



Inspection Report on

S & S Domiciliary Care

**49 HIGH STREET CAERGWRLE
WREXHAM
LL12 9LH**

Date Inspection Completed

05/02/2020

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Description of the service

S & S Domiciliary Care agency is owned by S & S Care (UK) Ltd. and is registered with Care Inspectorate Wales, (CIW) to provide personal care to adults living in the community. Satnam Sunnar is the responsible individual (RI). There is a manager in post who is registered with Social Care Wales (SCW)

Summary of our findings

1. Overall assessment

Overall, we found people receive suitable care from a long-standing care team. Staff have access to some good information regarding how people wish to be supported but this requires improvements. Medication practices require significant improvement. People are happy with the service they receive, and we were told that care was delivered in the ways people wanted although this was not documented. Staff have access to policies and procedures, although they require review. The governance and quality assurance systems are not sufficiently identifying areas for development. The Responsible Individual and management staff are involved in the service regularly and are approachable.

2. Improvements

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

3. Requirements and recommendations

During our inspection, we identified serious concerns about medication management, we therefore issued a non compliance notice in respect of this.

At this inspection we warned the provider that they do not fully meet the regulations in respect of;

- Quality of Care six monthly review;
- Responsible Individual quarterly visits records;
- staff training;
- travel time and
- frequency of staff supervision and appraisal.

Section four sets out recommendations to improve the service. These include:

- Evidence of coproduction of personal plans
- Updating statement of purpose (SOP)
- Policies and procedures

1. Well-being

Our findings

People do not always know and understand what care, support and opportunities are available to get the right care and support when they need it. People and staff cannot rely on the system in place for the management of people's medication, as they are poor. As a result, we have issued a non compliance notice in relation to this. People are treated with dignity and respect by staff that have knowledge about how to meet their individual circumstances and care needs; however, improvements are required to documentation. People and relatives told us their voice is heard and listened to and were happy with the service they receive.

People are not always safe and protected from abuse and neglect as medication practices are inadequate and there is a lack of sufficient oversight. Staff had not received recent training on safeguarding and policies and procedures required improvements. The registered manager, care manager and staff team built safe and positive relationships with people and people told us they were informed about how to make any concerns known and felt comfortable talking to staff and the managers; *"can't fault the agency"*. Staff are recruited safely. Improvements are required to ensure people are sufficiently protected from abuse and neglect.

Staff are guided by plans that encompass people's physical, mental health, emotional and social wellbeing but these needs to evidence of co-production with each person. Staff are knowledgeable about peoples' needs and people told us they were happy with the service they receive and are able to contribute to the ways they are supported. People do not always get the right amount of time for their care and support as travel time between calls was an issue for the agency. There are systems are in place to monitor, review and improve the quality of the service delivered although some improvements are required. People are healthy, active and do the things that make them happy

2. Care and Development

Our findings

People have personal plans which sets out how their well-being, care and support needs will be met and their rights are upheld. We viewed three people's personal plans and associated documents, and we noted they were mostly person centred; they all contained people's personal history and included plans relevant to the person including health related plans. We found personal plans were not co-produced with the individual and/or their representatives. We found the system for organising the plans to be simple to navigate to follow a person's story and we found evidence of reviews for most plans but the frequency was not in line with regulations. All care staff spoken with confirmed they have time to read people's personal plan. We saw medication was recorded in people's personal plans. Discussions with people using the service and staff indicated the staff team have a good understanding of the people they care for and their individual needs, they know what is important to them. One relative commented that "*some members of staff exceed our expectations*", another commented, "*some carers go above and beyond to provide excellent care*". People using the service told us they "*couldn't wish for better people*" and "*so glad I have this help*" as "*care staff have been wonderful*". One relative commented that they were "*more than happy with the service*". People's rights are upheld and they are provided with an acceptable quality of care by a service that has some good information about how to meet their care needs; however, records need to be improved in relation to medication management and to ensure personal plans are person centred and co-produced with the individual and/or their representatives.

