



Care and Social Services Inspectorate Wales

Care Standards Act 2000

Inspection Report

Spectrum Healthcare Domiciliary Care Limited

Tredegar

Type of Inspection – Focused

Date of inspection – Thursday, 29 September 2016

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Summary

About the service

Spectrum Healthcare Domiciliary Care Limited is a domiciliary care agency which provides care to people over the age of 18. The agency premises are located in Tredegar and the agency provides services to people living in areas of Powys and Gwent.

Spectrum Healthcare Limited has nominated a responsible individual to oversee the operation of the agency. The registered manager of the agency is Hayley Jill Williams who is registered with both Care and Social Services Inspectorate Wales and Care Council for Wales.

What type of inspection was carried out?

We (CSSIW) visited the agency premises on an unannounced basis on 29 September 2016. This was a focussed inspection looking at the progress made in relation to non compliance identified at our previous inspection (report published 29 April 2016). The information for inclusion within this report was obtained from the following sources:

- records of care provided to four service users;
- examination of three staff personnel files including recruitment records;
- discussions with the responsible Individual and registered manager;
- discussions with four members of staff;
- consideration of information provided by a commissioning local authority;
- consideration of information regarding staff training and formal supervision;
- analysis of eleven completed service user and six staff satisfaction surveys completed August 2016;
- consideration of a complaint and compliments received by the agency;
- consideration of a sample of electronic call data;
- consideration of information provider by the responsible individual and registered manager during a provider meeting held on 27 July 2016;
- consideration of the statement of purpose and
- consideration of notifications made by the registered persons.

What does the service do well?

We did not identify any practice which exceeded the National Minimum Standards for Domiciliary Care Agencies.

What has improved since the last inspection?

We found that:

- the registered persons had taken sufficient action to ensure that information relating to service users' health and social care needs are included in the service delivery plan and where appropriate risk assessed to ensure that care practices maintain service users' safety. Therefore we judged that the registered persons were compliant with Regulation 13(a).
- Generally the registered persons had made suitable arrangements for the recording, handling, safe administration and disposal of medicines used in the

course of the provision of personal care to service. Therefore we judged that the registered persons were compliant with Regulation 14 (6). We informed the registered persons that they should retain all records relating to the administration of medication. We also identified an area for improvement. Our recommendation for improvement is detailed below.

- The registered persons had taken sufficient action to ensure that complaints received by the registered persons are handled in accordance with Regulation 21.
- The registered persons had taken sufficient action to ensure that no person works as a domiciliary care worker for the purposes of the agency unless there is available in respect of that person full and satisfactory information or documentation (as the case may be) in respect of each of the matters specified in Schedule 3. Therefore we judged that the registered persons were compliant with Regulation 15 (1) (b). We did identify where some further improvements could be made. Our recommendations for improvement are detailed below.
- The registered persons had taken sufficient action to ensure all staff are provided with identity badges to present to service users when providing personal care. Therefore we judged that the registered persons were compliant with Regulation 19.
- The registered persons had taken sufficient action to ensure that service delivery plans are available to service users. Therefore we judged that the registered persons were compliant with Regulation 14 (2) (a).
- Generally the registered persons had made suitable arrangements to ensure that CSSIW is notified of all allegations of misconduct by the registered person or any person who works for the purposes of the agency. Therefore we judged that the registered persons were compliant with Regulation 26 (2) (c). We did identify where some further improvements could be made. Our recommendations for improvement are detailed below.
- Generally the registered persons had taken sufficient action to ensure that having regard to the nature and size of the agency and the number and needs of service users, they carry on and manage the agency with sufficient care, competence and skill. Therefore we judged that the registered persons were compliant with Regulation 11 (1). We did identify where some further improvements could be made. Our recommendations for improvement are detailed below.

What needs to be done to improve the service?

The registered persons are aware of the importance of sustaining compliance with the regulations.

Recommendations for improvements:

- Further work is required to ensure that the systems in place to monitor service provision, particularly call monitoring and medication systems are sufficiently robust in identifying where improvements are required. This is particularly important in ensuring that services users' health and welfare are promoted and protected.
- When verification of references is sought details should be maintained regarding: the contact details of the referee and their role; the name of the person who has spoken to the referee and the date and time that the verification was made.
- In addition to the name of the referee details regarding the address that the reference request was sent too should be maintained.

- Records relating to reasons for gaps in employment history need to be clearer regarding the specific date of the gap(s) and the reason(s) given for the gap(s).
- When implementing their disciplinary procedures the registered persons should consider whether the matter requires reporting in accordance with Regulation 26.

