



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

Care and Social Services Inspectorate Wales

Inspection Report

Cheerful Elegant Healthcare

58 James Street

Cardiff

CF10 5EZ

Type of Inspection – Full

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Summary

About the service

Cheerful Elegant Healthcare is a domiciliary care agency registered with Care and Social Services Inspectorate Wales (CSSIW) to provide personal care to older people, people with physical disabilities, sensory impairment needs, learning disabilities, mental health needs and people with dementia care needs.

The agency is owned by Cheerful Elegant Healthcare Limited. They are based in Cardiff, south Wales. At the time of our inspection they provided a service to people living in Cardiff. There is a person responsible for the strategic oversight of the agency, known as the responsible individual. There is also a registered manager who is Lynda Mackenzie.

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 04 May 2017 and 10 May 2017 and we also obtained feedback from people using the service in between these dates. The following sources of information were used to inform our report:-

- We considered informed held by us about the service, including the last inspection report, notifications and concerns;
- Discussions with five service users and/or their representatives;
- We considered the responses in seven staff questionnaires returned to us;
- Discussions with the Registered Manager
- Discussions with the Responsible Individual;
- Four service user care files;
- Four staff personnel files;
- Quality monitoring report 2016;
- Written complaints procedure;
- Complaints records;
- Incident and accident records;
- Statement of purpose;
- Service user guide;
- Staff supervision matrix;
- Team meeting minutes for February and March 2017;
- Matrix showing the training undertaken and scheduled for staff.

What does the service do well?

We did not identify any areas which we considered exceeded the standards set out in the National Minimum Standards for Domiciliary Care Agencies in Wales 2004.

What has improved since the last inspection?

Since our last inspection dated 07 September 2016 we noted the following improvements (all references to regulations below are to the Domiciliary Care Agencies (Wales)

Regulations 2004):-

Areas where Non-Compliance Notices were previously issued:-

- Suitable arrangements were in place for the safe management of people's medication thereby satisfying non-compliance with Regulation 14(6);
- Overall satisfactory information had been obtained in relation to persons employed to work in the agency thereby satisfying non-compliance with Regulation 15(1)(b);
- A statement of purpose had been prepared containing the required information which met non compliance with Regulation 4(1)(b). This also set out the agency's position with regards to offering a service to people in Welsh.

Areas previously identified for improvement (where non-compliances were identified but notices not issued):-

- Staff had received training appropriate to their work as required under Regulation 16(2)(a) and more staff were working towards a recognised vocational qualification in social care;
- An annual quality of care review was undertaken and a copy provided to us in accordance with Regulations 23(1) and 23(2) and we saw evidence the agency were working towards their quality of care review for 2017;
- A written complaints procedure was in place which complied with Regulation 21(1);
- Overall, people's care had been delivered in accordance with their service delivery plans as required by Regulation 14(3);
- The above improvements, together with the overall evidence gathered at this inspection, led us to judge that the agency had been managed with sufficient care and skill as required by Regulation 11(1).

What needs to be done to improve the service?

We made the following recommendations:-

- Care staff need to clearly document in people's daily records their personal choices and decisions as detailed in their service delivery plans;
- To ensure that Medication Administration Record (MAR) charts are completed using the correct codes along with clear, documented explanations of the reasons for any gaps or changes;
- To implement a system that enables people's call times to be reliably and accurately monitored and evaluated;
- To ensure that service delivery plans are signed by service users and/or their representative or where this is not possible the reason why is documented.

Quality Of Life

People have good overall relationships with the staff that care for them. We obtained positive overall feedback from the five service users and/or their representatives we spoke with. Some comments we received included:-

- *'Carers talk and chat, they're good carer's'*;
- *'Overall very good' and 'friendly'*;
- *'They're always willing to oblige' and 'go above and beyond'*;
- *'The carers are great'*.

People told us that where there were issues, they knew who to contact within the agency to address them and, overall, they were satisfied with the service provided. People told us that calls generally took place as agreed and they were notified if staff were running late. We saw in the agency's quality monitoring report for 2016 that people indicated they were generally happy with the care they received. The people we spoke with indicated staff were respectful when carrying out their duties. We therefore judge that people's well-being is uplifted from positive overall relationships with staff.

The needs of the people using the service are, on the whole, understood and planned for appropriately. We sampled four service user care delivery plans. We found that they reflected their needs identified in their local authority care plans. We noted an isolated example where a minor change to a person's personal care routine not been fed into their service delivery plan. However, we saw from the person's daily care records that staff had assisted them with their new routine and the registered manager assured us they would update their plan. Overall, we considered that service delivery plans were clear and well structured. Guidance for staff was clear and call times, details of the support required and any equipment used by the service user were documented. We saw evidence they had been reviewed regularly. We noted that people had risk assessments in place. We had a discussion with the registered manager about arrangements for people to sign their plans or, where this was not possible due to the nature of their care needs, documenting the reasons why. The registered manager told us they would address this.

Furthermore, we sampled people's daily care records. We saw evidence where the agency had liaised appropriately with other professionals. We noted that people's daily care records were generally completed by staff, however they could have been clearer about people's individual choices and decisions. One person's representative, for example, told us staff did not always offer them the choice in how they would like their hygiene needs met. We discussed this with the registered manager who told us they would further liaise with care staff to ensure that people's individual choices were clearly recorded. People's overall well-being is therefore promoted through having their individual needs and risks anticipated but there is scope for this to be further enhanced and evidenced.

