



Care and Social Services Inspectorate Wales

Care Standards Act 2000

Inspection Report

Seashells Care and Support Services

Colwyn Bay

Type of Inspection – Baseline

Date(s) of inspection – 2 February 2017 Date
of publication – 17 March 2017

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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 or physical disability. Seashells Limited is the registered provider and Paula Whitehouse is the registered manager. The agency operates in the counties of Gwynedd, Conwy and Denbighshire from offices in Colwyn Bay and has a satellite office in Dolgellau.

What type of inspection was carried out?

This was a baseline inspection undertaken as part of our inspection programme.

The following methods were used:

- We (Care and Social Services Inspectorate Wales, CSSIW) made an unannounced visit to the agency office on 2 February 2017 between 10:30 am and 4 pm.
- We spoke with one person receiving a service and relatives of three other people.
- We sent out questionnaires asking people receiving a service, relatives/representatives, staff and professionals to comment on their experience of the service, 13 questionnaires were completed and returned.
- We spoke with the registered manager, four care workers and two senior members of the care team.
- We looked at a sample of records and documents. We focused on staff recruitment, training and supervision, the statement of purpose, the quality of care review report and three people's care records.

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.

What has improved since the last inspection?

We found that the agency operates to the same standard as at the last inspection.

What needs to be done to improve the service?

The following are areas brought to the registered person's attention so they can be addressed to improve practice:

The management should ask people if they are satisfied with the number of care workers visiting them and whether they feel any changes are needed. The outcome of this for people using the service is that it will promote well-being by ensuring people have continuity of care workers in line with their wishes.

The ratio of care workers holding a qualification in care needs to increase to 50% or higher. The outcome of this is that people can be reassured by an increasingly qualified workforce.

The service's position regarding an active offer in relation to the Welsh language should be included in the home's statement of purpose and the document should be reviewed to

ensure all required information is included. This will ensure people using the service and other interested parties are clear about what is offered.

Recruitment records could be improved by showing the date of the care worker's first contact with people in their homes.

The quality of care review report should be developed to describe more clearly any improvements made and planned for the service. It should show that the views of staff and commissioners have been taken into consideration as well as those of people using the service and/or their representatives.

Quality Of Life

In summary, people were positive about their experience of the agency and told us that they had care workers they liked and who knew how to support them. People were consulted about the care they received and this was reviewed with them regularly. Service delivery plans gave a sense of the person and showed in detail how people wanted their care provided.

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 senior team member had visited them at the start of the service to discuss the care they would require and that this was reviewed with them regularly. The agency's statement of purpose commits to two monthly care review visits and we saw records at the agency office that demonstrated this was happening in practice. We spoke with senior members of the care team who confirmed this was part of their role. Records showed that changes were made as requested by people using the service and this was confirmed in questionnaires.

People don't always experience continuity because the number of care workers allocated to individuals varies. We looked at three care call rosters. One showed that the person concerned was visited by seven different care workers in a two week period. Another person had 12 care workers calling and the third person had been visited by 15 care workers. The staff we spoke with told us that they generally worked in area teams and had regular people to support. When we spoke with people, they told us that overall they or their relative had the same care workers. This was repeated in questionnaires, although comments were made that a smaller core of regular care workers would make things "even better". Everyone felt all care workers visiting them did their job well.

People experience appropriate, responsive care from care workers 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 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. Manual handling plans completed by an occupational therapist were available for people who used equipment to manoeuvre. If people needed help to manage their medication the level of support required was shown in their plans. When we spoke with care workers they were aware of the agency's medication procedures and confirmed they had received training. Records were being kept of any money handled by care workers for shopping. We know from speaking with people using the service, their relatives and staff and from questionnaire responses that a copy of people's plan was available in their homes, along with records of the care provided during each call. All confirmed that these were readily available and referred to during calls. "Any new carer would know what care was required" is an example of the comments made. Care workers told us that they were always made aware of what people required before going into a new call via a secure app on their company mobile phone. Relatives told us that the agency was very good at keeping them informed of any concerns regarding a person's well-being. Care workers confirmed they were expected to pass on any concerns without delay so that any issues could be dealt with promptly.

People are cared for in a respectful way and experience warmth in their interactions with care workers. People told us that they got on well with the care workers visiting them describing them as "very respectful and very patient carers", "lovely girls, all of them" and "respectful – definitely". Care workers spoke about the people they supported with genuine affection. People confirmed that care workers were mindful of their dignity and how to promote people's dignity was clearly shown in their service delivery plans.