Quality Of Life

Overall, we found that since the last inspection improvements had been made with regards to areas of non-compliance that were noted at the last inspection.

Evidence gathered during the inspection confirmed that action had been taken to ensure that service users' requirements for support with health and care needs have now been reviewed. We saw four service users' care documentation and saw that on two files people's specific health needs were clearly recorded. The two files contained a medical history which correlated with the local authority or local health board assessment. Equipment that was required was recorded and risk assessments for specific needs, such as manual handling were seen to be included. Any action required as a result of the risk assessment was seen to be recorded for staff to follow. The care files were well organised and easy to read. They each contained a medication risk assessment which was signed by the service user. The service delivery plans were person centred and based on the outcomes each person wished to achieve with some good details included regarding preferences and priorities for that person. One file was noted to include an email from an external professional with a positive comment about a carer's attitude which was observed during a visit by the professional. The service delivery plans had been signed by the service users.

A third care file was seen to have a person centred service delivery plan, but this had not been signed by the person concerned. Confirmation regarding service users receiving a copy of their service delivery plan was sought following the inspection and there was no evidence to indicate that service users are not being provided with a copy of their service delivery plan. The risk assessment seen did not have some of the relevant healthcare information provided in the assessment that may help staff in situations of difficulty when providing care. We recommended that this information should be included in the risk assessment and that service delivery plans was signed by the service user or representative on their behalf.

The fourth care file that we looked at we noted that the service delivery plan could have been more person centred. Some important information available on the original assessment had not been transferred to the service delivery plan. There was no risk assessment available. This was discussed with the registered persons and we were told that the person had been admitted to hospital and had not yet received care from the agency. We were informed that the missing information had been noted for amendment; this was confirmed by the document we saw that listed service user paperwork requiring updates. The registered manager confirmed that since the last inspection a system had been implemented which involved the registered manager checking and signing off service delivery plans and associated documentation. This system ensures that service user documentation has been completed and reviewed. We saw a matrix which contained details of completion dates of care plans and assessments, agreements signed and review documentation.

Following the last inspection the registered persons had introduced a detailed medication risk assessment and agreement form. We observed that medication risk assessments had been updated and signed for. We saw that the agency keeps a register of risk

assessment for the administration of medication and where applicable the requirement for support with medication. We were not able to consider how the assessments seen on care files regarding assistance with medication are translated into care provided, as there were no medication administration records (MAR) available. We were told that the MAR's had been returned to the dispensing pharmacists each month. We advised that improvements were required to ensure the agency maintains and audits its records relating to medication administration to ensure that where applicable service users' assessed needs in relation to medication are being met in accordance with their service delivery plans, associated risk assessments and prescribers instructions.

Analysis of the eleven completed service user satisfaction surveys identified that ten (one person did not respond to this question) of the respondents rated the service as 'good,' 'very good' or 'excellent.' All eleven respondents rated their overall experience from receiving a service from the agency as 'good,' 'very good' or 'excellent.' When asked 'How would you rate the courtesy of the carers?' Three respondents replied 'excellent,' six replied 'very good,' one replied 'good' and one replied 'poor.' When asked 'Does your carer take time to listen to you?' Four respondents replied 'excellent,' three replied 'very good,' one replied 'poor' and one person did not reply. When asked 'How do you rate the professionalism of the staff?' Two respondents replied 'excellent,' seven replied 'very good' and two replied 'good.' One respondent stated '*The care package works well, all the carers are friendly and nothing is too much trouble for them.*'

We saw a compliment made by service user's relative who had stated '*... they [staff] have all cared for her [the service user] with such patience, understanding and empathy, they really do all understand the importance of person centred care.*'

Another compliment made by another relative stated '*Any care XX [service user] needed XX [staff member] made sure that XX [service user] got it. XX [staff member] went above and beyond to make sure XX [service user] had the care she needed.*'

Quality Of Staffing

Overall, we found that since the last inspection improvements had been made with regards to the registered provider's procedures for the recruitment of staff. Action had been taken to address the areas of non-compliance that were noted at the last inspection. We identified some areas where further improvements could be made.

We examined three staff personnel files, all contained information regarding the required disclosure and barring service checks (DBS), references and employment history. The registered persons told us that following the previous inspection a new interview form had been implemented which included discussion regarding any identified gaps in employment history. However we did make some recommendations regarding the records relating to verification of references and gaps in employment history. The records maintained in relation to explanation of gaps in employment history and verification of references was not always clear or would have benefitted from containing further information.

