



## Care and Social Services Inspectorate Wales

Care Standards Act 2000

# Inspection Report

Helden Dom Care Agency

Newport

Type of Inspection – Full

Date(s) of inspection – Wednesday, 20 December 2017

Date of publication – Thursday, 12 April 2018

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## Summary

### About the service

Helden Care Agency Ltd provides domiciliary care services in Newport. The agency is registered with Care Inspectorate Wales (CIW) to provide personal care to older people, people with physical disabilities, people with sensory loss impairment, people with learning disabilities, people with mental health needs and people with dementia needs. There is a designated responsible individual to represent the company. The manager (Tracy Wells) is registered with CIW and Social Care Wales. The service has its office premises in Newport.

### What type of inspection was carried out?

We (CIW) conducted a full inspection as part of the annual inspection process on the 20 and 21 December 2017. .

The information and sources of evidence for this report were gathered using the following methods:

- Review of the information held by CIW about the service.
- Discussion with the registered manager.
- Consideration of quality assurance and auditing processes.
- Examination of staff training and staff supervision records.
- Examination of ten staff personnel files to consider recruitment practices.
- Analysis of care planning documentation relating to five service users, including available initial assessments, service delivery plans, risk assessments, daily log records and medication records.
- Consideration of the agency's Service User Guide and Statement of Purpose.
- Discussions with one person receiving the service.
- Discussions with three staff members.
- Visit to one person receiving the service.
- Discussions with three relatives of people using the service.
- Examination of complaints and compliments received by the agency since the last inspection.
- Examination of seven questionnaires returned by service users.
- Examination of five questionnaires returned by relatives.
- Examination of three questionnaires returned by staff.
- Examination of three questionnaires returned by professionals who have contact with the agency.

### What does the service do well?

The service is well thought of by service users and their representatives.

### **What has improved since the last inspection?**

Since the last inspection the following improvements have been made:

- The agency has ensured that service users sign their care documentation.
- The agency has ensured that daily visit records are dated.
- Staff have received training to maintain the dignity for people to whom they provide a service.

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

We found that the registered persons were not meeting legal requirements in relation to Regulation 15 (1) (b) of the Domiciliary Care Agencies (Wales) Regulations 2004: Fitness of workers – recruitment records. On this occasion we have not issued a non-compliance notice in relation to this matter. Details of the non-compliance are included in the body of this report.

In addition, the following good practice recommendations were made:

- To consider how supervision sessions with staff are recorded.

## Quality Of Life

Overall, we found that people experience a good person centred service; this means people are actively encouraged to make choices and have influence over their lives. People are supported by staff they appreciate and who support them in areas which matter to them. People's safety and wellbeing are maintained by the agency's processes and its links with a range of professionals.

People receive a good standard of care and support which is appropriate to their current needs. They can be confident that their needs will be assessed and planned for. We examined service user files kept at the agency office. All the files contained a service delivery plan. This document informs carers how to provide the care and support required by the service user. We noted that the service delivery plans were detailed and personalised and that in addition to care provided, these gave staff an understanding of each individual; including their likes and dislikes in how their care should be provided and information in relation to people's current and former lifestyles and recreational activities. The documentation we saw had been signed by service users to acknowledge that they had been involved with setting up these plans and one person told us they had been able to specify what care they wanted to receive. We saw evidence that risk assessments have been completed and that some included the input of external professionals such as occupational therapists. Detailed communication plans were also available. Visit to a service user in their home confirmed the presence of written guidance for staff when providing care. We saw that plans were reviewed on a monthly basis. The examination of service user's files showed that a range of professionals are involved and that their recommendations are added to people's plans. Two staff we spoke to confirmed that the care documentation "*tells you what to do*" and that when they read through the files they "*know exactly what to do*". A relative told us that "*staff know what they should be doing*".

People can be confident that their care and support will be delivered as planned and by staff they know and appreciate. One service user told us "*I am well pleased with all the support and help I receive*", another that they receive "*excellent quality of care*". Relatives told us that staff are "*absolutely fantastic*", "*wonderful*", "*can't praise them enough*" and that "*my father is having the best care he has ever had at home. Helden carers are very caring & efficient*". We also received positive comments in relation to staff's punctuality, staff being known, being informed of any changes and the manager being easily contactable. Comments received included "*I have more or less the same staff each day*", "*staff are lovely, always show respect, they are really polite*" and "*if staff are going to be a little bit late, I know the reasons why*". One person told us that they are always contacted if their carers were going to be later than expected but that this is very rare. Examination of staffing rotas showed that the staff team was stable. Conversations with people using the service and their families gave positive feedback about; the approachability and availability of the Registered Manager and their efficiency in ensuring that any issues are addressed and that care is delivered as they want it to be delivered.