Medication management systems are in place that are not safe and effective. We examined a selection of medication administration records (MAR). We found for two people there was a high volume of missing signatures, we were assured by the manager that all medication was provided to the people and this was a "*recording error*", for one person we found charts to be accurately completed. We found for one person prescribed a medication to be given on alternative days was miss-managed resulting in the medication not being given in accordance with the prescription. We found the directions on one person's hand written MAR was not in line with the prescription. We were provided with no evidence a medical professional had been consulted following any of the medication errors for the people considered to assess adverse effects. We found a high volume of missing signatures in another person's MAR. We found codes and records were not accurately used and explanations were unclear. We found completed records to be of a poor standard with multiple crossing outs. Staff told us that the care manager has "*spoken to staff about this already*", staff told us they "*have to hand write*" records as they are "*no longer printed*" for them so they "*spend so much time filling them in*". We examined a medication records internal audit completed 10 January 2020, this evidenced systems were in place to ensure oversight and audit of medicines management, however, the system was not robust as the audit failed to identify areas of poor practice, gaps in recording administration of medicines

and administration of medicines that was not in accordance with the prescription. There was limited immediate actions that followed the completed audit to attempt to prevent the same things happening again, the care manager told us medication practices had been “*put on the agenda*” for the next staff meeting however the date of the meeting was unconfirmed. We examined training records and found most staff had received training in the last three years. We found that most care workers had been assessed as competent in administering medication. Arrangements are in place to support and promote the individual’s independent management of their medication as we were provided with two “*Self-medication assessment tools*”; however, the completed assessments did not accurately reflect the individual’s abilities and contained errors. The management and administration of medications at S&S Care are poor and are not compliant with regulations, we have therefore issued a non compliance notice in relation to this.

The service has mechanisms in place to safeguard vulnerable individuals to whom they provide care and support. We saw evidence that staff training for three staff was more than one year ago, it was required for three staff as they had not been provided with this and that one member of staff had recent training to enable them to understand their responsibility to safeguard and protect vulnerable individuals. We were told there had been no safeguarding issues since the last inspection. There was a policy in place that required enhancement to ensure it was in line with current guidance. From discussions with staff we established that most were aware of their responsibilities. One person told us they were “*happy to raise concerns*” as the registered manager “*always try their best*”. We conclude that the service safeguards people to a limited extent and does not safeguard people in relation to medication management, the safeguarding policy, guidance and staff training requires improvement, therefore we have advised S & S Care UK LTD that improvements are needed in order to fully meet the legal requirements.

3. Leadership and Management

Our findings

The service provider ensures the Statement of Purpose (SOP) accurately describes the service people receive. We found the SOP is not kept under review therefore was not up to date. The registered manager assured us that this would be addressed. We found that it described the service being delivered, which we found was being provided to people as we evidenced this through discussions and documentation seen during our visit. People are supported in line with the Statement of Purpose.

The service provider has systems in place to ensure the quality of the service was being overseen and monitored. Staff had access to policies and procedures to enable them to safely carry out their roles. The RI was undertaking regular monitoring visits, as is required, and reports were, however they require improvement to ensure they contain all information as required. We saw all areas of the service provided were monitored by the registered manager who supported the care manager however we found medication management was not sufficiently overseen. We saw weekly meetings had taken place throughout 2019 with action plans created, and completed, to address any areas identified as needing attention. The care manager spoke positively regarding their interactions with the operations manager and responsible individual and felt well supported. The staff commented positively regarding the operations manager; *“very efficient”*, *“fantastic”* and a visiting professional praised both managers highly. People told us both managers speak with them regularly and were complimentary; *“can’t fault the agency”*. Staff told us they felt valued by management and they were happy working for the service. We examined the latest Quality of Care report and found it was not reflective of regulatory requirements, as it did not contain all of the information specified in the regulations. We found there had been one complaint made since the last inspection which had been addressed and the person that made the complaint told us it was dealt with *“very professionally”* and that they were *“overall very happy with the care received”* by the agency. People using the service are benefitting from a service that has arrangements to assess, monitor and improve the quality and safety of the service, although improvements in management oversight for medications are required in order to fully meet the legal requirements.

Safe systems of recruitment are in place. We viewed three 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, we saw staff had their DBS checked as specified in the regulations to ensure fitness of workers. 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, we found for one new member of staff a reference was noted as received but was missing from the file, the operations manager assured us they had obtained this and this was a filing error, we requested but did not receive evidence of the reference following

the inspection. The safety and well-being of people using the service is ensured through safe staff recruitment systems.

