



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

Care and Social Services Inspectorate Wales

Care Standards Act 2000

Inspection Report

Q Care Limited (Torfaen)

Torfaen

Type of Inspection – Focused

Date of inspection – Thursday, 27 April 2017

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Summary

About the service

Q Care Torfaen Limited is operated by Q Care Limited and is registered with the Care and Social Services Inspectorate Wales (CSSIW) to provide personal care for older people, people with physical disabilities, sensory loss/impairment, learning disabilities and dementia care needs. There is a nominated responsible person on behalf of the company.

The agency provides services in the Torfaen, Caerphilly and Newport areas and the agency offices are based in Pontypool.

There was no registered manager in place at the time of the inspection. However, CSSIW had received an application to register a manager.

What type of inspection was carried out?

We (CSSIW) carried out a full inspection of the agency on 27 April 2017. This report is based on:

- Analysis of information held by CSSIW.
- Visits to four people using the service.
- Discussions with the relatives of two people using the service.
- Examination of care documentation held in people's homes.
- Discussions with the acting manager.
- Examination of quality assurance records.
- Examination of two staff personnel files.
- Examination of staff training and supervision records.
- Consideration of the agency's medication policy.

We distributed six staff questionnaires, but none were returned.

What does the service do well?

We did not identify any areas of good practice, over and above the National Minimum Standards for Domiciliary Care Agencies in Wales 2004.

What has improved since the last inspection?

The agency's spot checks of care staff evidenced consideration of the ability of staff to provide care in a sensitive and competent manner.

An application to register a manager with CSSIW had been submitted.

Action had been taken to ensure staff were given sufficient travel time to arrive on time for the planned call.

Recruitment checks had been carried out as needed for recently appointed staff.

What needs to be done to improve the service?

The following areas of non compliance were noted:

Regulation 14 6: Care staff were not provided with sufficient guidance regarding the frequency of application of prescribed creams and the area of the body to which the cream should be applied.

A non compliance notice was not issued on this occasion as we did not find evidence that this was impacting adversely on any of the four people visited.

Regulation 14 (5) (c): Staff were not provided with sufficient guidance regarding the actions they should take, including the equipment needed to safely assist people to mobilise.

A non compliance notice was not issued on this occasion as we did not find evidence of significant impact for any of the four people visited.

Regulation 20 (1) (b): Copies of medication administration records completed by staff were not kept by the agency.

A non compliance notice was not issued on this occasion as the acting manager agreed medication records would be kept by the agency in future.

Regulation : Gaps in medication administration records had not been identified and action taken to ensure medication was given as prescribed.

A non compliance notice was not issued on this occasion as we did not find evidence that this had impacted significantly on the four people visited.

Regulation 16 (2) (a): There were delays of over a year for some staff in receiving an update to their manual handling and safe administration of medication training.

A non compliance notice was not issued on this occasion, as the majority of staff were up to date with their training and we received assurances from the acting manager that training for these staff would be prioritised.

Recommendations:

People should be provided with details of the time and length of their planned call within their service delivery plan.

More attention needs to be given to times where staff are regularly arriving later than the planned call, in order to identify whether the person's service delivery plan needs to be reviewed.

People could be asked their opinion of the support provided during the spot checks of agency care staff.

Staff should be provided with the opportunity for one to one supervision with their line manager every three months.

Quality Of Life

In general people can be confident they will receive a service from staff that recognise their needs and understand the way they wish their support to be provided. Improvements are needed in the guidance provided to staff regarding helping people to mobilise and in the safe administration of medication.

On the whole, people were positive about their consistency of care and the reliability of the service. Whilst one person thought staff were rushed at times, this was not the opinion of the other three people visited, or their relatives. A review of care records indicated that people were consistently receiving the level of support set out in the agency's service plan. No one spoken with had experienced any missed calls, staff were recording the time they arrived and left people's home and this was also monitored through an electronic monitoring system. However, not all people were sure whether staff were arriving on time or staying for the full length of the call, as this was not documented within their local authority care plan or the agency's service delivery plan. Two people spoken with said they would like to have this information in their service delivery plan. One person told us that care staff sometimes arrived up to an hour late in the evening. The acting manager explained this was due to the specific support requirements for this person. We were advised that a social work review had been requested by the acting manager to discuss this person's care needs. The acting manager provided an example of the new "My Care" service plan, which included the time, but not the duration of the planned call. We advised the registered provider that this should also be included in people's care documentation.