Individual service users can be assured that the service which they receive and significant events will be recorded in order for the agency to be alerted if people's needs change and to monitor the service it delivers. We examined a selection of daily visit records which are used by staff to record what care and support has been provided

during each visit. People are aware that staff complete these records and that these are kept in their homes. We saw that the records are then used by office staff and the manager to review the service which has been provided. We saw they reviewed these whilst they carried out their monitoring visits (which they referred to as 'spot checks') to service users' homes and also when the records are brought into the office.

People can be confident that they will be supported in having a voice and that their concerns and complaints will be dealt with. We saw that the agency's complaints procedure is outlined in the Service User Guide and all the people we received feedback from told us they are aware of the procedure and that they would know how to raise a complaint if they felt this was necessary. People we spoke to told us that they would contact the manager. Documentary evidence seen at the agency from the commissioning authority showed that one concern was raised in the last year but that it was dealt with "*swiftly by the agency*". Records of the monitoring visits examined showed the manager had received and dealt with feedback from service users and relatives.

## Quality Of Staffing

People's views of the care staff were positive. Overall the agency ensures that staff members have got sufficient skills and competence in order to meet the care needs of the service.

Overall the agency has satisfactory recruitment processes however some improvements are required to ensure the agency is fully compliant. The files we examined contained the required documents in relation to; disclosure and barring service checks (DBS), employment histories and references. However, we noted that on one occasion the reasons why previous employment with vulnerable people ended had not been checked. We also noted that the linguistic abilities of staff were inconsistently recorded and that some employment histories did not contain months, only years. We discussed these points with the registered manager and they assured us that they will address these issues to ensure all documents included in the files, are accurately completed and that linguistic abilities are recorded.

Overall we found that care staff are appropriately trained. People receiving a service can be assured care staff receive an induction which includes training relevant to their roles. Staff told us they had attended training in manual handling, dementia, food safety, pressure care, protection of vulnerable adults, first aid and stroke awareness. A training report for the agency was provided and showed that staff had received all the mandatory training required and additional specialist training. The service has a system in place for the induction of new staff which consists of shadow shifts and attending training events. People told us that when new staff are introduced they work alongside an experienced member of staff. We were told that staff's performance and ability to apply any training received is reviewed on a quarterly basis when they are observed by a monitoring officer whilst they provide actual care to a person. We saw completed staff monitoring forms on the personnel files we examined. The areas of performance which are monitored include performance in relation to; punctuality, adhering to the medication policy, using personal protective equipment and following manual handling procedures.

People can be confident that staff receive the right support in order to fulfil their roles. Staff told us that they feel well supported and able to raise issues with their line managers when necessary. The feedback we received from staff included "*Helden Care is one of the best companies to work for*", "*I am well pleased with all the support and help I receive*" and "*we always get praise for our good work*". They told us that they receive supervision on a quarterly basis and that they have the opportunity to attend staff meetings. Records examined confirmed that team meetings and supervisions take place. The minutes of the team meetings we examined showed that a wide range of topics relating to service users needs and staffing issues are discussed. However, we noted that a record of the support provided by the manager to each employee was not always recorded. We discussed this with the manager and advised they consider how to record the supervision sessions that they undertake with staff.

## Quality Of Leadership and Management

Overall, we found that good management systems are in place. These systems include robust monitoring and auditing processes and good action planning when changes are needed.

Service users, families, staff working in or linked to the agency can be confident that the organisation has a clear vision of what it sets out to provide and that the information from the agency is always clear enough for people to make informed decisions. The organisation's vision is outlined in the agency's statement of purpose which explains the care philosophy and values underpinning the services delivered by the organisation. We also had sight of the organisation's service user guide. At the time of our visit these documents did not contain all the information which is required but revised copies were sent to us following the inspection. We found these to contain all the necessary information.

The care and support delivered to each service user is monitored by senior staff and manager. The registered persons explained what monitoring activities are carried out; these included monitoring of service user's records, observation of staff's practice and obtaining feedback from services users and their relatives. They further explained that they delegate some of these activities to senior members of staff and to office staff but, that they always review the activities they have not completed themselves in order to identify any issues which may have been missed. A relative told us that the manager had visited the person who receives support and themselves to find out how they both felt about the service and to check the records completed by staff. In addition we saw examples of quarterly assessments which had taken place and saw that service users had been consulted in December 2017. The documents examined showed senior staff and the registered manager audited and monitored the services provided by the agency. Overall the registered manager has an excellent oversight of the care provided by the agency.

People can be confident that the organisation has the ability and is fully committed to identify areas in which individual or collective practice falls below the standard of service it has set itself. We saw how complaints, compliments, accidents, incidents, call attendance and safeguarding referrals have been audited in the last six months. We saw what actions were taken when individual or collective issues were identified. In addition we have been made aware, and saw evidence, of performance management and disciplinary actions which have been taken when the work of individual members of staff did not provide service users with a good and reliable service.



## **Quality Of The Environment**

The quality of the environment is not examined during a domiciliary care agency inspection as services are provided within service users own homes.

## 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.