People are supported by a service that provides appropriate numbers of staff who are suitably skilled and competent to provide the levels of care and support required to enable the individual to achieve their personal outcomes. We reviewed the training records and found all training for all staff was mostly out of date or had not been provided. A new member of staff had not completed an induction and mandatory training programme upon starting work at the service in October 2019, we discussed this with the operations manager during feedback and warned the provider that they were not meeting regulatory requirements, we were provided with assurances this would be addressed. Two members of staff told us *“training is great, the in house is better for staff as less travel and is really good”* but that they had not had *“any training for a while”* and when we checked records we found some training for this person required refreshing. Supervision and appraisal records examined evidenced formal supervision from management was provided and the Quality of care review stated; *“staff supervisions are occurring regularly”* however we found they were not as frequent as the regulations require in records we examined. We found annual appraisals were not provided in accordance with regulations. One member of staff told us it was a *“fantastic agency to work for”* and that *“staff work well as a team”* and they could always access managerial support if they needed it, another told us they met with management *“regular”* and that supervision was *“worth having”* as it had *“really helped out”* on one occasion. Staff meetings were being planned and we saw they had been regular and informative with discussions noted. We have advised S & S Care UK LTD that improvements are needed in relation to staff induction, staff training including refresher training, and frequency of staff supervision and appraisal in order to fully meet the legal requirements. We have not issued a notice of non-compliance on this occasion, as there was no immediate or significant impact for people using the service.

There are systems in place for the oversight and management of scheduled visits. We checked six staff rotas, considering allocated travel time and found there was several occasions of insufficient travel time. Staff told us this was an issue for them which they had raised with management, a relative told us *“call times are cut short”* and another told us *“calls are always on time”*. We concluded from our examination of staff rota's that travel time was not always in line with regulations. We were told there were no late or missed calls since the last inspection and we could find no evidence of this due to the system for workers to book in not being used correctly and consistently by staff and the office. One new member of staff told us they had been informed by management during induction *“not to bother with”* booking in at every call, another told us the system did not always work and relied upon people phone lines being available which was not always possible. The provider told us they offer all care workers a choice of continued employment in line with the requirements of regulation. We conclude the service has inadequate systems in place to manage and provide accurate evidence for all scheduled visits We have advised S & S Care UK LTD that improvements are needed in relation to travel time including booking in at people homes in order to fully meet the legal requirements. We have not issued a notice

of non-compliance on this occasion, as there was no immediate or significant impact for people using the service.

4. Improvements required and recommended following this inspection

4.1 Areas of non compliance from previous inspections

None.

This is the first inspection of this service since it was re-registered under The Regulation and Inspection of Social Care (Wales) Act 2016.

4.2 Recommendations for improvement

During our inspection, we identified serious concerns about medication management, we therefore issued non compliance notices in respect of this.

At this inspection we warned the provider that they do not fully meet the regulations in respect of;

- Quality of Care six monthly review; This report should be produced in line with regulatory requirements and specifications.
- Responsible Individual quarterly visits records; Quarterly reports should be produced in line with regulatory requirements and specifications.
- Staff training; All staff should be provide with regular training and development to ensure competency.
- Travel time including booking in at people homes should be in line with regulatory requirements.
- Frequency of staff supervision and appraisal should be in line with regulatory requirements.

We recommended the following improvements;

- Ensure there is evidence of coproduction when creating personal plans
- Ensure reviewing of personal plans and associated documents is in line with current regulations.
- Update the statement of purpose (SOP) to include leadership and management arrangements and date of production of the document.
- Review all policies and procedures to ensure they are in line with current regulations and guidance.

5. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. This inspection was carried out under the new regulations – Regulation and Inspection of Social Care (Wales) Act 2016. The announced inspection took place on the following dates: 5 February 2020 between the hours of 09:00 am and 17:00 pm, on 6 February 2020 and 7 February 2020 we contacted care workers, relatives and people using the service.

- We considered the information held by us about the service, including the last inspection report and notifiable events received since the last inspection.
- We received and considered the questionnaire responses from five relatives, three people using the service and one staff member
- Discussions with one relative, two members of staff and two people using the service.
- Discussion with one professional.
- Discussions with the manager and care manager.
- Examination of three people's personal plans and associated risk assessments.
- Examination of medication record charts for four people.
- Examination of six staff rota's and travel time.
- Examination of three staff personnel files, staff supervision and appraisal dates and staff training statistics.
- Examination of the last three staff meeting records.
- Examination of the latest Responsible Individual report dated 13 January 2020
- Examination of the latest Quality of Care review dated 20 December 2020
- Consideration of the statement of purpose dated March 2017 and October 2018.
- Consideration of current staffing schedule
- Consideration of the service's internal auditing reports.
- Consideration of a selection of policies and procedures.
- Feedback was given to the registered manager and care manager.

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	S & S Care UK LTD
Responsible Individual	Satnam Sunnar
Date of previous Care Inspectorate Wales inspection	9 January 2018
Dates of this Inspection visit(s)	05/02/2020, 06/02/2020, 07/02/2020
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 20/03/2020



Care Inspectorate Wales

Regulation and Inspection of Social Care (Wales) Act 2016

Non Compliance Notice

Domiciliary Support Service

This notice sets out where your service is not compliant with the regulations. You, as the registered person, are required to take action to ensure compliance is achieved in the timescales specified.

