Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

Adult Home Care

Right At Home
Henley House
The Queensway
Swansea
SA5 4DJ

Date Inspection Completed

28 July, 03 & 05 August 2021

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About Adult Home Care

Type of care provided	Domiciliary Support Service
Registered Provider	ADULT HOME CARE LTD
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	03/11/2020
Does this service provide the Welsh Language active offer?	Yes

Summary

The service has recently gone through a substantial period of change in relation to both the management team and care workers directly providing care and support. At the time of inspection, a new manager had been employed bringing some stability to the service. Improvements are being made to the management and auditing of medication. The Responsible Individual (RI) is James Foley who is actively involved in the service. The RI is carrying out regular quality assurance audits. Although these need to improve to identify and address shortfalls in staff recruitment, vetting and supervision processes.

Overall, people are happy with the service being provided and maintain good professional working relationships with staff. People and their relatives are actively involved in their care and support, telling us they feel included in any decisions affecting their wellbeing. Staff are well trained and professional in their approach. Consistency of staff is improving.

Well-being

People have their wellbeing promoted by respectful staff who they trust. There are accurate and up to date personal plans in order to meet people's needs. People and/ or interested parties are involved in reviews, although these are not always on a three-month basis. People said their personal plan met their needs and felt care workers are very kind, inclusive and helpful. Overall, any risks to be people are identified at initial assessment, although documentation on managing ongoing risks needs improving. Feedback received from people indicated that care is delivered competently and people told us they felt safe. The service promotes hygienic practices and manages risk of infection. Care workers are passionate about making a difference to people's lives and consistency of staff is improving.

Improvements are needed in relation to the management and oversight of the service. Adult Home Care Ltd has been through a period of substantial change. Although the RI is actively involved in the service and carries out regular audits, there are shortfalls. Improvements must be made to the recruitment and vetting processes for new members of staff. In addition, the format of supervision meetings requires reviewing. In addition, there is no clear system in place for annual appraisals. Although improvements are needed, care workers told us they feel *"well trained and supported"* by the management team and feel confident the new manager will bring more stability to the service.

Overall people are safe and being protected from abuse and neglect. We found oversight and the management of medication to be more stringent and improvements made to audit processes. Additional training is also being arranged for staff. This is having a positive effect as minimal errors were identified. There are safeguarding and whistleblowing policies in place for staff to access. All care workers have access to safeguarding training as part of their initial induction. Overall, staff are aware of their safeguarding responsibilities. Daily channels of communication are good between care workers and the management team.

Care and Support

The service is currently improving their systems for medicines management to ensure that they are supporting people safely. Prior to the inspection, we were made aware of failings relating to management of medication systems within the service. During the inspection, we saw the provider was working hard to address these issues. An audit of processes has been completed and improved systems put in place. This includes, better audit systems and oversight by the manager through weekly audits of all Medication Administration Record (MAR) charts. In addition, all care workers are repeating their medication competency training. Senior care staff are awaiting enhanced training to be able to undertake competency based assessments of care workers. Additional scrutiny and supports continues to be provided by the Local Authority and the Local Health Board,

Individuals are provided with care and support through a service designed in consultation with them. We spoke with seven people and their family members about the service. People are satisfied with the level of care and support they received. People said their personal plan met their needs and care workers were very kind, inclusive and very helpful. Comments include, "*They do what I need them to do*", "*We work together with any changes in need and they update the care plan", "We've had amazing carers from the beginning" and "I cannot say enough about how amazing the carers are, they really care".*

The service provider has an accurate and up to date personal plan for how people's care is to be provided in order to meet their needs. We looked at eight care files and saw that although they reflected people's current needs, they did not always have quarterly reviews as required. Despite this people told us their current care needs were met. They were also complimentary about the proactive approach of care workers to prompt and encourage independence. Comments include *"consistency of care staff has been really good, and they have helped with his rehabilitation".* In addition*, "they genuinely care and want him to regain his independence".* Ensuring reviews are carried out routinely will enable the service to document its successes where people have improved their independence.