Quality Of Staffing

There is evidence that the agency appropriately recruits and trains its staff. We sampled four staff personnel files and saw there was overall improvement since our last inspection. We noted that file checklists were in place which covered the information required. Overall, the information required by the regulations was present apart from isolated instances regarding a recent photograph and employment reference for one member of staff. We discussed this with the registered manager and responsible individual which they assured us they would address. We viewed a matrix showing the training undertaken and scheduled for staff. This indicated that most staff had received training appropriate to their role. We saw that all staff had received medication training. We saw evidence staff training certificates were in place evidencing the training undertaken. We noted that the percentage of staff who held a recognised social care qualification at the time of our inspection was below the 50% required by the National Minimum Standards for Domiciliary Care Agencies in Wales 2004. The registered manager informed us that this had been affected by recruitment challenges and we noted that approximately half of all staff were working towards a recognised qualification. With regards to induction training, the responsible individual told us that staff undertook paid pre-employment training prior to commencing their formal contracts of employment. All seven respondents to the staff questionnaires told us they had received induction training when they joined the agency. They further informed us that they received sufficient training to enable them to perform their roles. This led us to conclude that people benefit because the staff supporting them are suitable and appropriately skilled.

Staff feel valued and supported. All seven respondents to the staff questionnaires indicated they felt sufficiently supported within their roles. Some comments we received included:-

- *'Support from other members of staff alongside management'*;
- *'Most issues around the working environment are handled effectively'*;
- *'Manager always available'*.

Staff further indicated that they received regular supervision and we saw examples in staff personnel files where supervision had taken place. We viewed a staff supervision matrix, however it was difficult to distinguish between supervision which was scheduled and supervision which had been carried out. We considered the matrix document could be clearer in this respect. Staff told us that, overall, they worked well as a team. Some comments we received included: *'very well'*, *'staff work as a team to carry out daily tasks and help with any assistance or issues'* and *'90% work good together'*. All seven respondents to the staff questionnaires further indicated that they had opportunities to contribute their ideas and suggestions, for example via team meetings and discussions. We sampled team meeting minutes for February and March 2017 and noted that employment related matters were addressed which led to identified outcomes and actions. People therefore benefit from an agency in which the well-being of staff is acknowledged and promoted.

Quality Of Leadership and Management

There is evidence of continuous development within the agency. Overall, we noted positive improvements since our last inspection as identified above under 'what has improved since the last inspection'. We noted that the agency had sought advice from the local authority where appropriate and we saw evidence where improvements had been put into practice. We saw that the agency had introduced a written complaints procedure and we sampled the complaints records. We saw evidence that complaints received were documented but considered they could have distinguished more clearly between informal and formal complaints. We were informed by the office manager (person separate from the registered manager) that no formal complaints had been received since the last inspection and that they would add a separate 'outcome' section to each contact record to show the outcome more clearly. We noted that the agency intended to further develop its complaints recording system. We viewed an updated Statement of Purpose and identified that this did not satisfy all legal requirements. We discussed this with the registered manager who immediately rectified the gaps which then met requirements. At our visit, we noted that the agency appropriately displayed their certificate of registration with us, however their public liability insurance certificate had expired. The registered manager immediately showed us the new certificate which had been received and replaced the one on display with the updated version. We judge therefore that the agency learns and improves from its practices and feedback provided by other bodies and organisations, however this remains ongoing.

There are systems in place for auditing and quality assuring the care provided, We viewed the agency's quality assurance report for 2016. We noted that this was informed by feedback from service users, staff and stakeholders. We noted that the agency was in the process of collating feedback as part of their quality assurance report for 2017. This was in progress at the time of our inspection. We considered that people's care files were well organised and easy to navigate. We noted that each file had a client care booklet containing all of their relevant records which had been transferred from their home address for the preceding month. This included food and fluid charts, personal care records, daily recordings and medication administration record (MAR) charts. We saw there was a system in place for auditing these records on a monthly basis. We considered this good practice as it enabled the agency to self identify and rectify issues. We saw examples where the audit had identified discrepancies and required actions. We did identify some gaps in MAR charts sampled. We discussed these with the registered manager and office manager who provided clarification. They told us they would further liaise with staff about using the correct codes and further consider this as part of file audits. We saw evidence that regular spot checks were undertaken. The responsible individual told us that some spot checks were kept in people's personnel files and some in a separate spot check file. They told us they would review arrangements for storing them to ensure they were all in one place. We were further informed that due to recruitment challenges, the registered manager and office manager had assisted with some calls which limited their capacity to undertake some spot checks at the scheduled times. We noted, however, that the agency was taking reasonable steps to address its recruitment needs.

In addition, we noted that an electronic call monitoring system was used. We were told by the responsible individual that there had been ongoing issues with the system which affected the reliability of call time data generated. They told us that they were considering using a different system. We did note some discrepancies in people's care records between the call times specified in their service delivery plans and actual recorded call times. In one instance, we saw a person was receiving a bed time call approximately one hour earlier than what their service delivery plan specified. We were told by the service user's representative, however, that they had requested this earlier time. We had a discussion with the registered manager about ensuring people's call times were accurately reflected in their plans in collaboration with the local authority commissioning team and social services as appropriate. Overall, however, we noted from people's records and from discussions with service users and/or their representatives that call times generally took place as required. Whilst there are systems in place therefore for evaluating the quality of the service there is scope for these to be further developed.

Quality Of Environment

This domain was not explored at this inspection in line with our current inspection process for domiciliary care agencies. We noted, however, that the agency's CSSIW registration and public liability insurance certificates (following discussion with the registered manager as referred to above) were displayed appropriately and we were asked to sign in and out of a register during our visit.

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.