



Care Inspectorate Wales

Inspection Report

Q Care Cardiff

Cardiff

Type of Inspection – Full

Date(s) of inspection – 2 May 2019

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Summary

About the service

Q-Care is registered with the Care and Social Services Inspectorate Wales (CIW) to provide a domiciliary care service to people living in their own homes. The service is registered to provide care in the following categories: older people; people with physical disabilities; people with sensory loss/impairment; people with learning disabilities; people with mental health problems; elderly mentally infirm; children and their families. The service is provided from an office based in Splott, Cardiff. It is a branch of a wider group known as Q-Care. There is a registered individual and a new manager in post

What type of inspection was carried out?

We carried out a full inspection which considered people's quality of life, staffing and leadership and management. We visited the agency's office on May 02, 2019 and we carried out home visits on May 08 2019. In addition, the following sources of information were used to inform our report:-

- We considered information held by us about the service from the point of registration with Regulation and Inspection of Social Care (Wales) (RISCA), this included; registration report, notifications and concerns.
- Home visits to three service users and/or their representatives.
- Telephone discussions with two service users representatives.
- Discussions with the Manager.
- Discussions with four members of staff.
- Consideration of five service user files.
- Consideration of four staff personnel files.
- Complaints records.
- Statement of purpose.
- Staff supervision matrix.
- Staff training matrix.
- Electronic all monitoring print outs for five service users.
- Questionnaires to service users and to staff, at the time of writing this report one service user and one staff questionnaire have been returned.

What does the service do well?

Staff are paid for the full time they spend with service users, and are paid for the time it takes them to travel to each service user, this leads to people receiving a service mostly on time, and mostly for the whole time allocated.

What has improved since the last inspection?

This is the first inspection for this service since registering under the new Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA), and therefore became subject to new regulations

What needs to be done to improve the service?

- To ensure that personal plans are reviewed as and when required but at least three monthly
- To ensure that care documents, and particularly personal plans, reviews and risk assessments are signed by service users and dated.
- To ensure that all concerns and complaints are responded to appropriately, and recorded clearly.
- To make the necessary changes to the Statement of Purpose.

Quality Of Life

We found that people using the service experience good quality care and support from a service which works hard to be responsive to their needs.

We found that people using the service are treated kindly and respectfully. We met with three people supported by the agency and spoke with a further two people. Four of the five people we spoke with said that the service was good and one they could rely upon, they said *'I am so grateful for the support they offer, they follow the care plan and really look after me, and they keep the personal touch'*. Another person said *'They are excellent, I didn't want to have care but now I wonder why I didn't arrange this before?'* And a third person's relative said *'The care is great, very personal, my family member goes into the office for a cup of tea and is always welcomed'*. We reviewed five people's care documents, we found that all five people had their preferences clearly recorded to assist staff to support them in the way they chose. We read for one person that 'staff should always leave their favourite foods with them at the end of the shift. When asked, the person told us they always had the foods they wanted. We saw that people's preferences were clearly stated in their documents, which were written in a person centred way with respect for their likes and dislikes. We reviewed the statement of purpose; this is an important document which sets out the vision for the service and the organisations aspirations for meeting the needs of the people they care for. We found that there was no specific description of how people can feel that their voice is being heard, their health and wellbeing is being met and they can feel safe. The inclusion of this would reflect the good practice we saw when we visited the service and spoke with the service users. We found that people relate well and have good relationships with the staff that care for them.

Service users in receipt of support from the agency can be assured that they will receive responsive care from staff who have an up to date understanding of their individual needs and preferences. This was evident from examining a sample of service users care files. We looked at people's personal plans (care plans). This document is important as it provides staff with knowledge they need to support people consistently and safely. We found these to be consistent with the care plans written by the Local Authority, which on the whole provided staff with clear detail to enable them to meet service user's needs. We saw that the documentation, which included daily recordings in people's homes were thorough, contained detail to evidence they were following people's care plans and were written with person centred language. People's needs and preferences are understood and promoted.

Service users cannot always be assured that their changing needs are being monitored. We saw from the records we checked, that all five people had a personal plan (care plan) in place which reflected their current needs. However, we didn't see clear recordings of changes needed to support people detailed within their documentation. We observed some reviews of care plans, however these were planned for 12 monthly rather than three monthly. We informed the manager that the service is in breach of regulation 16 (1) of the RSCA act which states that personal plans must be reviewed as and when required but at least three monthly. As we found no adverse effects on people's lives we shall not be issuing a non-compliance notice at this time. We also found that work was

needed to ensure that care documentation including personal plans, reviews and risk assessments are always signed and dated. This is important as it shows evidence of when people's documentation were written and of people's involvement and their agreement with the plan. It also evidences that people have been consulted in the preparation or revision of their care. We discussed these matters with the manager and advised that work is needed to make sure that reviews are conducted three monthly, and or when changes occur and that documentation is both signed and dated by all relevant parties. Even though people said their individual needs are respected, they can't always be sure that their needs will be reviewed regularly or their involvement sought.

We saw that people's physical health needs are anticipated and met. We looked at the medication administration charts for the people we had contacted. We saw that medication had been given at the correct time of day, at the correct dose and signed by staff members as directed. We reviewed the risk assessments in place to inform staff of how to support people at risk of harm, we saw that these were in place for all of the people we case tracked, there were clear risk management plans for each area of assessed risk, these gave staff the detail they need to be able to respond as necessary to the particular area of risk. For example, we saw clear information as to how to manage people's skin, where this had been assessed as a need, with instructions for staff as to where to apply creams, and what to do if their skin should deteriorate. Actions carried out by staff were also recorded within people's daily recordings. The people we spoke with were confident that staff understood how to support them, particularly with areas that could pose a risk. People mostly feel safe and that their health needs will be met.