The service promotes hygienic practices and manages risk of infection. People told us care workers use personal protective equipment when visiting. We saw care files contain risk assessments for infection control, namely Covid-19. People who need assistance with moving and handling have manual handling plans in place, electronic care plans also reflect these requirements. However, risks identified during the initial assessment process do not always have a corresponding risk assessment in place. The manager assured us this would be addressed. Despite this, feedback received from people indicated that care was delivered competently and people felt safe.

Leadership and Management

Improvements are required to ensure the service providers have rigorous selection and vetting systems in place to enable them to make a decision on the appointment or rejection of all staff and volunteer applicants. On inspection of eight staff personnel files there were inconsistencies and missing documentation in seven of the eight files inspected as set out in Schedule 1 of the regulations. This includes missing birth certificates as a form of identification and missing references. In addition, a risk assessment was not completed in relation to a staff member with a positive Disclosure and Barring System (DBS) check. The management team acknowledged these shortfalls and action was taken during the inspection. This is an area for improvement and we expect the provider to take action with all new employees within the service.

Stability within the service is required to ensure clear arrangements are in place for the oversight, management and governance of the service. Adult Home Care Ltd has been through a period of substantial change. This relates to changes to both the management

team and a reduction in care workers. A new manager has recently been employed with good experience in delivering domiciliary support services. We spoke to nine care workers working in the service. All said it had been a difficult period, but feel confident things are improving. They also feel well supported and receive appropriate training to enable them to carry out their role and responsibilities. Comments include *“I am new to care and love working here”* and *“feel well supported and managers are flexible with my personal circumstances”.* However, although staff feel well supported there are shortfalls in the supervision process. Supervisors had been completing spot-checks referring to them as supervisions meetings. These were very much a tick-box exercise with no evidence of two-way discussions, reflective practice, guidance or performance monitoring. In addition, there is no clear system in place for annual appraisals.

The RI has audit systems in place including both quarterly and six-monthly reporting procedures. These reports include both statistical information and evidence of discussions with people using the service and staff. These audit systems will need reviewing to ensure shortfalls in areas such as staff recruitment and supervision is identified internally and acted upon. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

The service provider ensures staff have access to, and knowledge and understanding of, the policies and procedures, which support them in their role. We inspected a number of key policies and procedures, including safeguarding, complaints, quality assurance and whistleblowing. Overall, these were appropriate, just requiring minor updates. Staff also demonstrated a good knowledge of these policies and knew what action to take in areas such as safeguarding. The Statement of Purpose (SOP) is nicely presented and an accurate reflection of the service. The service user guide was under review as the time of inspection and will be forwarded to us once completed.This information will also be made available in the Welsh Language if requested.

Environment

The quality of environment is not a theme that is applicable to a domiciliary support service. However, the service operates from a secure office with good facilities for staff and good off-road parking. The office is clean and well equipped, with suitable space for record keeping and locked filing cabinets for the storage of confidential information.

Areas for improvement and action at, or since, the previous inspection. Achieved

Areas for improvement and action at, or since, the previous inspection. Not Achieved	
None	

Areas where priority action is required	
None	

Areas where improvement is required	
Regulation 35 (2) (d) Improvements are required to ensure the service providers have rigorous selection and vetting systems in place to enable them to make a decision on the appointment or rejection of all staff and volunteer applicants. This includes the information set out in schedule 1 of the Regulations. This also includes checking the veracity of references and employment.	Regulation 35(2)(d)
Staff supervision was generally in the form of spot-checks and did not provide staff with opportunities for them to reflect on their practice and to make sure their professional competence is maintained. This was very little feed-back about their performance from senior staff or from individuals using the service. There was not a process in place as to ensure staff engage in an annual appraisal. This would enable staff and the manager to reflect on performance from the previous year and agree on objectives and development opportunities for the following year.	Regulation 36(2)(c)
Regulation 66- The responsible individual must supervise the management of the service. The responsible individual must maintain proper oversight of the management, quality, safety and effectiveness of the service.	

The area(s) identified above require improvement but we have not issued a priority action notice on this occasion. This is because there is no immediate or significant risk for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection.

Date Published 17/09/2021