



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

Care and Social Services Inspectorate Wales

Care Standards Act 2000

Inspection Report

Rowan Care Limited

Llangollen

Type of Inspection – Baseline
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Summary

About the service

Rowan Care Limited is a domiciliary care agency registered with Care and Social Service Inspectorate Wales (CSSIW) to provide support to people in their own homes in the Llangollen, Ruthin and Corwen areas of Denbighshire. Rowan Care Limited have nominated a person to be the Responsible Individual, the registered manager is Gail Parry who is also registered with Social Care Wales.

What type of inspection was carried out?

This was a planned full inspection undertaken on 26 July between the hours of 9:25 a.m. and 14:30p.m.

The information within this report was gained from the following sources.

- Viewed the last inspection report, Statement of Purpose and the service user guide.
- We viewed three service delivery plans, daily records, medication administration charts and associated documents.
- We looked at two staff files, supervision records and training.
- Spoke with two people that use the service, two members of staff and the registered manager.

What does the service do well?

People using the service can be confident that the manager strives to provide continuity of staff at each visit. We found evidence of this during discussion with people using the service. There has been no complaints or concerns raised since the last inspection.

What has improved since the last inspection?

Daily records are now being audited by the manager which are signed and dated.

Staff supervision is now recorded in a more comprehensive manner.

What needs to be done to improve the service?

There were no issues of non-compliance to report.

However, the following areas require improvement.

- Service delivery plans still need to reflect the voice of the person using the service. They need to evidence that the person was involved in developing and implementing the support plan.
- Service delivery plans are being reviewed, but these reviews are not being recorded.

- Medication administration charts (MAR) should be audited by the manager with any gaps in the recording raised with staff.
- Staff files should hold a recent photograph of the staff member.
- The manager should hold on each service delivery file, a list of all staff signatures to identify clearly who has completed the write up or supervised medication.
- Each person should have a separate medication administration chart.
- The manager must complete an annual quality of care review in line with Regulation 23 of the Domiciliary care Agencies (Wales) Regulations 2004.

Quality Of Life

Overall people receive a service from a group of staff that visit them on a regular basis. Evidence of this was found within conversations with the manager, staff and people using the service. We saw staff monitoring forms where people using the service had commented that staff were always on time and stayed the agreed length of time at each call.

People cannot, however be confident that their support is being offered in a person centred manner. Care files had improved since the last inspection, but there was no evidence to suggest the person using the service, had any involvement in putting together their service delivery plan. There was no evidence that people had been spoken with to identify how they wanted their care provided. The service delivery plans remain very task orientated. They give details of what needs to be done to support the individual to maintain their independence. This type of care planning ensures that the care is carried out in the same way by all staff, but it does not give the individual a voice enabling them to say what and how they want the support delivered. This was discussed with the registered manager at the time of the inspection.

People can be confident, if, they are supported by Social Services, that their service delivery plans will be reviewed. Unified assessments completed by social workers when the person was first introduced to the agency were seen on file, along with reviews which are completed every twelve months. We did not however find any reviews that had been completed by the agency. Through discussion with the manager we found that reviews are undertaken by senior members of staff but they are not recorded. We found on one of the files that staff had identified a potential problem. It was recorded as needing some medical advice, but there was nothing in the service delivery plan to identify what the concern was, or what if any impact it would have on the individual. When needs change the service delivery plans should be amended to reflect the current position keeping staff up to date so they can provide appropriate care and support. Through discussion with the manager we evidenced that staff have done some additional work with individuals which had enhanced their quality of life. Unfortunately this was not recorded in the service delivery plan. People we spoke with were very happy with the way in which staff support them. We were told "they are my lifeline" "staff are lovely", "very kind" and "often go the extra mile".

We were told "we see the same girls most days" and "they are always on time".

Quality Of Staffing

Overall, people using the service, can be confident the staff supporting them are well supported by their manager. The agency have retained staff since the last inspection which has enabled the staff group to remain stable.

Staff within the organisation are expected to undertake an induction during the first weeks of their employment, with some of the mandatory training being done prior to them commencing work. We were unable to view these induction booklets on this occasion as they had been removed from the office. Staff files examined did however hold a certificate to prove that the induction had taken place. Staff attend supervision meetings with their manager every three months. These supervision sessions are either held in the office on a one to one basis, or the manager will accompany the support worker on their calls to monitor the interaction between the staff member and the person using the service. The manager will also speak with the person to ascertain their satisfaction on the service provided. These community visits are also a way of the manager getting to know the people the agency provides support.

We found that the supervision records are now more detailed giving staff the opportunity to have their views recorded. Any issues in relation to people using the service and their training needs if any are recorded. Staff development review forms which are completed every twelve months were seen to ask all the relevant questions and provided opportunity for recording information. Prior to meeting with their manager staff have an opportunity to complete parts of these forms to reflect on their perception of their achievements during the past twelve months. Staff had completed them using a system of grading themselves from A to E. There was no text to accompany these grades, to identify why, either the staff member or the manager felt that the grade was correct. This was discussed with the manager during the inspection.

People can be confident that staff have been trained to carry out their work. However, we found that the majority of the training was held in 2013 and was now in need of updating. The manager has sourced a new training company and any outstanding training will be completed.

People using the service can be confident staff that support them have been recruited using the agency's policies and procedures. We viewed two staff files and found that they held all the required information except one which didn't hold a recent photograph. During the last inspection it was highlighted that staff didn't have photographs on their files. This is again a recommendation of this report which should be addressed.

Quality Of Leadership and Management

People using the service can be confident that the manager is suitably qualified and manages the agency with people's best interests being paramount. During the last inspection visit the manager was making plans to put together a quality review report of the service. The manager, to date has not completed this report but after discussion the manager gave reassurances that the quality of care review would be completed.

People using the service have information available with which to make informed choices about the service provided. A Statement of Purpose and a Service User Guide is available to enable people to have an up to date overview of the service.

The daily records and medication administration charts (MAR) are now audited by the manager or a senior member of staff when they are returned to the office. Evidence of this auditing was seen during examination of the service delivery plans. Within the daily records we found that medication for two people was being recorded on one MAR chart. It was very difficult to identify who had medication as on some dates entries were just ticked with no signature. We noticed on these charts that some of the signatures were illegible. The manager should hold on each service delivery file, a list of all staff signatures to identify clearly who has completed the write up or supervised medication. Each person should have a separate medication administration chart.

People and staff we spoke with told us that the manager is approachable. The care coordinator manages the office except for one day a week when the manager is in the office. The manager can however be contactable daily via telephone or e mail.

Quality Of The Environment

The theme 'Quality of the Environment' is not applicable to a domiciliary care provision as the service is provided within the person's own home.

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.