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

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Care Standards Act 2000

Inspection Report

Seashells Care and Support Services

Cowlyn Bay

Type of Inspection – Baseline
Date of inspection – 16 November 2015
Date of publication – 22 December 2015

Summary

About the service

Seashells Care and Support Services provides domiciliary care for people in their own homes. They are registered to provide care to older people aged sixty-five years and over, including people with dementia care needs, and adults with learning and/or physical disabilities. Seashells Limited is the registered provider and Garry Williams is the registered manager. The person nominated to represent the company as responsible individual is Stuart Owen. The agency operates in the counties of Gwynedd, Conwy and Denbighshire. Its head office operates from premises based in Mochdre, Colwyn Bay and there is a satellite office in Dolgellau, Gwynedd.

What type of inspection was carried out?

An unannounced baseline inspection was undertaken on 16 November 2015 between the hours of 09:30 and 17:05. We Care and Social Services Inspectorate Wales (CSSIW) considered the quality of life, the quality of staffing and the quality of leadership and management for people using the service.

This inspection was undertaken as part of a national review of domiciliary care 2015-16. For details please see our website.

The methodology and guidance designed specifically for the purpose of the national review of domiciliary care 2015 -16 was followed to gather the appropriate information as follows:

- Discussions with the 2 service user's representatives, staff and the registered manager.
- Examination of some written documents including the service user terms and conditions and five care plans, which we randomly selected with consideration of the criteria for the national review. Three staff files in relation to the people we case tracked, staff terms and conditions and rotas.
- Examination of the settings service data provided to the CSSIW as part of the national review.
- The services' monitoring system of calls including missed, early and late calls.
- Consideration of the travel time allocated between calls.
- Feedback received from the service users and staff both verbally and via questionnaires which were returned to the CSSIW.
- Examination of the services' quality assurance report.

What does the service do well?

The service is expected to operate to at least the National Minimum Standards for Domiciliary Care Agencies in Wales; overall, practice met the expectation of the National Minimum Standards (NMS). The registered manager took pride in meeting the NMS and told us that he aims to exceed them wherever possible. He was able to clearly identify one area where the agency did not meet the requirements of the NMS and further details of this can be found below in the 'What needs to be done to improve the service?' section.

People using this service and their representatives told us that they were very happy with the service they received and that the 'friendly carers' will go out of their way to ensure that the service user has everything they need. This in turn reassured the representatives/relatives that their loved one was being well cared for.

What has improved since the last inspection?

Since the last inspection, the company has invested in a new call monitoring system. This enables the registered manager and office staff, to monitor when calls are being made and, should a carer not arrive within 20 minutes of the agreed call time, sends an alert to the office so that this can be followed up and ensure that no calls are missed. This is beneficial to service users and their representatives as they can be assured that calls are being monitored and their call will not be missed.

What needs to be done to improve the service?

During the inspection we found no areas of non compliance with the Domiciliary Care Agencies (Wales) Regulations 2004.

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

- **National Minimum Standard 7.2** –We acknowledge that the service have invested in an electronic call monitoring system, this is considered good practice and may help to reassure people that their call will not be missed by staff. The registered persons would benefit from utilising this system to monitor the timing of calls so that they are aware of any calls which are occurring earlier than the agreed time, any clipped calls (calls less than the agreed time without this being the wishes of the service user) and calls which exceed the agreed time. This information could then form part of the services quality assurance report to demonstrate how the service is improving and whether or not the system is effective. This information could also be made available during internal reviews and reviews with the Local Authority.
- **National Minimum Standard 7.3** – the agency should put measures in place to ensure that wherever possible, continuity of carers is maintained.
- **National Minimum Standard 20.3** – through careful recruitment the agency should aim to maintain a workforce whereby at least 50% of care staff holds a qualification listed on the recommended occupational qualification in the Care Council for Wales Qualification Framework.