Quality Of Staffing

Overall, we found that people received reliable care. There was an ongoing programme of staff training and supervision and new care workers were inducted into the role.

People receive timely support and care because care calls are monitored. The agency had a call monitoring system, which enabled office staff to monitor if calls were being made as contracted. An alert was raised should a care worker not arrive at a call, which was then followed up to ensure calls were not missed. People told us that care workers arrived when expected and that they were kept informed if a care worker was running late, which didn't happen often. People confirmed that their care workers stayed for the allocated time and did not rush when providing care. We saw from schedules that care workers had calls in local geographical areas with travelling time allowed between calls. Care workers confirmed they had sufficient time to reach each person on their round without rushing. Care workers said they would contact the office or person they were due to attend directly if they were unduly delayed.

People are cared for by staff who have training and supervision to support them in their role. This is because the agency has an ongoing staff training programme. We found evidence of this when looking at records, in questionnaire responses and during our discussions with care workers. Examples of the training provided were manual handling, medication administration, dementia, adult protection, catheter care, pressure area care, stroke, multiple sclerosis, hand hygiene, first aid, food safety and health and safety. Training on The Social Services and Well-Being (Wales) Act had recently been introduced to the training programme. A lower than expected percentage of care workers held a qualification in care. Action had been taken to increase this with staff being signed up and working towards gaining a qualification. This was shown in training records and confirmed by care workers. Care workers also told us they received sufficient training to help them do their job and that they were never asked to undertake tasks they didn't feel able or confident to do. This was reiterated in the questionnaires returned to us by staff. Records showed that care workers received one to one supervision, including observed practice. Checks to assess a person's suitability to work for the agency were carried out when recruiting and induction training was completed before a person was allowed to provide care. The date a care worker had first contact with people in their homes following this process was not shown in all records which, we pointed out as something to develop.

People experience good interactions with staff. The people we spoke with and those that completed questionnaires were very complimentary of their care workers and told us they shared good relationships with them. Comments included "Each of these girls is very good at her job. The best", "Each of the care workers is diligent and compassionate", "The carers are excellent, friendly, kind and go the extra mile" and "xxx knows them all now and enjoys their visits".

Quality Of Leadership and Management

In summary, we found that the agency was being run in an efficient way with systems in place to monitor the quality of the service provided. A service was provided in Conwy, Denbighshire and Gwynedd counties and there was a management structure in place to deliver consistent standards across all areas. People unanimously rated the quality of care received by the agency as “excellent” and “very good”.

Overall, people using the service, working in the service or linked to the service are clear about what it sets out to provide. There is a statement of purpose that sets out the aims of the service and what people can expect. This was last reviewed in 2016 following relocation of the agency offices and registration of a new manager. Some required information was missing from the revised document and it could be improved by informing people of the service’s position regarding an ‘active offer’ in relation to the Welsh language. Assessments were being carried out with people before providing care to find out what care they needed and the documents we viewed showed that assessments completed by social services contributed to this. People confirmed they had been consulted regarding the care they would receive and that this is reviewed with them regularly.

People using the service are involved in measuring the quality of the service because they are asked for their opinion on the quality of care provided. This is achieved through visiting people throughout the year to gain their views of the service and ask if there are any issues they would like to raise. Annual satisfaction surveys are also carried out and a report of the findings dated March 2016 was available. The registered manager informed us that questionnaires had been issued for the 2017 review. We suggested that the forthcoming quality of care review report be developed to describe more clearly any improvements made during the year and those planned. The report should show that the views of staff and commissioners, as well as people using the service and their representatives, have been taken into consideration.

People know there is a management team who oversee the service they receive because arrangements are in place for each area of operation. The statement of purpose showed the management team was made up of care supervisors, community team leaders, care managers, service managers and a recruitment and finance manager. This team was overseen by the registered manager. Care workers told us that they felt well supported and that there was always a senior person available to them. People receiving a service and their relatives told us that they experienced good communication with the agency. All knew how to raise a concern or complaint and those who had said issues had been sorted out quickly and to their satisfaction. People were consistent in their praise of how the agency operated. We saw that there was a full range of operational policies and procedures to support practice, which included complaints and adult protection.

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 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.