The issuing of this notice is a serious matter. Failure to achieve compliance will result in Care Inspectorate Wales taking action in line with its enforcement policy.

Further advice and information is available on CSSIW's website
www.careinspectorate.wales

S & S Domiciliary Care

WREXHAM

Date of publication: **(manually entered)**

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Care and Support	Our Ref: NONCO-00009200-MFLX
Non-compliance identified at this inspection	
Timescale for completion	31/05/20
Evidence	
<p>- The registered person is not compliant with regulation 58 (2) b and (3)</p> <p>- This is because we examined one person’s medication administration record (MAR) from 1 October 2019 to 31 December 2019, one from 1 November 2019 – 31 January 2020 and one from 1 November 2019 to 31 December 2019.</p> <p>We found for two people on regular medications there was a high volume of missing signatures across all MAR’s, we were assured by the manager that all medication was provided to the people and this was a “recording error”. We were provided with no evidence a medical professional had been consulted following any of the medication errors for people considered to assess adverse effects.</p> <p>We found on two MAR's that the address, date, persons date of birth and chemist was missing, we found there was insufficient space for all medications to be listed on two MAR's. The provider was unable to locate a MAR for one person for 1 November 2019 which was later located but had been completed on October 2019 MAR with dates over written. We found the organisation of storage system for completed MAR's was not efficient to be able to locate information when required. Overall we found MAR’s completion to be of a poor standard.</p> <p>We found for one person prescribed a medication to be given on alternative days they were given this continuously and this happened on 8 occasions between 1 November 2019 to 31 January 2020. We found they were administered the alternative day medication dose continuously for a total of 24 days from 5 to 29 December 2019. Records evidenced the medication dose was missed on a total of 5 occasions from 1 November 2019 to 31 January 2020. We found the directions on one person’s hand written MAR’s was not in line with the prescription as it did not state “alternative days” as per the prescription, this was then written on the chart for November 2019, it was missed off December 2019 then it was added on January 2020 chart.</p> <p>We found a high volume of missing signatures in one person’s MAR for 1 October 2019; 46 missing signatures: November 2019; 4 missing signatures: December 2019; 26 missing signatures.</p> <p>We found for one person codes and records were not accurately used and explanations were unclear; code X had been used and on the reverse of the MAR we found the care worker had</p>	

written three times “none on site” then had scribbled two notes out, we found this medication had been signed as given on the next call at lunch time that day despite the earlier note indicating no stock. We discussed this with the manager who informed us there was sufficient stock of all medicines and this was considered a documentation error. The person receiving the medication told us they had no concerns and "always had their medication" provided.

We found the provider had taken limited immediate steps to prevent errors continuing or to reduce the risk of error as staff told us that the care manager “spoken to staff about this already” and during discussions the manager told us a “text message was sent to staff” and medication practices had been “put on the agenda” for the next staff meeting but the date of the meeting was unconfirmed.. We found all MAR’s examined were handwritten and had not been checked for accuracy by another person. Staff told us they “have to hand write” MAR’s as they are no longer printed for them and we found the company’s medication policy, last updated 20 January 2020, stated MAR charts will be “typed up” and “provided from head office”.

We examined an internal audit completed 10 January 2020 for medication provided between October – December 2019, this evidenced systems were in place to ensure oversight and audit of medicines management, however the system was not robust as the audit failed to identify areas of poor practice, gaps in recording administration and administration not in accordance with the prescription. We found confidentiality of staff had not been maintained as staff names were mentioned.

We examined training records for the seven members of staff employed by the agency and found five staff had received training in the last three years. We found that evidence of competency assessment for a new member of staff was undated and unsigned and this person was administering medicines to people, we were not provided with competency assessments for two members of staff.

We were provided with two “Self-medication assessment tools”, the completed assessments did not accurately reflect the individual's abilities. For example; one assessment tool stated “self-medicates”, then went on to state; “staff to support XX with potting and prompting around medication” we found this was copied from another person’s record in error and contained someone else’s name. Another person’s self-assessment tool also contained someone else’s name. We communicated our concerns for data protection and accuracy to the registered manager who advised us they would take immediate action.

- The impact and risk for people using the service is high. If this practice continues outcomes for people using the service will not be met with regards to medications management for those that require this support, there is a lack of oversight by management to ensure safe and correct practice is maintained. The impact and risk for people is that they have not received medicines in accordance with their prescription and records cannot be relied upon to provide an accurate record as they are being transcribed and completed inaccurately and not in accordance with the company's' own policy.