



Inspection Report on

Trosnant Community Care

**Park Road
Ruthin
LL15 1NB**

Date Inspection Completed

22/01/2020

Welsh Government © Crown copyright 2020.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk You must reproduce our material accurately and not use it in a misleading context.

Description of the service

Trosnant Community Care is a Domiciliary Support Service. Mrs Anna Jones is the registered provider and responsible individual (RI) and there is manager in post who is registered with Social Care Wales.

The agency operates from an office within Trosnant Care Home, a sister service, in the town of Ruthin. Services are provided within a five mile radius of the office base. This is a small agency that currently supports seven people.

Summary of our findings

1. Overall assessment

People are happy with the support they receive from a small and consistent staff group and would recommend the service to others. Improvements to the statement of purpose, and the formal recording of RI visits are required to ensure a robust oversight and monitoring of the service is maintained. The RI must ensure safe recruitment is carried out and staff receive training in a timely manner. However, we saw staff were well supported with frequent supervision and weekly team meetings which helped ensure they were well informed of changes to peoples care needs.

2. Improvements

The service was recently re-registered under the new Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA) and this was its first inspection under the new legislation. Any improvements will be considered as part of the next inspection.

3. Requirements and recommendations

Section five of this report sets out the action the service provider needs to take to ensure the service meets the legal requirements and recommendations to improve the quality of care and support provided to people in the care home. These include:

- Regular reviews of care plans
- RI oversight of the service and related documentation.

1. Well-being

People know and understand the service and the care and support available to them, as they have access to the right information. We noted that a Welsh version of the information was not readily available, and this should be addressed so the service can meet the 'active offer' of the Welsh language. However, it was clear people could converse in Welsh or English if they chose to as most staff spoke fluent Welsh or had a basic understanding. People we spoke with felt confident they would know who to approach if they needed information or had any queries. People who use the service understand what is available to them but the information should be readily available in Welsh.

People are happy with the service provided and get the right care and support when they need it. We spoke with two people who received a service and their family members. They expressed satisfaction with the care staff and the times of their calls, and said care was provided in a relaxed manner and '*the girls will do what is asked of them*'. All people spoken with said they would recommend the service to others. People receive the support they want at the time needed.

People are safe, supported and able to raise concerns. They are protected from abuse and neglect. Staff are trained in safeguarding vulnerable adults and told us they would report any concerns. The service had a policy to support this, however, we noted the safeguarding policy had not been reviewed since 2015 and was not easy for staff to read. We have advised the RI the policy should be revised, and that it needs to be in line with the new safeguarding procedures for Wales. The RI informed us that, following her assessment visit, she accompanied staff on the initial care call so people saw a familiar face. People can feel assured there are policies and procedures in place to ensure people are safe.

2. Care and Development

People have a personal plan in a suitable format they can understand and can access, which describes the support they need to meet their outcomes. A copy was in people's homes, as well as in the office, and we saw some evidence they were reviewed and people had the opportunity to read and sign them. Whilst we saw through the weekly team meetings, the support required was reviewed, this should be done formally at least every three months with the person and/or their family or representative. People can access their personal care plans, but reviews should be carried out in a timely way with them.

People receive a good standard of care, which is personalised. We saw care was delivered by a small team and people's individual needs were understood and met. We saw good examples where people's needs were identified and the service then advocated on their behalf to resolve the issues, and included positive risk management. People we spoke with confirmed they had the information they required about the service, and felt confident if they had any issues they could speak to the care team, including the RI, to resolve them. People receive good care from a small and consistent staff team.

People are supported to be safe in their own homes. We saw staff were trained in safeguarding, and had access to a policy, which would benefit from revision. People told us they felt safe with the team and that they could report any concerns. However we noted that safe staff recruitment procedures were not adhered to in all cases, and the RI must ensure that the correct regulatory procedures are followed and record all decision making rationale. Overall people can feel assured their safety is protected by the service.

3. Environment

The quality of the environment is not considered as part of the domiciliary care service inspection. However, the service has designated offices within Trosnant Care Home, which are suitably equipped for the purpose of the day-to-day operation and management of the service.

4. Leadership and Management

The service provider does not have robust systems in place to ensure the quality of the service is being assessed. We noted that although the RI was an active member of the team, there were no formal recordings of the required quarterly visits and oversight of how the service was operating. We noted that a quality of care review had not taken place since re-registration and there was a lack of audits undertaken. The service provider recognised this as an area requiring improvement. We informed the provider they were not meeting legal requirements. We saw there was a Statement of Purpose, and the one we had registered with us did not provide the full information required. We were shown an alternative document which did contain all the relevant information, but it was not clear which one was used as the working document; this needs to be clarified, Care Inspectorate Wales updated with the correct document, and dated so there is evidence it is kept under review. We saw some evidence of home monitoring visits; however, these should be undertaken on a more frequent basis and could be developed to provide a robust review of care provided. Improvements are required to ensure effective oversight of the service is maintained and evidenced.

People cannot be entirely confident they are supported by a service that provides staff with the knowledge, skills and qualifications to achieve their outcomes. We saw that one staff member had not had received the full training required, and full employment checks had not been carried out before they commenced employment. We advised full information about a person's background should be recorded to evidence all information had been given due consideration. We reviewed the training policy and found that it was outdated, and should be revised to reflect current good practice and expectations. We saw staff received frequent supervisions, and any performance issues were dealt with and monitored. We also saw that the staff team met weekly to share information about the people they support, which is good practice. Staff we spoke with told us they felt well supported and enjoyed their work. We were informed that all staff have a contract for set hours as agreed with them, and had travel time built in to their rotas. Whilst people cannot be confident the staff who support them are fully trained, there was no evidence that this was having a negative impact on the service they received.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

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

5.2 Recommendations for improvement

We found the provider is not meeting legal requirements in relation to the following regulations:

Regulation 7(2) (b) – the service provider must where appropriate, revise the statement of purpose.

Regulation 35 a (a) the provider must not employ a person unless that person is fit.

Regulation 73 - The RI must undertake quarterly visits and meet with staff and residents and part of their performance monitoring.

We have not issued non-compliance notices on this occasion, as there was no immediate or significant impact for people using the service. However, we expect the provider to take action to rectify these matters, which will be followed up at the next inspection.

Further recommendations:-

- Ensure policies are revised in a timely way, and are easy to follow.
- Ensure care plans are viewed at least every three months, as required.
- Provide Welsh language documents as part of the active offer.
- Ensure quality of care reviews are carried out every six months as required.

6. How we undertook this inspection

This was the first inspection of the service following re-registration under RISCA. This was a full inspection undertaken as part of our inspection programme. We made an unannounced visit to the service on 21 January 2020 between the hours of 9:00am and 4:00pm. The inspection was carried out under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA). The following methods were used:-

- We visited two people and their family members who use the service;
- We spoke with the RI, deputy manager and one member of staff.
- We looked at a wide range of records. We focussed on three people's care records, team meeting minutes, rotas, safeguarding and training policies, quality of care processes, one staff file, staff training and supervision records.

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
Registered Service Provider	Anna Jones
Responsible Individual	Anna Jones
Date of previous Care Inspectorate Wales inspection	This was the first inspection under RISCA
Dates of this Inspection visit(s)	21/01/2020
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service that provides an 'Active Offer' of the Welsh language. It provides a service that anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.
Additional Information:	

Date Published 5 March 2020