



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

Care and Social Services Inspectorate Wales

Care Standards Act 2000

Inspection Report

Denbighshire County Council Community Living Service

Ruthin

**Type of Inspection – Baseline
Date(s) of inspection – 6 July 2017
Date of publication – 11 August 2017**

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Summary

About the service

Denbighshire County Council Community Living Service provides care and support for adults with a learning disability. The agency currently provides support in three houses in Denbighshire where people share their homes with others receiving support. Denbighshire County Council is the registered provider and has nominated a responsible individual to oversee the operation of the service. The registered manager is Susan Parry. The agency operates from the council's premises in Ruthin.

What type of inspection was carried out?

This was a full 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 6 July 2017 between 10 am and midday.
- We visited the home of two people using the service following our visit to the agency office.
- We sent out questionnaires asking people receiving a service, relatives and staff to comment on their experience of the agency. At the time of completion of this report, six questionnaires were completed and returned.
- We spoke with the registered manager and two care workers.
- We looked at a sample of records and documents. We focused on staff training and supervision, the statement of purpose, quality of care reviews and two people's care records.

What does the service do well?

People using the service are supported through person centred care planning. They follow their own hobbies and interests and lead active lives in line with their personal choices.

What has improved since the last inspection?

There were no issues of non compliance at the last inspection. As recommended, the statement of purpose has been amended to reflect the current service provided.

What needs to be done to improve the service?

There were no issues of non compliance to report.

We recommend the following:

There should be a system in place to monitor, review, improve and report annually on the quality of care specifically provided by Denbighshire County Council Community Living Service. This will give people clearer information than is currently available through the generic quality assurance framework operated by the local authority.

Quality Of Life

Overall, we found that people using the service are supported to make choices and to live active lives. Service delivery plans give a sense of the person and show how people want their care provided.

People have choice and influence over the support they receive and experience consistent care from staff who know them well. This is because they are involved in planning their care and have a team of designated care workers to support them. Records showed that each house where people were assisted had its own team of care workers and that there had been minimal change in recent years. Likewise, the same people had been living together in their homes for a long time. We were invited to visit a home shared by two people and it was evident that the people living there and their care workers knew each other very well. When we spoke with the care workers on duty and the registered manager they had a clear understanding of people's individual needs. When looking at records, we saw that person centred service delivery plans were in place. These set out what was important to each person, their likes, dislikes, personal choices and preferred routines. Plans included a personal profile and set out how best to support each person. They showed the action needed to reduce any risk to the person with strategies in place to safeguard them. This included health related risks and coping with difficult feelings, identifying triggers to avoid. Our observations, discussions and records of the care provided showed plans were being implemented. Care workers confirmed that the care provided was directed by what the person wanted and enjoyed, and we observed this. Records showed that people were supported to be fit and well, to attend health check ups and appointments. Discussions demonstrated that meal planning and shopping encouraged choosing healthy options. One person was successfully losing weight as a result. Medication procedures were in place and available for staff reference. Discussions with care workers demonstrated that they had received training in administering medication, which we saw documented.

People are cared for in a dignified way. This is because service delivery plans recognise people's individuality and display respect for the person. When we spoke with staff they demonstrated a genuine interest in the lives of people using the service and we observed staff supporting people in a caring, considerate and friendly manner. We saw that people could take pride in their home because they were being supported to maintain it to their liking and achieve good, comfortable living standards.

People using the service are active and positively occupied. This is because people are supported to engage in things that interest them and be as active as they can and choose to be. We found when looking at records, when speaking with the people and spending time with them that they followed their own interests. People attended day centres, went to work they enjoyed, visited their families, went for walks, went on shopping trips and other outings of their choosing, such as going to the cinema and music festivals. People had their own cars and had recently been out with care workers to choose and test drive new vehicles. People were planning their forthcoming holidays with care workers.

Quality Of Staffing

In summary, we found that people receive reliable care and support from familiar staff they are comfortable with. There is an ongoing programme of staff training and supervision.

People are cared for by staff who receive training that is kept up to date. This is because the agency has an ongoing staff training programme in place that delivers training in core areas such as adult protection, medication, manual handling, health and safety, first aid, food safety and fire safety. We found evidence of this when looking at records, in questionnaire responses and during our discussions with care workers. Records showed that refresher training was on going and care workers told us that their training was up to date. Staff questionnaire responses verified that they received sufficient training and that they were never asked to undertake tasks they didn't feel competent to do. Information provided showed that all care workers held a qualification in care to at least level 2.

People receive timely support and care from familiar care workers as staff turnover is low and there is limited use of agency staff. Recruitment records showed that there had been no new staff employed at the agency for several years. Each community living project had its own allocated staff team and those we met had worked with the people living in the house for a long time. In the house we visited there were two care workers on duty which meant each person living in the house had individual support to do what they wanted when they wanted to. Discussions with the registered manager and staff identified that the use of agency staff was low and, if needed, the same staff were requested so that people experienced consistency of care workers. We saw that daily records commenting on the person's well-being were maintained so that any issues were known to the staff coming on duty.

We found that people are cared for by motivated staff because care workers feel supported in their work. It was evident when we spoke with care workers that they enjoyed their work and demonstrated a commitment to enabling people to have a good quality of life. Care workers told us, verbally and in their questionnaire responses, that they worked well as a team and that they felt valued and supported. When looking at records we saw that care workers were having regular one to one supervision meetings with the registered manager and staff confirmed this. Care workers told us that monthly meetings took place providing an opportunity for staff to raise any issues and make suggestions.

People have good interactions with staff and feel enhanced wellbeing as a result. We observed care workers being attentive to people, approaching them in a relaxed and friendly way and saw people responding positively. People looked comfortable in the company of each other and in the presence of the registered manager and care workers. The care team of the house we visited included staff who were able to communicate with people through the medium of Welsh if this was their preference, promoting people's cultural identity.

Quality Of Leadership and Management

We found that the agency is run in an efficient way with a sound focus on person centred care. The arrangements for monitoring, reviewing and improving the quality of care for people using the service and reporting specifically on this agency could be improved.

People using the service, working in the service or linked to the service are clear about what the agency sets out to provide. A statement of purpose and a service user's guide set out the aims of the service and what people can expect. Both had been updated in February 2017. The service user's guide was available in an easy read pictorial format. As previously mentioned, the people receiving a service when we inspected had been supported for many years and were familiar with the support available. Our discussions, observations and the questionnaires returned to us confirmed people were happy with the service provided. The registered manager and care workers told us of the local authority's advocacy arrangements in place for people using the service. There was a full range of policies and procedures available to staff that underpinned the local authority's practice. These included safeguarding people from abuse, whistle blowing and health and safety issues. People had access to the local authority's complaints procedure if they had any issues they wanted to raise.

People using the service are involved in measuring the quality of the service because they are asked for their opinion. Denbighshire County Council had a quality assurance framework, which included questionnaire satisfaction surveys. The registered manager told us of annual person centred care reviews being carried out by local authority officers from a different department for impartiality. The quality assurance report we had seen previously for 2016/17 covered a number of the local authority's services. We were not provided with a quality of care review report specific to this agency showing the reviewing system in place or any improvements being made. It was not clear that the views of people using this service, their representatives and the agency's staff had been taken into consideration.

People see visible accountability and know there is someone who is overseeing the service because the local authority has a management structure in place to support this. Care workers reported good communication within the teams and supportive line management from the registered manager. The registered manager directly line managed all care workers and was responsible to a tier of senior officers in the authority. We were told that the registered manager regularly visited people's homes and it was evident from the good interactions we observed that people knew the registered manager very well.

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.