



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

## Care and Social Services Inspectorate Wales

Care Standards Act 2000

# Inspection Report

Seashells Care and Support Services  
Suites 1a - 1c  
Quinton Hazell Enterprise Park  
Glan y Wern Road  
Cowlyn Bay  
LL28 5BS

Type of Inspection – Focused

Date(s) of inspection – Thursday, 15 January 2015

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## Summary

### About the service

Seashells Care and Support Services provides domiciliary care for older people, including people with dementia care needs, and adults with a learning disability. Seashells Limited is the registered provider and Garry Williams is the registered manager. The person nominated by the company as responsible individual is Stuart Owen. The agency operates in the counties of Gwynedd, Conwy and Denbighshire from premises in Mochdre.

### What type of inspection was carried out?

We (Care and Social Services Inspectorate Wales, CSSIW) visited the agency on 15/01/15. This was a scheduled focused inspection and was unannounced.

Information for this report was gathered from the following sources:

Discussions with people using the service, their relatives, the registered manager and care workers.

Questionnaires completed and returned to us by people using the service, their relatives and staff.

Records and documents held at the agency office.

### What does the service do well?

People who contributed to the inspection were very positive about their experience of the agency and spoke highly of their carers. People told us that they experience continuity of care through teams of regular care workers that they get along with and have got to know well.

### What has improved since the last inspection?

The agency has improved the way people are supported with medication. Service delivery plans have been amended to show more clearly what support is needed and how this will be provided. To build on this further, we advised the registered manager that the actual time of administration should be recorded on the administration record rather than having to cross reference with other care records. We also advised that there should be a record of the medication dispensed by the pharmacist into blister packs to be administered by carers. The benefit of this for people using the service is that they will be supported by safer systems.

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

There were no issues of non compliance to report.

## Quality Of Life

In summary, we found that people using the service are consulted about the care they receive when they start receiving a service and that this is reviewed with them regularly.

People using the service have choice and influence in how their care is provided. This is because they are involved in the planning their care. People told us that a member of the management team had visited them at the start of the service to discuss the care they would receive and that this was reviewed with them regularly. We saw records at the agency office that demonstrated this. People told us that a manager, or other senior person, was always 'popping in' to review the service provided and that any requests they made for a change were accommodated. Again we saw records of these visits at the agency. We spoke with a care supervisor who confirmed this was part of their role.

We found that people using the service experience appropriate, responsive care from staff with an up to date understanding of their individual needs and preferences. This is because each person has a service delivery plan which sets out the care needed at each call. The documents we viewed at the agency office showed that assessments completed by social services informed people's plans. The plans we saw were detailed, giving information about the person and showing how that person liked things done. The plans were signed by either the person receiving the service or their representative confirming their agreement. If people were being supported with their medication, the level of support was included and medication administration records (MAR) were being maintained. We made some suggestions to improve these records, which were noted down for action by the registered manager. We know from speaking with people using the service, their relatives and staff and from questionnaire responses that a copy of the plan is available in people's homes, along with records of the care provided during each call. People using the service, their relatives and staff all confirmed that these were readily available and referred to during calls. All contributing to this inspection told us that they had regular carers who knew and accommodated their wishes. We spoke with carers who confirmed that they had regular clients and discussions demonstrated that they knew the needs of the people they supported. Carers told us that they are made aware of people's plans before going into a new call and we were told of spot checks being carried out to make sure plans were being adhered to.

People using the service are assisted to remain healthy because their needs are anticipated and they are enabled to have access to medical support. This is because people's welfare is monitored. Relatives told us that the agency is very good at keeping them informed of any concerns regarding a person's wellbeing and that the agency will contact medical professionals on people's behalf where necessary or requested. We saw evidence of this in records maintained at the agency. Carers confirmed that are expected to pass on any concerns to a line manager without delay so that any issues can be dealt with promptly.

We found that people's property is respected and protected. People told us that carers always leave their homes clean and tidy and take due care with their belongings. People taking part in the inspection were happy with the arrangements for entering and leaving their homes.

People told us that they are treated in a respectful manner. They commented on the friendliness of their carers and described them as always pleasant and polite. This demonstrates that people experience warmth in their interactions with carers.

## Quality Of Staffing

In summary, we found that people receive a reliable service from carers they know and like and who receive training to support them in their role.

People can feel confident in the care they receive because their carers are competent to meet their particular needs. This is because the agency has an ongoing staff training programme. We saw evidence of this when looking at staff files. Examples of the training being provided were manual handling (to passport standard), medication administration, first aid, food safety, dementia, adult protection, challenging behaviour and nationally recognised qualifications in care. When we spoke with carers they told us that they receive sufficient training to help them do their job and that they are never asked to undertake tasks they don't feel able or confident to do. This was reiterated in the questionnaires returned to us by staff.

When looking at records we found that carers receive formal one to one supervision, including observed practice. We saw from the sample of records viewed that where relatives are employed, line management arrangements are organised so that there is no conflict of interest. Carers told us that there was always a senior person on call to contact if they needed support. When looking at records we saw that checks to determine a person's fitness to work for the agency are completed when recruiting staff and that induction training is completed before a person is allowed to provide care.

We found that people receive timely support and care. This is because rosters are organised in geographical patches with travelling time allowed. We saw this when looking at call schedules for the week of our inspection. People told us that carers arrive within the expected time band. All said they were informed if a carer was running late, which didn't happen often. Carers confirmed that adequate travelling time is allowed between calls so that they are not rushed or in danger of being late and that if they were unduly delayed they would contact the office. The people we spoke with confirmed that their carers stayed the allocated time and no one reported any missed calls. When looking at records we saw that carers enter their time of arrival and departure at calls on care documents within people's homes and that spot checks are carried out to monitor the timings of calls.

We found that people are cared for by familiar staff because the agency provides continuity of carers wherever possible. We saw this when looking at rotas and people told us that they have the same team of regular carers who they like and have got to know well. Carers also told us that they have regular clients. People using the service and their relatives told us they are introduced to any new carers.

The people we spoke with and those that completed questionnaires were very complimentary of their carers and told us they shared good relationships with them. This demonstrated that people experience good interactions with staff.

## **Quality Of Leadership and Management**

We did not look at quality of leadership and management on this occasion other than that already mentioned in this report. This theme was considered at the last inspection and will be looked at again during future inspections. Since the last inspection, the agency has opened a satellite office and expanded its operations from Denbighshire and Conwy to include Gwynedd county. When looking at the quality of life and quality of staffing themes we found that there was a management structure in place to deliver consistent standards across all areas.

## Quality Of The Environment

Not applicable to domiciliary care agencies



## How we inspect and report on services

We conduct two types of inspection; baseline and focussed. 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. Focussed 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.