People can be confident that they will receive continuity of care from a regular team of care workers. This is because people using the service had support from care staff they recognised and knew. People told us that they had a regular group of care staff who understood their care needs. We reviewed the number of care workers visiting over a two week period from the services electronic call monitoring system. We saw that all five service users had a small team of care workers who had supported them over a two week period. One person told us *'as my relative has dementia having a consistent team of carers who know my relative well is crucial and we have that, they are great'*. When looking at the electronic call monitoring system we found that care workers almost always turned up within 15 minutes of the planned time, and almost always stayed for the time that had been planned for. The manager informed us that care workers are paid for the actual time that has been scheduled with each person. This has led to most care workers working up to the planned time with the person. The manager also told us and we observed the use of google maps to identify the actual time it takes to travel to each person, this leads to care workers arriving on time to work with each person for the actual allocated time on their schedule. People are supported by staff they know and trust.

Quality Of Staffing

People can be confident that they will receive care from care workers who are competent and confident in meeting their particular needs.

People are cared for by familiar staff, there was no use of employment agency workers. When we reviewed the electronic call monitoring report we saw that people received continuity of care.

We found that recruitment practices within the agency were robust. We viewed a sample of four staff personnel files. All four staff had full and accurate details contained within their files, for example a full employment history, with no gaps in service. References had been obtained. All four had up to date Disclosure and Barring Service (DBS) checks, and correct identifying information on their personnel files. People feel safe that they are supported by a staff team who have been properly and safely recruited.

People benefit from a service where staff feel well-supported and have access to the training for the roles they undertake. We reviewed the staff training schedule for the service and found that staff had a 94% completion rate for mandatory training. The manager informed us that some staff had been on sick leave and maternity leave, we were also informed by the manager that on return to work the outstanding training sessions would be re-scheduled. Staff informed us that they received training and supervision, which enabled them to do their jobs with confidence and skill. Supervision in this context refers to a staff member meeting with their line manager on a confidential basis in order to discuss their performance, training needs and any concerns they may have. We reviewed the agencies supervision schedule and found that 97% of all staff had been supervised regularly and their individual needs addressed. When we reviewed the Statement of Purpose we found that this did not provide clear information relating to staff supervision, and staff training, It would be helpful to include in this document what the supervision arrangements are as well as what the training programme is, rather than statements such as 'specialised training in all aspects of care'. People can be mostly confident that staff receive the support and training they need to best assist them.

People can be confident that they receive care in a relaxed manner. We found that when we spoke with people receiving services they informed us that they did not feel rushed. We found that all five people experienced calls which were of the full planned times to meet their needs. When we visited people in their homes, one person said that *'I have a great team of care workers, who I know and trust and who stay until the job is done, and often stay and have a chat before going to the next person'*. Another said *'the carers are great and I feel I am able to say if I have a problem, I am happy with the service I get'*. People feel listened to and feel confident that staff will have the time to talk with them.

Quality Of Leadership and Management

Overall people can be assured that the service is well led with attention paid to the organisational procedures and policies, and to RISCA regulations.

People can receive a service from an organisation that plans for ongoing improvements. We had sight of the work that had been planned and completed for the Quality Assurance annual report, that is: we saw evidence of service user and staff satisfaction questionnaires. The Quality Assurance Report is where the registered provider, or suitable person, visit the service at regular intervals and produce a report of their findings; this includes feedback from the people receiving support from the organisation. The purpose of this report is to assess the quality of care provision, guide the operation of the service and identify improvements. We found that service users and their families can be confident that the service is working to provide positive outcomes for the people they support.

We saw that the manager takes prompt action to address issues. We observed that analysis of information held by CIW demonstrated that the registered persons had appropriately reported incidents affecting the health and / or wellbeing of service users. Examination of service user care documentation did not identify any incidents that were unreported. People are supported by an organisation that mostly follows safe processes.

The people we spoke with who receive care and support from the agency told us that they knew who to contact if they had a concern or query, that staff were generally very approachable, and they felt able to complain if anything was worrying them. We saw the complaints information held in the office. The manager had followed the organisations complaints procedure. We spoke with one person who had identified a number of concerns, they told us that they were unhappy with how some of their concerns were managed, however they did say that they could talk to the manager who always takes time to try to address the issues. The manager was co-operative and open throughout the inspection and keen to improve the service provided. People can't always be sure that their complaints will be managed and recorded appropriately. Improvements are needed to ensure that all complaints are recorded and the organisational complaints procedures are always applied to it.

We reviewed the statement of purpose, some details of what we saw can be found within this report. We concluded that there was a good level of clear information which would give people including; commissioners and prospective service users and their families a picture of the organisations aspirations. We identified some areas for improvement within this document. We discussed these with the manager and the responsible individual who will consider them and make the necessary amendments.

The care staff we spoke with were positive about the support they received as well as the general management of the service, they informed us that the manager is new; however they were confident that they would continue to be supported and valued in their work at the agency. The staff we spoke to said that they were able to approach the manager and discuss issues and concerns as they arose. People are supported by a well-managed staff team.

Quality Of The Environment

This theme is not considered during inspections of domiciliary care agencies.

However, we observed that employee records and care documentation belonging to people who use the service were locked away securely in suitable cabinets.

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 contacting us.