On the whole the feedback from people and their relatives was positive about staff support. People told us (CSSIW) that staff maintained their privacy and dignity during care and treated them with respect. People spoke highly about some of their regular carers. Comments included, "*they are very good actually, they are doing a good job*", "*excellent care*". One person's relative said, "*If they see anything not right, they tell me or ring the doctor*". However this person also told us that care staff were "*a bit rough around the edges*". The acting manager agreed to visit this person and discuss the support they were receiving and how this could be improved.

People's needs were set out in their service delivery plan, which showed evidence that people had been consulted regarding how their care should be delivered. People with limited mobility said that care staff were regularly using manual handling equipment, including hoists and slings and they felt that they were assisted to mobilise safely. However, there was no guidance within the care documentation regarding people's specific manual handling needs. The registered provider was advised that people's service delivery plans should include directions for staff in the assistance needed to help people to mobilise and identify the equipment they should use. People said they were regularly assisted to take their prescribed medication and we found medication administration charts were part of their care documentation. Care staff were given directions on the dose and frequency of oral medications, but lacked guidance regarding how people's prescribed creams should be applied. We also noted that there were unexplained gaps in the medication administration records for all four people, over the previous month. A check of the medication in the weekly blister pack indicated that one

person had taken their medication, although care staff were not consistently signing the medication chart.

Quality Of Staffing

In general people can be assured that they will receive support from a well trained and supported staff team.

People told us that although they were visited by different carers, all the care staff understood their needs and they considered staff were well trained and competent. People also said they were provided with the level of support they needed by all care staff from the agency. Whilst people generally spoke about their regular carers in very affectionate and positive terms, there were a couple of negative comments. These were reported to the acting manager who agreed to follow them up. We saw evidence that the agency carried out regular spot checks of staff and we advised that it would be useful to consider the comments and views of the person receiving the service at the same time.

Whilst we were told that all care staff received medication training, we noted that there were gaps in the administration of medication records. These had not been identified by the acting manager and there was no evidence of action taken to establish whether this was a recording issue or whether medication had not been given. It was also evident from the record of applied creams that staff were not following the agency's medication policy, which stated staff should *'identify the appropriate container checking that the label matches the container including....the instructions on use and time/s to be applied'*, as this information was not on the medication administration chart, or in the persons service delivery plan. Additionally there was no evidence that staff were reporting potential medication errors to the agency office, as was advocated in the agency's medication policy.

A review of two staff personnel files showed that staff had provided a full employment history prior to interview and that all necessary recruitment checks had been carried out before the staff member was appointed. Training certificates were present in the two files evidencing that staff had received mandatory training as part of their induction.

Quality Of Leadership and Management

On the whole people can be confident that their care will be well managed. Some improvements are needed in the agency's quality assurance processes.

An application to register a manager was in process by CSSIW. The agency employed coordinators and field care supervisors to organise and monitor care provision. The acting manager had identified issues in relation to a high workload and a high incidence of staff sickness. We were informed that the agency was currently recruiting reviewing officers and team leaders to support staff inductions, supervisions and spot checks and also carry out the three monthly and six monthly reviews of people's care. The team leaders would also be responsible for checking medication records in future. This was in an attempt to address the issues identified by the acting manager.

A review of the staff training and supervision matrix showed that the majority of staff had received recent training in key areas of care. However a few staff had not received an update in their manual handling and safe administration of medication for over a year. The acting manager agreed that training for these staff would be prioritised and agreed to monitor staff training more carefully. The matrix also showed that staff were not all receiving one to one supervision every three months. The acting manager said that this would be improved by the appointment of the team leaders. We saw that where the team leaders were already in post, this was resulting in more frequent supervisions for staff.

Since the last inspection the acting manager had taken steps to ensure staff were provided with sufficient travelling time between calls and had improved the monitoring of staff performance. We were also told that people found it quite easy to contact the agency.

The need to monitor the administration of medication more closely was discussed with the acting manager. We were informed that the district nurses were responsible for entering details of medication onto the medication administration charts in the Caerphilly local authority area. The district nurses also kept the medication administration charts after completion by agency staff, which made it difficult for the agency to monitor medication administration on a regular basis. This meant that where the methods of administration of medication were not complying with the agency's medication policy, these had not been identified and addressed. We advised the registered provider that they must improve their auditing of medication and medication records should be kept by the agency and made available for inspection.

We were informed that the agency regularly provided information about call times and the duration of calls to the various local authorities. Although the on-call log recorded late calls, this needed to be more specific about how late the call actually was. The acting manager was not aware that staff were regularly arriving over 15 minutes late for the evening call for one person using the service. We advised the registered provider that there should be closer monitoring of call times to ensure trends and patterns were identified. Consideration should also be given to the need for a review of care when it is apparent the agency are having difficulty meeting the call time.

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.