



**Care Inspectorate Wales**

**Care Standards Act 2000**

# **Inspection Report**

**Awel Homecare and Support**

**Ruthin**

**Type of Inspection – Full**

**Date(s) of inspection – 27 November 2018**

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## Summary

### About the service

Awel domiciliary care service provides personal care for 30 people in and around Ruthin and the surrounding area. A wide range of people, receive this service, including people with physical disabilities, sensory impairment, mental health problems and people living with dementia. The responsible individual is also the registered manager of the service.

### What type of inspection was carried out?

We, Care Inspectorate Wales (CIW), undertook a full inspection, on Tuesday 27 November 2018 between 9:30 am and 4.40pm. This was a scheduled, baseline inspection, which focused on themes, including, the quality of life, quality of staffing, and quality of leadership and management.

### What does the service do well?

We spoke with people who told us they receive care at the right times by the same care workers. Staff who work with the service, told us they receive effective support from an approachable manager. We found the manager to be open and honest, and keen to embrace ongoing improvement.

### What has improved since the last inspection?

The service has produced a Quality of Care 2017 report since last inspection and is in the process of compiling the Quality of Care report, 2018

The service has begun the review of care plans, as recommended during last inspection, although this had not yet been completed.

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

The service should continue to review all care documentation to ensure the documentation is person centred and written in line with people's individual needs. This area was highlighted as an area of non-compliance; we have not found this issue to affect peoples' well-being to date, and therefore a notice has not been issued on this occasion. CIW will review this matter during the next inspection.

## Quality Of Life

People are being offered a choice of food and drink they enjoy and being supported to understand and make healthy choices. CIW received an anonymous concern, which stated, people were given the same food on a daily basis. We discussed the concern with the manager on the day of inspection. They informed us, the service aimed to assist people to prepare their food of choice, depending on their level of needs. They told us staff help people cook their food, or cook it for them if they were not able. The manager told us, *“People are encouraged to choose a healthy option, but people can choose to eat what they want”*. Peoples’ individual needs and preferences are understood and anticipated.

People are supported to look after themselves. We spoke with one person who told us *“ They are good and I am ok now”* We found evidence within the communication notes; people were being supported by care staff to be independent with assistance. The manager told us *“ We don’t look after people, we want to help them to look after themselves, so they can remain as independent as possible.”* We witnessed staff discussing people with fondness and in a caring manner. One relative told us *“ the girls are very good and will help with anything”*. People are happy and content.

People are protected from avoidable harm or neglect. We were informed, the service provides care for several people who live with dementia, and are living at home. The manager told us, without the care provided; some people may not be able to remain at home due to the level of risk. Communication between staff and management was seen to take place via a variety of sources; for example, face to face, via telephone, daily notes and any issues of concern raised were recorded within the “whatsapp” management to have oversight. This system was an additional and efficient system to ensure effective communication, in particular when there were issues of concern to be raised. We witnessed two care staff reporting and discussing issues of concern for individual people receiving the service. We observed the manager check the whatsapp system following their conversations with the care staff, and confirm they had reviewed this information. We observed the manager and care worker discuss issues of safety and risk. We witnessed the manager taking timely action, while we were present; they contacted a family member and the Local Authority. The manager had sent notification to CIW to provide updated information about the issues of concern raised on the day of inspection; we have since received further updates about plans and steps taken to ensure the safety of the individual of concern. People are safe and protected, and have the freedom to take risks.

The service aims to provide care for people in Welsh. We discussed the Active offer of the Welsh language. The manager informed us, the service aims to allocate Welsh speaking carers to people whose’ first language is Welsh; they told us there had been three Welsh speaking carers, but only one now remained working for the service. The service encourages staff to attend Welsh language courses, for which the service will pay. One staff member confirmed, the service had offered this training. We saw poster

information on the office wall, which was a prompt to encourage staff to use Welsh when greeting people who were first language. We were not able to contact any Welsh-speaking people, as part of this inspection. The manager explained they were keen to develop the active offer of the Welsh language. The Statement of Purpose states the service offers the active offer of Welsh. We found, although the service was keen to promote care in Welsh, for Welsh speaking people, the service was not able to provide the full Active offer of Welsh.

## Quality Of Staffing

People are supported by staff who provide consistent care by people carers who know them and are by staff who are committed to enabling and empowering people so that they have as much choice, autonomy and control over their lives as is possible. We spoke with two care staff who told us they enjoy the work and get to know the people they work with well. They told us "*I do enjoy the work*". The manager told us, they try to ensure the same staff call to the same people each week. We spoke with two people who told us staff are supportive and help them with everyday tasks. One person told us '*We have the same carers calling each week, there are three and they come on the same days*'. We reviewed the rota which showed evidence the same staff call to provide care at the same times. We compared the rota with three peoples' care file, which demonstrated, people were receiving care within the allocated and agree times. The "whatsapp" system also showed evidence of the times people received care, which was consistent with the other records (above). The manager told us, '*We aim to ensure people receive assistance to remain independent. This service is different to a care home, we aim to help people to remain at home; this is what people want*'. People receive the right care at the right time.

People are treated with dignity and respect. People who receive care from the service, told us the staff are '*kind and caring*'. One person told us "*We are very happy with the carers who call*". We heard two staff members and the manager discussing people and the care provided in a dignified and respectful manner. The care notes were recorded respectfully. We found evidence from people, staff and records, people are treated with dignity and respect.

