 2:10 pm on 18 June 2019.

This was a scheduled, baseline inspection which focused on people's quality of life, quality of staffing and quality of leadership and management.

Information for this report was gathered from the following sources:

- Telephone conversations with three people who receive a service.
- We spoke with the responsible individual, two care co-ordinators and two support workers.
- A sample of records in relation to three people who use the service.
- A sample of records in relation to recruitment, supervision and training for four support staff.
- Sample of policies including control and use of medicines and safeguarding.
- Copy of regulatory visits report.
- Information held on CIW database.
- The services statement of purpose.

### What does the service do well?

The service continues to provide a good standard of person centred care for people using the service. People are supported by competent, skilled and experienced staff.

### What has improved since the last inspection?

This was the first post registration inspection since the service was re registered under The Regulation and Inspection of Social Care (Wales) Act 2016.

### What needs to be done to improve the service?

There were no improvements identified at this inspection.

## Quality Of Life

In summary, we found people who used the service were supported to live their lives as independently as possible. People receive appropriate, person centred and outcome focused support from staff who have an understanding of their needs. People are regularly consulted about the support they receive and have input into this. Care and support plans are detailed and reflect the needs of the individual accurately.

People receive timely care, are respected, experience warmth, belonging and are comfortable with staff who support them. Each person receiving a service told us they were happy with the standard of care being provided. They told us staff understood their needs and treated them with “*respect*”, “*dignity*” and were “*friendly*” and “*professional*”. People stated they received care from a consistent staff team with minimal changes and disruption made to the staff rota. They stated they liked seeing staff familiar to them as it provided a continuity of care. People told us staff had supported them for a lengthy period and told us they had built a positive rapport and understanding with them. Staff told us they enjoyed their work and that the management team attempted to deploy them in areas close to their locality. They also stated they enjoyed building relationships with people and each spoke fondly about the people they supported. People are treated with respect, have developed safe, positive relationships and their needs and preferences are understood and anticipated.

Personal plans contain information regarding people’s care and support needs. We viewed three people’s care files and looked at their personal plans. We saw the personal plans were specific to each person and showed the type and amount of care and support they required. Depending upon the service requested, the plans focused upon encouraging and promoting people’s independence and meeting their specific needs. Discussions with staff and people receiving a service confirmed personal plans were kept at people’s homes. Relevant risk assessments had also been completed and discussions with people receiving a service highlighted staff were aware of their needs and personal preferences. Staff also praised the personal plans and stated they provided them with the information they required to deliver care in the way people wanted it. They also stated that if people’s needs changed, they were able to contact their supervisors who arranged for changes to be made to the plans. People are supported to receive the right care in the way they want it.

People are encouraged and supported to make choices and decisions. Three people we spoke with told us they had been involved in their care planning. They stated they had met with a care co-ordinator to discuss the type and frequency of service they required. They also stated they felt listened to during the process and that their views had been respected. Each person confirmed staff provided care and support consistent to the agreed personal plan and stated they were happy with the service. They also told us that overall, they had choice and control over their care provision. People we spoke with also told us they had been involved in their care planning and described it as a positive experience. Personal plans showed that people’s care and support needs had been assessed and agreed. People’s care files contained copies of assessments completed by commissioning services and additional information was obtained by the service when required. People receiving a service and staff also told us they had regular

communication with the management team. Whenever possible, people are involved in their care planning and are able to express their views and opinions.

## Quality Of Staffing

There are systems in place for ensuring the safe recruitment of staff. This is because safe recruitment and induction practices are in place. We viewed a selection of staff files. We saw that the service had conducted Disclosure and Barring Service (DBS) checks in a timely manner to certify staff members were suitable to support vulnerable adults. Staff files also showed the recruitment process was comprehensive with the service following up the information and chasing any gaps in the information provided. Staff members' files showed that they had completed application forms which contained details regarding their qualifications, previous work experiences and whenever possible, references from previous employers. The above demonstrates that the agency ensures the staff it recruits are suitable to work with vulnerable people.

