



## **Care and Social Services Inspectorate Wales**

**Care Standards Act 2000**

# **Inspection Report**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg / This report is also available in Welsh**

**Castell Care and Support**

**Deeside**

**Type of Inspection – Full**

**Date(s) of inspection – 16 November 2017**

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## Summary

### About the service

Castell Care and Support is a domiciliary care agency based in Ewloe. The agency is registered with the Care and Social Services Inspectorate Wales (CSSIW) to provide personal care for adults in their own homes and in a shared house with needs relating to physical disabilities, sensory loss/impairment, learning disabilities, mental health problems and dementia.

The responsible individual is Luke Reeves. There has been no registered manager in place since 8 May 2017. A manager has been appointed who is working towards gaining the qualification necessary to register with Social Care Wales Care Council for Wales and CSSIW.

### What type of inspection was carried out?

This was a baseline inspection undertaken as part of our inspection programme. We (CSSIW) made an unannounced visit to the agency office on 16 November 2017 between 9.40 and 16.25 and on 17 November 2017 between 13.00 and 14.30.

The following methods were used:

- We spoke to three people who used the service by telephone.
- We visited a shared house on 17 November between 9.00 and 12.15.
- We spoke with four staff members, the responsible individual, the business support manager and a house manager.
- We sent out questionnaires asking people receiving a service, relatives/representatives, staff and professionals to comment on their experience of the service. 22 questionnaires were returned.
- We looked at a sample of records and documents in regards to the operation and management of the service.
- We looked at care plans and records relating to six people in receipt of the service and we looked at four staff files.

### What does the service do well?

People receive support that is person centred and they have input from well trained and motivated staff which enables the people being supported to remain living in their own homes.

### What has improved since the last inspection?

There were no recommendations from the last inspection.

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

### **Areas of non compliance identified at this inspection?**

- We have advised the registered persons that they must appoint a manager who has the necessary qualifications (Regulation 9 of the Domiciliary Care Agencies (Wales) Regulations 2004), in order to fully meet the legal requirements. A notice has not been issued on this occasion, as there was no immediate or significant impact for people using the service and the responsible individual has recruited for this post and staff are presently completing appropriate qualifications.

We expect the registered persons to take action to rectify this and it will be followed up at the next inspection

### **We have identified the following areas for improvement which the registered persons should consider to further develop the service:**

- National Minimum Standard 4 in relation to service delivery plans. The registered manager should ensure service delivery plans and other relevant paperwork are signed by people using the service or their representatives as evidence people have had input into how they receive their care.
- Spot checks should be undertaken and recorded on a regular basis.
- A one page person profile should be included at the beginning of each persons support plan.
- An audit of falls should be undertaken and added to the falls policy.
- Within the medication policy it should state that after a medication error occurs staff re-take medication training and shouldn't be allowed to give medication until this re-training is undertaken successfully.

## Quality Of Life

In summary, we found people using the service were supported to live their lives as independently as possible. We found people with complex needs receive appropriate, responsive care from staff who had an understanding of their needs. People were consulted regularly about the care they received and this was reviewed with them regularly. Assessment of care needs and support plans were person centred and showed in detail what care and support was required and how people wanted their care provided.

People using the service have choice and influence in how their care is provided. This is because they or their representatives, where appropriate, are involved in the planning of their care. We spoke with people using the service, received questionnaires and viewed files which showed pre-assessment visits were being undertaken by staff prior to people using the service. We viewed files and were told by senior staff members that regarding the community house, there is a very detailed pre-assessment procedure, whereby professionals and people about to use the service visit the house on a number of occasions to meet staff and other people living there to ensure the person moving in knows what to expect and staff are aware of the persons needs and requirements. These practices mean care and outcome based support plans are in place prior to people moving in. We saw six people's files which showed the support plans were being reviewed regularly. Of 11 questionnaires received from people using the service, seven told us their care and support was being reviewed at least every twelve months and four people didn't know when their support was being reviewed. Though we saw outcomes being reviewed between staff and people using the service regularly, there were no signatures on any of the files showing people using the service had input into this document. We advised the responsible individual of this and he assured us it would be rectified in future in regards both paper and electronic copies.

