



Care Inspectorate Wales

Care Standards Act 2000

Inspection Report

Churchfields Home Care

Barry

Type of Inspection – Full

Date(s) of inspection – Wednesday, 1 May 2019

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Summary

About the service

Churchfields Home Care Ltd is registered with Care Inspectorate Wales (CIW) to provide support in people's homes. The agency assists adult, mainly elderly, people with physical and/or learning disabilities, sensory loss or impairment, mental health needs or dementia. The agency also offers other services (e.g. respite and night care). The agency is based in dedicated premises in Barry and delivers services in the Vale of Glamorgan.

What type of inspection was carried out?

We undertook an unannounced full inspection, the first for the agency since re-registration under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).

Information for this report was gathered from:

- an unannounced visit to the agency office on 1 May 2019
- two home visits in Barry to talk with service users, relatives and care workers on the same day
- telephone conversations with care workers and service users on 2 May and 3 May 2019
- conversations with the responsible individual/director/manager, care manager, office staff and co-ordinator
- examination of the care documentation relating to six people using the service
- examination of four staff employment files to consider the recruitment process in place and the arrangements relating to supervision and training
- examination of records and policies held at the agency including staff rotas, staff training matrix, supervision, lone working, safeguarding and other policies, complaints procedure etc.
- review of information about the service held by CIW
- review of the agency's Statement of Purpose and Service User Guide
- review of the agency's electronic call monitoring system for service users and staff
- review of the agency's quality assurance system
- feedback from agency and CIW questionnaires for staff, service users and relatives

What does the service do well?

The agency is enhancing their electronic call and record system to make it more useful for care workers and add features which improve care.

What has improved since the last inspection?

This is the first inspection since re-registration under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).

What needs to be done to improve the service?

We found that the agency is not meeting legal requirements in relation to:

- Staffing – The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 Part 10 Regulation 36 (2)(c). We found that the service provider did not provide supervision to staff at least quarterly. A non-compliance notice has not been issued on this occasion because we did not identify any major impact on service users and we were assured that measures will be taken to address the issue and manage any potential risks.
- Domiciliary Support Services – The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 Part 11 Regulation 41 (3). We found that the service provider did not always allow enough travelling time for care workers between service user visits. A non-compliance notice has not been issued on this occasion because we did not identify any major impact on service users and we were assured that measures will be taken to address the issue and manage any potential risks.

Recommendations to improve the service are:

- To ensure that personal care plans including risk assessments are systematically reviewed
- To ensure that care documents are not kept in the wrong person's file
- To update the Service User Guide and ensure clients have a copy
- To ensure that the Welsh Active Offer is reflected in the Statement of Purpose and the Service User Guide, to inform service users that this is available to them
- To ensure daily notes of visits are person centred
- To ensure service users and staff know sufficiently in advance whom they can expect to see/visit

Quality Of Life

People are supported to be active and as independent as possible and they have input into their care. We found that people were encouraged to have their say in how the care workers supported them at home and how they wanted certain tasks done. We saw that the care workers encouraged their clients to participate in managing their personal care and domestic activities in their home. The care workers we spoke with were attentive to what was important to each client, therefore enabling them to be self-reliant within their abilities and achieve personal goals. The care workers were knowledgeable about their role in promoting choice and positive risk taking, and their role in safeguarding. They said they felt additionally supported by having quick access (via their phones) to the client's electronic service delivery document, to be informed about a client's preferences or other details. We conclude that people are supported to live an active and fulfilling life and are involved in how their care is delivered.

People appear generally happy with the service they receive. We visited two service users and their relatives and spoke with two more on the phone, as well as receiving feedback via questionnaires. People we spoke with said "*my carers are lovely and more like friends helping me out*" and "*I am happy that I can stay at home because I have lovely carers coming in to help me*". A service user said the care they received was '*marvellous*'. We were also told by a relative that "*the carers are great, and I feel I can trust them to look after my relative well*".

But we also were told by people that they feel the care workers have not always enough time to travel between calls and that some people don't know who is coming to support them. We heard from service users that "*the carers are sometimes rushed and have to leave early to go to another person*". Two people said that they "*often don't know in advance who is coming to see me*" and "*I would feel better if I knew who is coming*". The agency provides a rota sheet for the clients but one person said that they found the print too small to read and another one said that the rotas were often not correct due to sickness etc. of care workers. People said they were inconvenienced at times by carers coming considerably earlier or later than agreed on due to travelling and staffing requirements. We could confirm these statements when we examined the relevant call monitoring records and spoke to care workers. From the care worker's run sheets we saw that their visits were planned back to back without showing travel times. We conclude that people are mainly happy with their supports at home. We also found that the service is not always meeting legal requirements with regards to the care worker's travelling times between calls, and that they don't let people know reliably in advance whom to expect to see/visit.

