



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Care and Social Services Inspectorate Wales

Care Standards Act 2000

Inspection Report

Trosnant Community Care

Ruthin

Type of Inspection – Full

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Summary

About the service

Mrs Anna Jones is the registered person and has registered Trostant Community Care with Care and Social Services Inspectorate Wales (CSSIW), to provide no more than a total of 200 hours per week domiciliary care to people aged sixty five years and older, within in their own homes.

The agency operates from an office within Trostant Care Home; a sister service, in the town of Ruthin. Services are provided within a five mile radius of the office base.

What type of inspection was carried out?

We carried out an inspection on 13 November 2017 between 9:45 and 15:00. During the inspection we considered all three quality themes applicable to domiciliary care agencies, quality of life for people using the service, quality of staffing and quality of leadership and management.

To gather evidence for the inspection the following methods were used:

- We read three care and support files of people using the service, including service delivery plans.
- We viewed staff rota's and daily recordings.
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- We viewed supervision documents and training records.
- We had telephone conversations with two people receiving a service.
- We spoke in person, with the registered person, the supervisor with day to day responsibility for the domiciliary care service and a care worker.
- We considered completed questionnaires received from four people receiving a service, two relatives, three staff members and one professional.

What does the service do well?

- The agency provides localised support within a small geographical area which helps to ensure familiarity with the agency and staff.
 - Service delivery plans provide detailed information which helps to ensure consistent care delivery.
 - There is good leadership and communication within the team.

What has improved since the last inspection?

New policies and procedures have been provided through an independent specialist company.

What needs to be done to improve the service?

The following areas of improvement were identified which the registered person may wish to consider to further improve and develop practice:

- Record all significant conversations with family and/or involved professionals.
- When carrying out assessments include support required with oral care.
- When carrying out employment checks a full employment history should be obtained and explanation of any gaps explored and recorded.

Quality Of Life

People are well supported, by staff that have in depth knowledge of the help they need.

People experience appropriate, responsive care because staff have an up to date understanding of their individual needs and preferences. Care plans we viewed contained a good level of detail about how people would like to be supported. However we found that people's oral care support needs had not been identified, which would be good practice. Care files contained one page profiles which provided care staff with information about what was important to people. Care staff told us they were always advised by management of a person's needs before they visited and received regular updates. Three people's responses to our question 'how well do you consider the care workers do their job' was 'well', the best rating. One person told us some care workers were excellent and see things that need doing they haven't seen themselves and said '*they know exactly what has to be done*'.

People remain healthy because they are supported to access specialist and medical support. Records showed that care staff identified health issues to senior staff. We saw that the agency liaised with a range of professionals, including district nurses, GP's and other health professionals if required. However we were told these conversations were not always documented, so we advised that all relevant conversations should be recorded. Records showed people were prompted to take medication if required. People are supported to look after their health care needs.

People using this service can expect to receive continuity of care. This is because there is a small team of five staff members providing care and support. Most people told us they were happy with the regular team of care workers who provided their support, but one person told us there had been some changes recently and they found this unsettling, but it was getting better. The management team told us that a member of staff had left recently so changes had to be made, but this is unusual as they have a stable staff team. People told us they had not experienced any missed calls and care workers were usually on time. Management told us if the call was going to be late they would telephone the person to inform them and people receiving a service confirmed this.

Quality Of Staffing

People are supported by well trained, motivated care staff.

People enjoy being cared for by motivated staff; this is because staff are happy in their role, feel appreciated by management and want to make a positive difference to people's lives. One staff member said "*staff and management make me feel appreciated, and part of a team*". We were told there were regular meetings and "*this position gives me the best job satisfaction ever and I feel this is due to the team work we have in place*". One person who receives a service told us the staff were happy doing their job.

People using the service can feel assured that staff are properly vetted before commencing employment with the agency due to appropriate recruitment practice. We saw that everyone had a current disclosure and barring scheme (DBS) check and references were obtained as required. We noted that application forms we viewed did not provide sufficient information to be sure there were no gaps in employment and recommended to the registered person they revise the application form to ensure this information is provided.

People feel confident in the care they receive because staff are competent and confident in meeting their particular needs. We saw that staff were given a thorough induction, in line with the Social Care Wales recommended programme. The induction also included shadowing other care workers who already knew people's needs and how to meet them. This was good practice and provided reassurance to people receiving a service. It also meant they got to know a new care worker before they started to support them. Care workers were trained in a wide range of relevant subjects such as first aid, health and safety and manual handling. Staff had a nationally recognised care qualification or were about to undertake one. Care workers are well trained to carry out their role.

Quality Of Leadership and Management

Overall, there is good oversight of the service and a strong commitment to provide a good service to the people they support.

People using the service, working in the service or linked to the service are clear about what it sets out to provide. The service has a statement of purpose and service user guide which accurately describes the service provided. People who responded to our questionnaires told us the information provided was written in a way they understood and they had information about how to contact the agency, what to do if the carer didn't turn up and how to complain. People know and understand the care and support available to them.

People feel they get reliable, good quality care. People who responded to our questionnaires told us the quality of care was '*excellent*' and '*very happy with the service and carers*'. People told us they have never had missed calls; the registered provider told us if there were any staffing difficulties, she or the supervisor would ensure the call was completed. This also meant that people using the service regularly saw the management and could easily discuss any concerns if needed.

People can be confident that they are safe because the business is well run, with due care and attention to minimum standards and regulations. The supervisor had a system for auditing care provided; she regularly checked daily record sheets to ensure calls were for the correct length of time, and signed to say she had done this. She also had oversight of medication administration records to ensure medication was overseen correctly and told us she had dealt with issues of missed recordings with staff. We saw that both the registered person and supervisor had completed recent training, for example they attended a palliative care workshop in October 2017, and had an information session with Dementia Friends, an initiative with Alzheimer's Society. We saw that the service had recently updated their policies and procedures, and had bought a bespoke system from an independent company who specialised in providing these.

Quality Of The Environment

This section is not considered in depth for domiciliary care services; however we found the office of the agency to be fit for purpose. Information about people using the service and staff was stored confidentially. The office is in a central location to all calls which enables staff to use it as a base during their scheduled morning and afternoon breaks.

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.