Quality Of Leadership and Management

We found the agency to have clear direction and purpose. We found that there were quality assurance measures in place to monitor the performance of the agency and that the registered manager works hard to maintain compliance with the Regulations. The registered manager also told us that the providers of the company have a proactive approach to sustaining and improving standards through continued investment and good, regular communication with the registered manager. The service currently provides care and support to over 103 service users with various needs. The registered manager was knowledgeable and knew details of each of the care packages commissioned and demonstrated a good understanding of individual service users and their needs. We found all records to be kept up to date and in good order. Throughout the inspection the agency were able to locate and provide concise details for the information required by CSSIW.

People receive effective support from a service which can meet their needs. This is because, we saw, that in addition to the mandatory induction training, all staff employed by this agency are trained in Dementia care – challenging behaviour as part of their five day induction and are also provided with specialist training to meet people's needs. We can corroborate this as, on the day of inspection, we were informed that staff were receiving awareness training in Multiple Scelerosis (MS) so that they could be prepared and effectively provide support and care for a new service user whom the service were due to start providing care and support to. It was also anticipated, that this training would become included in to the induction training programme for any new members of staff. This is positive practice as it demonstrates that the agency has anticipated the training and knowledge staff will need to adequately meet the service user's needs before being required to provide care to a service user with the condition. Representatives of people using the service, told us that staff know their relatives needs, are respectful and felt their relatives were *'treated like a human being.'*

People using the service are actively involved in defining and measuring the quality of the service. This is because the registered persons seek feedback from service users to ascertain their views about the care and services provided by Seashells Limited. We viewed the 2015 quality assurance report. This had been compiled in July 2015 using questionnaire feedback from service users submitted in March 2015. Collation of the findings in a timelier manner would be beneficial for people using the service as the registered persons would be able to action any issues raised in a prompt and appropriate manner. The findings from the 44 questionnaires returned to the agency, demonstrated that overall service users and their representatives thought that the services they received were excellent (twenty two). Sixteen people rated the service as 'very good, and two people rated the service as 'good'. One of the sixteen areas considered by the questionnaire resulted in a grading of 'poor' with two people giving this grading for 'punctuality'. The quality assurance report did not identify the steps the agency would take to address this grading of 'poor' however, when we asked the registered manager about this, we were told about the investment, and introduction of the new call monitoring system. Comments from service users, their family/representatives, staff and stakeholders should also form part of quality assurance reporting to help improve the care and services provided by the agency. Whilst an annual questionnaire is used to

inform the quality assurance report, it was noted that the agency use the regular care reviews which occur throughout the year, to also obtain the views of the service user in a 'client satisfaction' section of the review. This is positive practice however there was no evidence that this information was collated or included in the annual quality assurance report.

People see visible accountability and know that there are people who are over seeing the service. This is because, from the three staff files we viewed we saw that 'spot checks' occurred regularly to consider and monitor staff practices and their competencies. Such spot checks were conducted by the supervisor for that location. Further to this, we saw that care reviews were conducted by a care manager in accordance with the service user's terms and conditions or more frequently if requested or if the agency consider it appropriate. We found that the care reviews occurred approximately 6 weeks after commencement of the care package, after 3 months, after 6 months and then annually from then on. A care manager also attends the reviews with the social services commissioning the package of care. The service users representatives we spoke to told us that communication with staff at the head office was good and that messages were received and passed on well. The staff we spoke with also felt that communication with management was good and that they were responsive when they raised any issues with them. Should a carer feel that a care package needed reviewing then they would contact the staff or registered manager at the head office for a review to be scheduled with the social services.

People experience an improving service. This is because we saw that investment is made in developing staff skills and knowledge and systems are introduced to improve the care and services people receive. Through discussions with the registered manager, it became apparent that he felt well supported by the company providers. He commented that they are responsive to his requests for investment and they provide him with the resources he needs to improve and sustain the service and to run it effectively. Recent improvements to the service included the purchase of a call monitoring system.

Quality Of Life

Overall people using this service are listened to and their views are valued. People using this service benefit both physically and emotionally from positive interactions with staff delivering their care. Timeliness and continuity of care require improvement to provide a more person centred approach to care.

