



Inspection Report on

Heritage Healthcare Cardiff

**18 CARDIFF ROAD
TAFFS WELL
CARDIFF
CF15 7RE**

Date Inspection Completed

14 May 2019

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Description of the service

Heritage Healthcare Cardiff is registered with Care Inspectorate Wales (CIW) to provide a domiciliary support service in Cardiff and Vale regional partnership area. The agency is operated by Jameela Healthcare PVT Limited and the Responsible Individual (RI) is Jameela Kotawala.

There is a manager in post who is registered with Social Care Wales. The agency office is based in the village of Taffs Well.

Summary of our findings

1. Overall assessment

People are able to speak for themselves and contribute to the decisions that affect the support they are being provided. The service promotes the health and wellbeing of people. Care workers can describe how to safeguard the vulnerable people to whom they provide care and support. We saw evidence that safeguarding training had been delivered to staff and that relevant policies were in place. The service considers a wide range of views and information in their assessments to successfully identify people's desired outcomes. People are supported by professional and friendly staff. People are given clear information about the service and its management team. The statement of purpose accurately described what the service provided including which geographical areas it covered. The responsible individual conducts comprehensive quarterly monitoring visits.

2. Improvements

The support plan review process has been revised and amended.

The Statement of Purpose meets regulatory requirements

The recruitment process has been improved

Travel time has been built into call schedules.

The safeguarding policy now has contact details of the local safeguarding team

The duty of candour policy references regulatory requirements.

The whistleblowing policy now references Care Inspectorate Wales.

3. Requirements and recommendations

Section five sets out one area which requires improvement to fully satisfy the regulatory requirements, and recommendations we made to help the service develop. Please refer to section five for further details.

1. Well-being

Our findings

People are able to speak for themselves and contribute to the decisions that affect the support they are being provided. The provider ensured everyone who received a service was fully aware of what that support would and would not cover. We saw client agreements and service Statement of Purpose, which provided a detailed breakdown and signposted to other agencies for complaints or information. People were actively consulted on the care and support provided, and the service prided themselves on their flexible and personalised approach. People told us they were treated well by care workers almost all the time. Therefore, we suggest the rights of people are promoted within the service.

The service promotes the health and wellbeing of people. We saw evidence within care planning documentation that the physical and mental health of people were being supported by health and social care professionals. We saw referrals to such professionals were made in a timely manner, and were told by the manager that good working relationships with professionals were being built in the Cardiff and Vale area. Individual Service Plans and risk assessments identify risks to people's health. The support plan review process has been reviewed and amended and ensures that service users care needs and risk assessments are up to date. Contact details of GP and care managers are included in people's care files and daily records show when office staff or care workers have contacted relevant professionals with queries or issues. Care workers administer medication to people who are not able to self-medicate, however some errors in recording had occurred. Personal plans evidenced that people were being supported by care workers to improve their health and wellbeing. Overall, we found that people's health and well-being is prioritised by this service.

Care workers can describe how to safeguard the vulnerable people to whom they provide care and support. We saw evidence that safeguarding training had been delivered to staff and that relevant policies were in place. We saw risks to the person's safety and the safety of others were identified as part of the initial assessment process. Therefore, people are safe and risks to their health and wellbeing are minimised.

2. Care and Support

Our findings

We received positive feedback from people about the care they receive. They told us; “*The staff are very helpful*” “*The manager is very approachable*”. Most of the people we spoke to said they had care workers that they had built good relationships with and visited them regularly. One person told us that when he was discharged from hospital carers would sometimes attend his calls earlier than scheduled, however, this had been resolved by the manager. Overall, people get the care they need from staff who have good relationships with them.

The service completes an individual service plan in order to detail the care required. However, comprehensive reviews of care needs are not being carried out. We sampled three care files and found that only reviews of individual’s personal views were recorded. There was no comprehensive three monthly review of care needs and risk assessments. We informed the manager that they were not compliant with regulations with regards this. However, we have seen a revised review process which is compliant with regulations. Therefore, we conclude that the service is recording sufficiently detailed guidance to provide the right support to people to minimise risks to people’s safety and wellbeing.

An effective system for managing call times means people can be confident of a service that will meet their needs. We examined a schedule of visits planned and carried out, daily call logs and obtained feedback from individuals, relatives and staff regarding call delivery. We found staff were provided with sufficient time for travelling between visits and staff told us that management made any adjustments as needed (e.g., where a particular journey between two visits may take longer than anticipated). Call schedules and feedback from individuals demonstrated that people consistently received a service in line with what was planned. We conclude that people can rely on a dependable service which promotes their well-being and consistently delivers on what is agreed and expected.