People using the service can be mostly confident that their care documentation reflects their current needs and preferences but some areas need improving. We examined samples of service user's care documents in the office, and on visits to two houses. We found people were referred into the service in an appropriate manner and a service

delivery plan was then developed with them. We found that the care documentation was largely comprehensive and reflected the service users' needs and likes. Staff told us that they could access it on their work phones and that they found this very helpful for their care delivery. However, we also found that not all assessments and reviews were up to date and we did not see evidence of an organised reviewing system in the files. We found a document with personal information having been filed in the wrong person's care file which is a breach of data protection. However, we did not find any direct impact of this on the service users. The service delivery plans we examined had person centred and inclusive aspects; for example they provided information for staff on how to communicate, preferences how the service user wanted to have supports done and personal background information. The daily notes from the visiting care workers did not always reflect on personal issues and interactions with the service users. For example it was written down what the client had for lunch and what was done in the household but not the mood they were in, if they had any social interaction etc. Better reflections on visits can be important to strengthen the person centred approach and care delivery. We conclude that people have documentation that provides guidance on how to provide care for each service user but the reviewing and filing system need improvements to meet all legal requirements.

People are safe with their financial matters with Churchfields Home Care. The service user's care files documented how, if any, financial transactions are to be conducted by care workers (e.g. for shopping). We saw the relevant policies and processes which had recently been updated and found them satisfactory. We were also able to see that they were correctly applied. We deduce that there are safe practices to protect people's personal finances.

People using the service are protected by the service's medication procedures and their health needs are met. We found that the client's medication is packed in blister packs and care workers are trained to record any medication supervision or prompting in the client's care files. We also observed that Churchfields were pro-active about people's health and welfare by making referrals to health professionals if required (e.g. occupational therapist or GP). We found that the current medication supervision practices and policies are satisfactory and that the service is pro-active about people's health needs.

People are able to receive their care in Welsh if they choose so. We heard that Churchfields provided the 'Welsh Active Offer'. The 'Active Offer' means that assistance is provided in Welsh without people having to ask for it, and it is a responsibility of the service provider to deliver the 'Active Offer' in Wales. We were told that Churchfields employed a number of staff who are fluent Welsh speakers. Therefore care through the medium of Welsh could be provided, and Welsh language needs of their clients would be met. Management told us that they were also prepared to recruit and employ staff for special language needs of service users if required. However, this offer was not mentioned in the current Statement of Purpose, or the Service User Guide. We conclude that people can receive their care in Welsh at Churchfields but recommend that this is made clear in the service's documentation relating to the supports available.

Quality Of Staffing

People are supported by competent staff and most of them are familiar to the people. We found that people knew most of their care workers well, and the staff we spoke to had been supporting some of the service users for some time. Staff related to people in a warm and competent manner; we found interactions to be relaxed, sincere and friendly. Staff showed a good knowledge and awareness of individual needs, interests and preferences, and they were attentive to people. We found the care workers to be motivated, and their comments showed their enthusiasm to offer people good support that met their needs and wishes, and to make a positive difference to people's lives. Staff told us *"I like my work and the clients I visit"* and *"my clients are very lovely and it is a pleasure to support them"*. We conclude that people have opportunity to develop consistent and positive relationships, and can enjoy the benefits of consistency and continuity of care.

Overall, staff benefit from good support to carry out their roles but there are areas requiring improvement. We were told by care workers that they had *"no worries to speak about any issues arising with the manager"* and that they felt *'well supported by an approachable management'*. We saw minutes of staff meetings, and were apprised of other events involving staff. Management also told us of ongoing endeavour to improve working condition for staff, for example by providing useful features for them on their phones. However, we found that legal requirements were not met with regard to regular staff supervision. The sample of records examined showed us that staff did not receive individual supervision quarterly, and that some staff had not had supervision since July 2018. We also found that future supervision was not systematically planned. We conclude that the service provides opportunities for staff to be supported and to discuss matters with the appropriate person but needs to provide regular supervision for staff. People can be confident in the quality of the care and support they receive because staff are trained and competent in meeting individual needs. The training documentation was held electronically. We examined the general training records plus four individual staff training records, containing each person's qualifications and training. We found that a matrix was in place to provide an overview and to enable monitoring of qualifications and training undertaken and planned. The service provided varied and pertinent training opportunities face-to-face and via online learning, and also would access specialist and focussed training when required to meet individuals' needs. We noted that most of the service's staff held a nationally recognised care qualification. We saw that staff had attended a range of mandatory and special training, which included medication awareness, fundamentals of care, protection of vulnerable adults, epilepsy awareness, moving and handling, positive behaviour management and dementia awareness. Care staff confirmed with us that they felt they had received sufficient training to undertake their role. Staff told us *'I feel well trained to do my job'* and *'I like the on-line training best, it makes you take it all in'*. We conclude that the service's training and induction enables

staff to support the well-being and health of service users.