People can be confident that staff receive regular supervision and have access to a range of training. We looked at the staff training matrix and saw that there was an effective system in place which highlighted when refresher training was required. There was evidence that staff had received both mandatory and specialist training such as stroke awareness and mental health first aid. We saw that staff induction followed the Social Care Wales programme and one member of staff told us "*induction really good and plenty of opportunities regarding training.*" The responsible individual told us that the majority of staff had undertaken the required care qualifications and credit framework (QCF). Each geographical area covered by the service has a co-ordinator, who monitors staffing arrangements, the supervision of staff, observes practice by visiting homes and identifies training needs. Team meetings are held on a regular basis. This demonstrates the provider's commitment to provide staff with a range of training opportunities to enable them to support people.

People receive responsive care from staff who have time to complete their duties. Each person we spoke with told us staff stayed for the duration of their allocated call time. They stated the service contacted them if staff were going to be late and stated this was a rare occurrence. We viewed the system being used and saw it enabled the management team to monitor calls and if required, assisted them to make any last minute changes to the rota. We saw the management team had processes in place to audit the visits. We saw that the service had a low record of missed calls and auditing process enabled them to make changes and to address any issues. We were told by staff, that being patch based they do not have long distances to travel between calls, and there was enough time to care for people at their pace. If additional time was needed because of increased need this is effectively addressed by the manager. Discussions with people using the service told us their care was not rushed and staff took their time to sit and chat with them if they completed their duties early. They stated they welcomed this and enjoyed being able to speak with staff. People receive care which is not rushed and is provided at the right time.

## Quality Of Leadership and Management

In summary, we found the agency was run in an efficient way with systems in place to obtain the views of stakeholders. The service also has an extensive management auditing system in place and there are a comprehensive range of policies and procedures available, which are reviewed regularly.

Written information is available which inform people of the service provided. We saw a Statement of Purpose document was available which clearly stated the types of care and support provided and how this would be provided. A Service User Guide was available which recorded key information for people who use the service. People know and understand the care and opportunities available to them.

People receive care and support from a service which is committed to quality assurance. We saw the annual quality assurance report for 2018, which recorded the feedback received from people who used the service, their relatives and commissioners of services. An analysis of the information received was currently being actioned by the responsible individual. Care co-ordinators explained to us how they visited each of the individual services they were responsible for on average every month and monitoring checks were completed during their visits. The responsible individual and people who use the service confirmed these visits took place. We saw an example of the documentation completed by the care co-ordinators during their visits and saw they audited all aspects of the service provided. This included reviewing people's care files, daily records, finances and staff supervision. People can be assured there are arrangements in place to continually monitor the service provided.

There are arrangements in place to receive and respond to complaints received. We saw a complaint policy was available which informed people of their right to make a complaint and the response they could expect to receive following making a complaint. We saw that people who use the service knew how to raise a concern, and their concerns were acted upon. We read the complaints log, which showed one complaint had been received and resolved to the person's satisfaction. The responsible individual had good oversight of the complaint received. The people we spoke with told us although they had no complaints they knew who to speak with if there was anything they were not happy with, and they felt able to do so. People are able to express their concern.

There are processes in place to protect people from harm and neglect. We spoke with staff about safeguarding people and they confirmed they were aware of their roles and responsibilities should they witness or suspect abuse. Staff had received safeguarding training, or had dates of when they would be attending training, and had access to a safeguarding policy. Staff told us they were aware of the whistleblowing policy and they had received training on this matter. Staff also received training on the importance of professional boundaries and were able to provide examples of how they promoted a healthy, positive and professional relationship with the people they supported. Staff told us they always had access to managerial support, outside of office hours, should they

need to discuss any matter which affected people's well-being or safety. People are protected from abuse and neglect.

## Quality Of The Environment

This theme is not applicable to domiciliary care agencies.



## 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.