Medication is administered and recorded according to policy, and processes are in place to minimise risk of mismanagement. We saw the appropriate medication policies in place for people receiving care via Local Authority contract. Audits of Medication Administration records (MARS) are completed by office staff and effectively identify issues in recordings. We selected a random sample of medication audits. The audits evidenced appropriate competency assessments for any care workers identified as making errors. Overall, people receive medication as prescribed and risk is mediated by active response to errors identified.

3. Environment

Our findings

As Heritage Healthcare Cardiff provide a domiciliary care service in people's own homes, we do not consider environment of care provision as part of our inspection. We did visit the office premises of the service and found them to be fit for purpose with suitable and secure storage of people's personal information.

4. Leadership and Management

Our findings

People are given clear information about the service and its management team. The statement of purpose accurately described what the service provided including which geographical areas it covered. It was available to people who asked for it. All people using the service had a copy of the service user guide as part of their client contract. This provided details of what they could expect from the service as well as contact details for the office and details of the complaints process should they need to use it. People told us if they had a problem, they would feel able to talk to one of their care workers, or telephone the office, and they knew the name of the manager and care co-ordinator. We saw that observational spot checks had been completed to ensure practice across the service was being monitored. The responsible individual conducted comprehensive quarterly monitoring visits. Whilst the views of service users and staff were gathered using a variety of systems, they were not summarised in the quarterly quality report as required. We recommended that staff and service user's views are reflected in the quarterly quality reports as required by legislation. Therefore, the service provider has arrangements for the oversight and governance of the service, but improvements are required.

People are supported by a service that provides appropriate numbers of care workers, who are familiar to them and know them well. Staff receive supervision and training to ensure they were competent and supported to provide a quality service. People told us that they mostly had the same team of care workers who supported them. We looked at six staff personnel files and saw that the frequency of staff supervisions were in line with the statement of purpose. Supervision in this context refers to one-to-one discussion between a care worker and their line manager regarding any matters of personal and professional development. We noted that one staff personnel file had employment gaps that had not been explored at interview, however, this pre-dated the last inspection. Staff who had been recruited more recently had no gaps in their application form. We also noted that one candidate only gave the year of employment not the month and year. We recommended that the application form specifically asks for month and year of employment and the interview notes explore any employment gaps and judges the linguistic ability of candidates. We looked at training records for the three care workers we sampled, but also a wider training matrix for the service, and found the majority of care workers received a structured induction to the service and received training to meet the needs of people who use the service. Training is refreshed at regular intervals. Service users told us that they felt staff had the skills necessary to carry out the role. People benefit from an agency which ensures that its staff are skilled, knowledgeable and supported.

There are policies to help guide care staff and people can access information about the agency. We considered the agency's policies relating to medication, manual handling, complaints and recruitment which provided guidance to staff. We viewed the statement of purpose and noted that the document contained the expected information the agency's position as regards offering a service in Welsh, which is known as the Welsh language 'active offer'. The service stated that it recognised the importance of cultural identity and language and would be able to provide documentation in Welsh if required. We conclude that people can be clear about the service the agency provides.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

We found that the service was not meeting their legal requirements in the following areas:

Regulation 35(2)(d) Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA) – This is because we identified gaps in staff employment history, which had not been identified or explored at the time of interview/recruitment by the service.

We did not issue a non-compliance notice in respect of this as we did not see evidence of impact to service users and the RI took timely action to rectify errors identified and put preventative measures in place during the inspection.

We found that since the last inspection the recruitment process met regulatory requirements.

5.2 Areas of non-compliance from this inspection

There were no areas of non-compliance identified at this inspection.

5.3 Recommendations for improvement

- The recruitment application form specifically asks for month and year of employment and the interview notes explore any employment gaps and judges the linguistic ability of candidates.
- The views of staff and service users are included in the quarterly quality review report.

6. How we undertook this inspection

This was a full inspection undertaken in response to a concern raised with CIW, We inspected the service against The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017. We made an unannounced visit to the office premises on 5 December 2019. We conducted home visits and telephone feedback with people using the service.

The following were used to support our findings for this report:

- review of information about the service held by CIW. This included records of notifiable events and concerns received since re-registration under RISCA;
- discussions with people using the service and their families/representatives;
- discussions with members of the management/ office team;
- review of five people's care documentation;
- review of five staff personnel files;
- review of the staff training and supervision records;
- consideration of the arrangements to review the quality of care provided;
- review of a sample of the service's policies and procedures;
- review of the service's statement of purpose;
- examination of staff rotas and call logs;
- examination of a sample of daily communication logs.

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

www.careinspectorate.wales

About the service

Type of care provided	Domiciliary Support Service
Service Provider	Jameela Healthcare PVT Limited
Responsible Individual	Jameela Kotawala
Date of previous Care Inspectorate Wales inspection	14 & 16 May 2019
Dates of this Inspection visit(s)	05/12/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service that is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.
Additional Information:	

Date Published 12/02/2020