People have limited choice and influence over how their care is delivered. This is because people do not always have their preferred time of calls. We viewed service users' care records and within these, there was evidence that regular reviews of the service delivery plan were conducted with the service user and, if desired or necessary, their representative or relative, this is considered good practice and demonstrates that people's wishes and feelings are considered as part of the care planning process. One service user's relative told us that when they had requested a change to the timing of their calls, the times had been altered and the company had *'accommodated the request pretty well.'* However in one review dated the 19th October 2015, we saw that the service user had commented that *'early morning calls disturb xx and he doesn't like them'*. We reviewed the call rota for this service user and found that between the 30th October and the 15th November he had continued to receive calls between 6:55 and 7:55. We viewed the rota prior to the 30th October and noted that the call time had not been altered to meet the service user's request. During the same care review, the service user's representative had expressed a preference for one carer and requested that she became their regular carer. On review of the client rota, it was evident that this request had been actioned with the carer doing more of the scheduled calls for the service users and three out of four calls on the 8th November. We spoke with staff about service user's choice over how their care was provided. Staff told us that service users did not have a choice over the time of the calls as these were determined by the social worker, but that they did have control over other aspects of their care, for example, whether they would like a bath or a strip wash, even if the service delivery plan said 'bath' then a choice is still provided.

People are encouraged to be positively occupied and stimulated. This is because staff take their time with the call and build a rapport with people. People told us that staff stay for the allotted time. We asked two relatives if they had any concerns about carers clipping calls or rushing off before the end of the allocated time. We were told that they had '*no concerns'* and that the carers seem to '*care about what they do, they will sit and chat with XX or do extra bits around the house if she needs anything doing*.' We saw in one review undertaken by the social worker that they had recorded that 'XX *looks forward to the carers calling, is now getting up instead of remaining in bed in the mornings* and that *XX has bonded well with the carers.'* This was further quantified by a service user's relative who told us that their relative *'looks forward to the carers visit and the additional conversation it brings.'*

People are encouraged to look after themselves and be as independent as possible. This is because people are afforded choice and encouraged by staff, with consideration of their remaining strengths, to do things for themselves such as preparing a meal. One relative we spoke with stated that they would *'happily recommend'* the agency and that they felt that the carers were *'excellent, involving the service user in the preparation of meals and encouraging her independence whenever possible.'* We also noted that the

service delivery plans, agreed and signed by each service user and/or their representative, not only detailed the care and support the carers were expected to complete during the allocated time, but also the desired outcomes for the service user. For example, to maintain a good standard of personal hygiene and appearance and to maintain health and well being. This is positive practice and ensures that the care staff work towards improved outcomes and promoting independence rather than a task based approach to care.

People using the service can expect staff to have a general overview of their needs. Care planning is somewhat person centred and as a result of this, people are more likely to experience warmth and are valued by others. This is because we found that the company use their own 'Needs Assessment' form to obtain further information about the person they are caring for including, information about their preferences and how they like to be known. For example it was recorded 'likes omelette made in a microwave' and 'likes cappuccinos with three sweeteners' or 'doesn't like reading.' This information along with personal details about the individual's family and work history is recorded on the service delivery plan in order to provide care staff attending the service user's home with information pertinent to the individual so that staff have an understanding about their life. The agency could improve on the person centred preferences related to care, recorded in the care plans. This is because one service user's representative informed us of their relative's preference to how care should be delivered; however, we could not see this recorded in the care plans staff were given to work from. We informed the registered manager of these preferences. We noted that care staff at this agency take note when service users' needs' change and report this to management to organise a review of their care needs. For example, we saw that one review had been convened as care staff had noticed and reported that the service user's evening medication was going missing. This not only safeguarded the service user but also ensured that the service user's care package was restructured to ensure that they were provided with additional support to take their evening medication appropriately.