People with complex needs experience appropriate, responsive care from care workers who have an up to date understanding of their needs and preferences. This is because each person has a support plan which sets out the care needed. Castell Care and Support are currently in the process of transferring all their support plans onto computer and are currently running two systems of recording, one computerised and one paper copy which we saw mirrored each other exactly. Once the computer system is fully operational the paper files will be archived. We saw day notes and spoke with staff who confirmed the care and support required was being implemented. The six support plans we viewed were detailed, giving information about the person, what support was required, how to support the person and how they liked and didn't like their care and support being delivered. The support plans had outcomes for all the support being given and detailed how these outcomes would and were being achieved. There were detailed risk assessment and where required, specialist plans in place, such as, moving and handling. Though each plan was personalised and gave a sense of the person being supported, there was so much personalised information that we felt that staff and the person receiving support, would benefit from a condensed, one page profile, located at the front of the file so staff could get an understanding of the person they were supporting quickly. We advised the responsible individual this was needed in both the paper files and the computerised system and they agreed this would be implemented.

People using the service receive support which is consistent. We viewed the staff rotas which confirmed people were receiving support from a core staff team. Of six questionnaires received from relatives, five felt their relatives received continuity of care, one didn't know. Of the 11 questionnaires received from people using the service, 10 told us that they received the same carers all the time, one person said they didn't. People using the service and members of staff told us enough time was allocated for staff to undertake their tasks and confirmed that if extra tasks were requested, staff would try their best to do them in the time allocated.

## Quality Of Staffing

Overall we found people received reliable care. Staff who work for the agency feel supported by their line managers. Staff felt they had appropriate training; there was an ongoing programme of training and supervision and new care workers were inducted into their role.

People receive timely support and care. We were told by a senior member of staff, people using the service didn't receive a rota though one was available on-line. People using the service told us care workers were never late and out of 11 questionnaires returned only one stated care workers had missed a call, though this had happened only on one occasion. People also told us care workers stayed for their allocated time and did not rush when providing care. Care workers and people using the service confirmed they had sufficient time to complete their calls thoroughly and if requested, staff would try and undertake extra tasks in their allocated time.

People are cared for by staff who have training and supervision to support them in their role. This is because the agency has a thorough induction and ongoing staff training programme. We found evidence of this when looking at records, in questionnaire responses and during discussions with care workers. Examples of the training provided were safeguarding, medication, conflict solution, all wales people handling passport, infection prevention and control, emergency first aid, health and safety and food safety. A lower than expected percentage of care workers had a qualification in care, 23% had achieved a level 2 qualification in care or above which is below the minimum 50% recommended by the National Minimum Standards. This will need to be addressed. We were able to confirm through discussions with care staff and through viewing records care staff receive regular supervision, appraisals and team meetings. Checks to assess a person's suitability to work for the agency were carried out when recruiting and a comprehensive induction procedure is completed.

People experience good interactions with staff. Nine out of 11 questionnaires returned from people using the service said care staff do their job well, whilst two people advised us the care they received was OK. One person wrote they felt the support they received was "*excellent*" and another person said it was "*ten out of ten*".

## Quality Of Leadership and Management

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 and separate service user's guide which sets out the aims of the service, and what people can expect. A new statement of purpose is currently in draft form. The document outlines the management structure of the organisation, the philosophy of care, meeting people's needs, support available and how people can be involved through continuous quality improvement. The document also gives a guarantee that people have the right to be communicated with in Welsh as their first language.

People using the service are involved in measuring the quality of the service because they are asked for their opinion of the quality of care and the services provided. This was achieved through questionnaires sent to people using the service. The findings of these surveys form part of a wider quality assurance process whose outcomes are communicated to people using the service through a summary of findings document which is sent to them. This is the first quality assurance document produced by the agency and is currently with their board for ratification and will be sent out to everyone using the service and will be available on their web site. We saw the quality assurance process which the agency undertakes is thorough, though we feel the agency needs to also take into consideration new legislation when undertaking its quality assurance reporting in future. We were told by senior managers they ensure the service provided by care staff is of an acceptable standard by undertaking regular spot checks of care workers whilst undertaking their work in people's homes; however no documentation was currently being kept in regards these spot checks. This was mentioned to the responsible individual who assured us documentation would be put in place.

People know there is a management team who oversee the service they receive as the statement of purpose shows the management structure of the organisation. We looked at four care workers files and noted recruitment processes were robust and appropriate safety checks had been undertaken. Overall, care workers told us in interviews and through questionnaires received they felt well supported and had regular supervision and annual appraisals. We saw the staff handbook which showed the agency placed importance in staff development and ensured all staff were aware of their role and responsibilities. People knew how to raise a concern or complaint and we saw evidence of two complaints and how they were dealt with quickly through the agencies complaints procedure. We saw there was a full range of operational policies and procedures in place to support practice, which included complaints, medication, falls and safeguarding. We felt the medication policy would benefit from clarity in regards outcomes following care workers errors and that the falls policy would benefit from a section in regards falls auditing. The responsible individual agreed these additions would be implemented.



## Quality Of The Environment

This theme is 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.