Quality Of Leadership and Management

The agency is led by a competent and committed management team. The registered manager is also the responsible individual, and a director, of Churchfields. Additionally, a care manager is working full time out of the same office. There are also a co-ordinator and seniors in the team to support the care workers, and a dedicated HR person has just been appointed and is starting soon. We noted that they all worked from the agency office which also acts as a central point for the care workers; we met care workers coming in and dropping paperwork off or picking up their mail etc., and the manager used this opportunity to catch up informally with them. The communication between leadership and the care staff appeared to us effective and connected. The agency supplied their workers with dedicated phones and software which led to easier communications as well as increased confidentiality (by not using personal phones for work). The hours they worked were flexible to meet the needs of the service, and they covered for each other for absences due to sickness or leave. We were told that the leadership team covers out of hours calls as well as service user visits when required. Comments from management and staff, and our observations, indicated that this was beneficial for the running of the service over the region. *“I like working for this agency; it is a good team and much better than my previous work place”* and *“I feel well supported and valued as a care worker “*. The responsible individual/manager told us that they also visited service users in their houses regularly. We observed interactions of management with staff and service users and saw their familiarity and awareness of individuals and their needs/wishes. We saw that spot checks were carried out by the responsible individual and the care manager and we were told that if any actions were required, they would be addressed immediately and directly, or discussed at the next staff meeting as appropriate. All members of the management team had the appropriate qualifications for this level of work, and we saw that they continued to upskill themselves. We conclude that people can be sure the service has a competent and involved management.

People are clear about what the service provides, because the Statement of Purpose and Service User Guide set out details of the support provided. These are important documents which should provide people with detailed information about the services offered and should also outline the underpinning philosophy, and approach to care delivery. Churchfield’s Statement of Purpose had been revised recently in preparation for re-registration under the Regulation and Inspection of Social Care (Wales) Act 2016 and reflected the supports the service provided. Some details were out of date however and the Welsh Active offer wasn’t mentioned so we recommended to update these. At the time of our inspection, the Service User Guide was under review to be updated so we examined the older version and found it provided generally good information about the service. It was also available in large print and Welsh. People can thus be sure to have access to clear and detailed information about the service.

People can be assured of safe procedures for recruitment, selection and induction of staff. Examination of four staff members' personnel files showed us that recruitment practices met regulatory requirements. It was evident from the staff files examined that the necessary pre-employment checks ensuring that staff were fit to work at the agency had been completed and we found them to be satisfactory. They included the required references and disclosure and barring service (DBS) checks. We were told that a dedicated HR person had been employed to start soon in order to further improve the service. All staff files also held photo identification as required. We heard from management that a comprehensive mandatory induction process was in place which staff were expected to complete satisfactorily within a set timeframe. We saw that the induction process included online training, courses and phased shadowing of experienced care staff. Members of staff received a staff handbook and access to electronic documents via their phone to get informed about the agency's policies and procedures. Clients told us that usually new care workers were introduced and orientated with them, so people could get to know their care workers. We found that people can be sure to be supported by appropriately recruited, vetted and inducted staff.

Systems are in place to monitor the quality of the service provided and to offer opportunities to participate and give feedback. We noted that the service had a system for monitoring quality which took into account the views of service users, their relatives/representatives and staff and included performing spot checks. The responsible individual showed us evidence of ongoing monitoring and quality assurance, including client questionnaires and the whistleblowing policy. We also saw proof that client requests from the questionnaire had been followed up. We found that the service had a procedure for complaints, advocacy and feedback, and that this was also published in the Statement of Purpose and Service User Guide. We saw evidence that the service acted appropriately in response to accidents, incidents, concerns and complaints arising. We conclude that people and their relatives or representatives have a voice within the service and can be assured that the quality of care is monitored, and action is taken when necessary.

Quality Of The Environment

This section is not assessed in domiciliary care agency inspections.

However, we noted that the office premises had distinct signage and the service's telephone answering system was clear and prompt. The premises were secure and we were told that a CCTV security system was to be installed soon. We saw that the office had secure arrangements in place for service user and staff record storage and their access. The office had also rooms for confidential conversations and space to conduct training for staff.

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.

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