People can not always expect to receive continuity of care. This is because there is a high turn over of staff, with many staff leaving for better paid employment elsewhere. We considered the continuity of carers for service users and whether they had regular care staff who knew them well and who were able to develop relationships with them. We case tracked five service users and found that, at present, continuity of care ranged between 5.3% and 30.2% of changes in carers over a three week period. This ranges from good continuity of care to poor continuity of care. We found that one service user who had double handed calls requiring two carers, had twenty three different carers within the three week period. Ultimately this means that the service user has had to be in a state of undress, receiving personal care, in front of twenty three unfamiliar people within three weeks. This does not promote the service user's dignity nor show respect for the service user. We found that service users who lived in more rural areas generally, had better continuity of care from a small team of local care staff. We asked the staff if they performed the same calls each week allowing them to get to know the service users. We were told that they rarely had the same calls each week but expressed that they would like to have more consistent contact with service users so that this was *'fairer on the service user'* and so that they could better monitor the service user's health needs. One carer told us that she will only ever record *'appears well'* in the service user's daily notes as she does feel that she has had the opportunity through regular contact, to know people well enough to comment on whether or not their presentation that day is 'normal

or not?' We also saw one care review dated 13 November 2015 which commented that the service user *'would like more regular carers.'* We discussed this with the registered manager who described the difficulties of providing continuity of carers when there is such a high staff turnover. He stated that as soon as a carer gets familiar with the service user, they often leave for better paid jobs or better hours to fit around their families. We did not view any exit interviews as part of this inspection and so are unable to corroborate this information. The registered manager should look at ways of retaining staff to improve on the current figures and ultimately service user's experiences thus promoting their dignity.

People using the service can be confident that their concerns and complaints raised with the service will be taken seriously and addressed by the registered manager. We considered the concerns received by the agency since the last inspection in January 2015, the nature of those concerns and the actions taken by the registered manager in rectifying them. We also considered concerns received by CSSIW in relation to this agency. We noted that eleven concerns had been logged by the agency and one had been received by CSSIW. Of the eleven received by the agency, three were from carers reporting concerns which had occurred through their calls. The other eight were from service users or their relatives/representatives. The majority of these concerns were in relation to preference of carer and the continuity of carers; The concern received by CSSIW was in relation to the conduct of one staff member which the registered manager addressed appropriately and has now been resolved to the complainant's satisfaction. The concern logs provided clear details of the concern raised any subsequent investigation and the outcome and lesson's learnt from the concern being raised. This is positive practice as service user's can be confident that their concerns are listened to and are being logged appropriately.

Quality Of Staffing

We found that the staff employed by the agency had the competence and confidence to deliver the required care. We found staff to be dedicated to the work they do and service user's representatives told us that they have a caring ethos.

People can feel confident in the care they receive because staff are competent and well supervised to meet particular needs. We found that at present 36.8% of care staff holds a recommended qualification in care as advocated by the Care Council for Wales. The registered manger is aware that this National Minimum Standard (NMS) is not currently being achieved; he explained the difficulties in maintaining the 50% target with a high number of staff leaving the sector and, until recently, a cut in funding for staff over 25 years old to enrol on the National Vocational Qualification (NVQ) Level three training. The registered manager has researched available funding for the NVQ qualifications and has care staff he is proposing should attend this training in the near future now that funding had become available. We noted that all staff employed by this agency undergo a thorough five day induction training programme delivered by a Level five qualified member of staff, their work is then overseen by care supervisors who are NVQ qualified and who perform 'spot checks' to monitor staff competencies, as seen in the staff files. From the three staff files we looked at; we noted up-to-date certificates and that all staff had some previous experience of care work, which is beneficial to the service user. Staff told us they receive the training they need and feel confident in supporting and caring for people. Representatives of people using the service told us that staff were *'becoming more knowledgeable about Alzheimers and Dementia and seem to be learning a lot about it with experience.'* We saw that staff receive regular supervision and there was evidence that comments raised during supervision sessions were acted upon by the management team. For example we saw one supervision record which highlighted that the staff member would like further training, this staff member had completed a level 3 apprenticeship in Social Care (adults) and End of Life care since that supervision meeting which is training they were interested in and had requested to attend. Whilst spot checks fed into regular supervision discussions, we found no evidence that staff were given the opportunity for an annual appraisal of their work. Staff told us that they had good support from the office based staff who are qualified carers and who, if needed are able to cover service users' calls.