The registered persons confirmed that staff do not have any contact with service users until all of the required recruitment checks/documentation including Disclosure and Barring Service (DBS) checks have been received. We saw evidence that the registered persons had considered the safety of service users during the recruitment process and had declined to employ individuals whom they felt would not be suitable to work in the service.

Evidence was available that confirmed that staff had been provided with ID badges as required following the previous inspection. This was also confirmed in conversation with a member of staff.

We saw a staff training matrix which showed that staff were provided with training in relation to; moving and handling, infection control, fire safety, values and attitudes, dementia, health and safety, protection of vulnerable adults, food hygiene, and medication management. The agency offers care and support to people with mental ill-health we noted that the training matrix did not include training in relation to mental ill-health. We discussed this with the registered persons who told us that staff were to be included in the forthcoming mental health training being delivered by a commissioning local authority.

Staff spoken to told us they could access advice and guidance at any time and that they felt confident in raising any issues or concerns with the registered persons. Respondents to staff satisfaction survey rated their overall experience working for the agency as '*very good*' or '*excellent*'. We saw that information relating to the code of practice for social care workers; the agency's policies and procedures and the Protection of Vulnerable Adults (Safeguarding) policy and procedure were all easily accessible at the agency office.

Quality Of Leadership and Management

Overall, we found an improving service where action had been taken to address the areas of non-compliance noted at the last inspection. We identified some areas where further improvements could be made.

An area that we identified for improvement was the monitoring of call data. The agency has an electronic call monitoring system in place. This involves staff having to log into the system to evidence that they have arrived at their scheduled calls. If staff do not log in to confirm that they have arrived at their scheduled call this is 'flagged' up on the system. This alert provides a prompt to ensure that action can be taken in a timely manner by the agency to ascertain the reasons why the staff member has not logged in, and if necessary inform the service user(s) of any delays and if required make alternative arrangements to cover the call(s). On the day of our inspection visit we saw that there had been a delay in office staff/managers identifying that a staff member had not logged into their first four calls of the day. Subsequently some service users were not informed that their calls were going to be late and there were delays in the agency making alternative arrangements to cover these calls. We ascertained that the agency had received information which confirmed why the call had not been made; approximately 4 hours 30 minutes after the first call was scheduled. However this information had not been relayed to the registered manager. From discussions with staff on duty it was evident that there had been a breakdown in communication and the registered manager had not been informed, as soon as the reason was known, regarding why the staff member had not logged into their calls. We discussed our findings with the registered persons who stated that on that morning an engineer had visited the agency as the agency had some problems with their computers which had resulted in only one computer working. This resulted in a reduction of the number of computers which staff could use to monitor the electronic call data. A staff member responsible for monitoring the electronic call data was dealing with the engineer so was not monitoring the call data as robustly as normal and suitable alternative arrangements to monitor the call data had not been made. The registered persons acknowledged that there had been failings in their systems however they felt that this was a 'one off' due to the particular circumstances on that day. They did identify that improvements could be made including increasing the time that staff were available in the office to monitor electronic call monitoring data (this was implemented the following day) and clarifying with staff the process for responding to late calls and messages from staff members.

We consider the responses to service user satisfaction surveys in relation to how respondents rated the carers' timekeeping, two replied '*excellent*', eight replied '*very good*' and one replied '*poor*'. These responses suggest that generally the respondents were satisfied with care staff's timekeeping.

The registered persons had produced a 2015/2016 Quality Assurance Report. We saw completed service user and staff satisfaction surveys undertaken during August 2016, which we were told would feed into the forthcoming quality assurance report. We saw six completed staff questionnaires the responses to questions such as 'How would you rate the support from your managers?' and 'Do you feel valued and supported by the team leaders/managers?' were all either '*very good*' or '*excellent*'.

Six of the eleven respondents of service user satisfaction surveys rated the agency's response times to queries or concerns as '*very good*,' four replied '*good*' and one replied '*poor*.' We were informed that the agency had received one complaint since the previous inspection we saw that the registered persons correspondence with the complainant evidenced that they had informed the complainant of the outcome of the investigation and actions taken. The agreed outcome was recorded.

We noted that the Statement of Purpose needed to be amended regarding the following: timescale for dealing with complaints; the statement that a quality audit is carried out twice yearly (when it is carried out once); the telephone number for CSSIW. This information was fed back to the registered persons who took immediate action to correct the details in the Statement of Purpose.

Quality Of The Environment

The focus of this inspection was to consider issues previously identified as being non compliant with the regulations and the environment was not considered at this inspection.

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.