The service is proactive in working as a team. On the day of inspection, we observed staff working effectively together, with a family member; they were ensuring, the appropriate care and assistance was being provided for a person receiving personal care by the service. We heard one discussion between two care staff and the manager to plan what care was required to ensure one person was warm enough. We later heard a telephone conversation between the service manager and another care staff, who was due to provide care for them during the evening. The manager told us, they planned to review and monitor the person of concern. We CIW, have since received an update in regard to what the service have done to ensure the person remained safe and healthy. People are supported to be as healthy as they can be.

People are supported during and after any incidents. We spoke with one person who told us '*everything is easier since they have been coming, I think we are just fine the way things are.*' We spoke with two care workers on the day we inspected. One care worker told us "*We record in the communication file during each visit but record important bits on the whatsapp system so management and other care staff are aware; e.g. if*

*somebody has been unwell during a visit*". We were shown the system which operates via "whatsapp". The manager told us they and the deputy manager reviewed the records in this system on a daily basis, and highlighted as "Confirmed" once they had completed reviewing these records. We saw all records within the " whatsapp" system, had been marked as "confirmed" to date and therefore, overseen by management. We were present while the manager contacted a family member following an issue of concern, raised by a care worker who had returned to the office on the day we inspected. We witnessed the manager being pleasant and tactful during the call; they had a positive approach to working with the family member to resolve the issue. Both the care worker seemed to know the person well and showed a genuine concern. We viewed four care files, which showed evidence in the care notes, care workers were proactive in recording and reporting any issues arising for individuals. We reviewed risk assessments, which, although contained relevant information for individual people, were not person centred or updated appropriately when incidents occurred; we did find evidence in this documentation, the service had taken appropriate action to reduce risk to individual people, if/ when incidents arose. CIW recommended this as an area for improvement, to ensure records are person centred and updated in a timely manner to enable efficient review and monitoring of people's individual needs. The manager informed us they planned to make improvements in this area. People have safe and positive relationships, although the service needs to improve the documentation to support this.

## Quality Of Leadership and Management

There is a willingness to be accountable, and when things go wrong, the response of the service is to talk about it and to inform people. This approach to openness and transparency, gives people and their families a real sense of confidence in the organisation, which reinforces a culture of learning by experience. We witnessed one staff member highlight some issues which had arisen whilst they had provided care for one person. We observed the manager respond by providing guidance to the care staff. We observed one supervision meeting between another care worker and the manager; the guidance and discussion between them, was clear, recorded, open and honest, and covered relevant issues arising in regard to peoples' needs. We reviewed three care files, of the people who had been discussed by care staff and management, while we were present. These showed evidence of documentation records of their care needs, including risk assessments and care plans; the risk assessment documentation we reviewed had not been presented in a person centred way. We found there was one generic template used for both care plans and risk assessments. The information we reviewed, was found to be out of date. We discussed this issue with the manager, as an area of non-compliance (Regulation 16, one & two). We did not issue a notification of non-compliance, because we did not find evidence this issue had affected peoples' Well-being. We highlighted the need to improve and update the care plan and risk assessment documents, with a view to enabling the service to efficiently monitor peoples' care needs, and to evidence the care work undertaken by the service. The manager told us the service was in the process of reviewing and updating this documentation. The service undertakes monthly audits to monitor the quality of care peoples' care. We reviewed a sample of four questionnaires, which contained evidence of positive feedback. We saw five cards thanking the service of the good care they had provided to their relatives. We were shown the overall electric monitoring systems in place and we found evidence management had overview of these and they monitored these on a daily basis. People receive high quality care and support from a service, which requires updating and reviewing its' documentation and overall monitoring processes. The service is open and transparent and has shown willingness to make improvements in the areas identified for improvement.

The service ensures care workers have received relevant and appropriate qualifications and experience. We reviewed four staff files, which showed evidence all staff had been vetted and had previous experience in care work. We found evidence staff received an induction, where they completed e learning training in 12 subjects relevant to care work, with certificates to evidence they had completed this training. We saw two members of staff visit the office to undertake the training modules while we inspected. All files contained job applications highlighting relevant qualifications, two references and DBS certificates. We also found evidence within staff files, people had received training, specifically planned in relation to peoples' needs. The service takes steps to ensure staff are experienced, well vetted and equipped to undertake care work.

Staff are valued and supported, are given clear direction and their potential is developed, valued and encouraged. We found evidence staff had attended a variety of training. The manager told us staff have access to a variety of training provided by Local Authorities. We reviewed four staff files and found certificate evidence staff had attended a variety of

training provided by the local authority, including Safeguarding and Health and Safety and Social Service and Well Being Act. The dates on the certificates were consistent with the training plan for the service. We found document evidence, that training and staff interests were discussed, within individual supervision and appraisals; these included developmental qualifications; for example, the 'Social Care Passport' and National Vocational Qualifications levels two, three and five. During the supervision we observed, we heard the manager discuss forthcoming training and the 'monthly staff vote during the supervision; they told us they present employee of the month with a box of chocolates and a £20 voucher and said, '*I wouldn't be here if it wasn't for them*'. People benefit from a service where best use is made of resources.

<b>Quality Of The Environment</b>

## 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.