People enjoy being cared for by motivated staff, This is because staff are happy in their role, feel appreciated by management and are driven to make a positive difference to people's lives. We spoke with service users who told us that the carers were *'friendly'* and *'nice'* and will *'go out of their way'* for them. We also spoke to staff who told us they cared about the job they do and the service users they supported. We were told by one relative that *'if there is only a little bit of milk left, staff will pop over the road and get some more. Nothing's ever too much trouble.'* This in turn reassured the relatives that their loved ones would never go without before they could next see them. Staff told us that they felt that overall the care they provided was *'person centred'* and that they would never leave a service user unless their needs have been fully met as they *'can't just walk away!'*

People do not always have time to talk to staff. This is because the registered manager

commissions a high number of 15 minute calls from the Local Authority. We saw from the staff rotas that some staff had up to six; 15minute calls in one day. We asked staff about these; staff told us that 15minute calls are rarely completed within the allocated time with most going over the 15 minutes. Staff felt that 15 minute calls were unmanageable and *'not care'*. When asked more about this, they commented that they felt supported by the agency to stay whatever length of time was required and that they were not under pressure to leave or move on to the next call, however the extra time was often their own time and time for which they do not get paid.

People using the service can feel assured that staff are properly vetted before commencing employment with the agency. This is because a robust recruitment procedure is in place and necessary safety checks are undertaken. We viewed three staff files and saw that staff had been recruited using the appropriate processes which helps to ensure service user's safety. For example we saw that photographic identification had been obtained, an enhanced criminal record certificate had been requested and reflected the agency's name, and written references had been obtained including one from the most recent employer. The files were well organised and consistent in the information they contained. Staff had written contracts of employment but these were on a variable hour basis with no set amount of contracted hours. We saw that staff are paid mileage between calls but are not paid for the travel time. We viewed and sampled the staff call rota, on one day we saw that a member of staff had been 'on shift' for 13 ½ hours and yet the total time spent at calls was only 7 hours therefore, that member of staff will have only been paid for 7 hours work plus their mileage. We spoke to staff about this; they felt that this was one of the main reasons for their colleagues leaving the care sector to find alternative employment. We saw in one supervision record that a member of staff had raised this as a concern as it was having a negative impact on the amount of time she was able to spend with her children, stating that she would prefer 'full days'. This agency currently pays above the national minimum wage. We spoke to the registered manager about the staff's terms and conditions. He expressed that he valued the staff he had, he recognised good practice and the people who genuinely care, he stated that he wanted to pay staff more for the work they did but felt that he was unable to do this at present due to commissioning rates.

People using the service can expect to be able to identify staff and have confidence that infection control measures are implemented. This is because staff wear a printed logo tabard or t-shirt and personal protective equipment they need to perform their work safely and to safeguard the service user from risk of cross infection. However staff are expected to provide their own trousers and shoes. Staff told us that trousers and shoes need replacing regularly as, due to the nature of the work, carers are often on their knees or in a wet room/shower rooms assisting service users and they wear out quickly.

People cannot always expect timely calls. This is because the current computerised system does not consider anomalies such as traffic, road conditions and parking for example. We considered the staff rota of service user calls and noted that there was some travel time allowed between each call. We asked the registered manager about the rota and were told that the travel time is calculated by their computer system using an online mapping tool. We sampled and calculated the distances and time allowed. Overall, using an online route planner it appeared that sufficient travel time is allowed between calls to travel from one service user's home to the next however, when we spoke to staff about this, they felt that not enough travel time was allowed, as particular

streets are known to be busy at certain times of day and parking is not always available near to the service user's home and so there may also be some travel completed on foot which adds to the travel time. Staff felt that the travel time should not rely solely upon the use of online route planners but also knowledge of the local areas; this is something the registered manager may wish to consider and review to improve the response to peoples' care needs and pressure on staff.

Quality Of The Environment

This section is not considered in depth for domiciliary care services however; we found the office of the organisation to provide a welcoming environment for service users and their relatives should they need to attend the office. It is situated on the Quinton Hazel Enterprise Park which provides ample parking facilities.

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.