Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Care Inspectorate Wales

Care Standards Act 2000

Inspection Report

Community Lives Consortium

Type of Inspection – Full
Date(s) of inspection – Wednesday, 14 November 2018 and Thursday, 15 November 2018
Date of publication – Monday, 4 January 2019

Summary

About the service

Community Lives Consortium (CLC) is registered as a domiciliary care agency and provides support to people with learning disabilities and physical disabilities. This support is provided in supported living units which are houses where people have their own tenancies. CLC also provide support to people in their own home.

The supported living units are divided into 'networks' each managed by a Registered Manager (Catherine Williams, Michael Connolly, Lyn Williams, Gill Nichols, Lynne Stainsby, Julie Thomas, Jonathan Thomas and Diane Jones). There is an additional Registered Manager, Lynda Rosselli, who covers absences.

What type of inspection was carried out?

We, Care Inspectorate Wales (CIW) inspected the service on 14 November 2018 and 15 November 20018 for a scheduled, unannounced, full inspection. Two inspectors considered three quality themes: the quality of life for people who used the service, the quality of staffing and the quality of leadership and management.

The following methodology was used:

- One announced inspection
- Discussions with 14 people using the service in 11 settings, 15 care workers and the responsible individual (RI)
- Examination of the Statement of Purpose
- Examination of eleven people's care records
- Examination of seven employee's personnel records
- Feedback forms from people who used the service, issued by the provider

What does the service do well?

People are supported to follow the lifestyles they choose and are invited to be part of the management group overseeing their support arrangements.

What has improved since the last inspection?

All issues identified at the last inspection have been addressed: -

- Care records are being reviewed annually at the latest
- Service-specific training such as epilepsy, is being delivered to staff teams where necessary.

What needs to be done to improve the service?

We advised the registered person that improvements are needed in relation to the following in order to fully meet the legal requirements. A notice has not been issued on this occasion, as there was no immediate or significant impact for people using the service.

- Regulation 16 (2) (a) because not all employees had received an annual appraisal.

We have identified the following areas for improvement which the registered person should consider to further develop the service:

- The responsible individual should continue to develop and review the process to ensure all care workers are up-to-date in their training.

Quality Of Life

Overall, we found that people who used this service can be confident that the provider makes every effort to ensure the continued high standard of care offered.

We saw that the service took information from as wide a source as possible in order to support each person appropriately; this included essential information from assessments of peoples' physical and mental health, and care management reports from previous support services. Each person was asked about their lifestyle choices during the initial assessment process and we saw that care records contained support plans that detailed information regarding their personal preferences and family histories. We saw that care workers were motivated to make a difference to peoples' lives; one care worker told us, *"We always look for things that would interest people – it's an ongoing challenge."*

Each person we met told us they felt listened to by the care workers who supported them and believed their views were valued. One person told us, *"The staff listen to me all the time. I tell them what they need to know."* People's support plans contained clear records of specialist and medical support; this confirmed that healthcare professionals such as social workers, doctors and community nurses were consulted where necessary. In order to remain current, all support plans were reviewed annually, or more frequently wherever support needs had changed. Some people were not always able to verbalise or easily explain their wishes, but we noted that these people's support plans included information regarding their preferred methods of communication. In addition, we saw that relatives were asked for their opinions where the person was unable to discuss an issue due to their disability. People were provided with surveys to give their opinions of the support they received; we saw that the survey questions related to the Welsh government's national outcomes for people; this included peoples' personal outcomes such as the person's quality of life, and assessed the amount of control each person had in their life.

The service is working towards an active offer - this means being proactive in providing a service in Welsh without people having to ask for it. On discussions with the responsible individual (RI), people who were receiving support and care workers, we saw there was no demand currently for Welsh-speaking support. However, the RI was aware of the

necessity of providing an active offer in the event that they supported anyone who did prefer to communicate in Welsh. The provider's statement of purpose and service user guide were available bilingually so that people would not have to ask for them. This means that Welsh-speaking people can make informed decisions about their care and support.

Quality Of Staffing

Overall, we found that care workers were sufficiently motivated to support people as they wished. The provider had good recruitment procedures in place and care workers told us they felt well supported by senior staff, but improvements were needed in order to monitor care workers' training.

There are procedures in place to monitor care workers' recruitment and support. Care workers we spoke with felt well supported by their managers and felt they had the skills and knowledge to provide the right care and support. We viewed employee recruitment records and saw that all the required employment checks were in place before new employees started to support people. This included reference checks from recent employers, photo identification and Disclosure and Barring Service (DBS) checks. Employee supervision records showed that care workers and senior staff were regularly given the opportunity to discuss any issues they wished to raise, in a formal setting and have the conversations recorded.

However, we found that improvements were needed in order to monitor care workers' training. We were shown how all new care workers went through a good initial induction and worked through their Qualifications and Credit Framework (QCF) training that included essential training. However, the overall training matrix demonstrated that not all care workers attended regular updates. We were also told that training courses had been missed where support managers were away from work as they missed training information when it was advertised. For example, the provider could not evidence that care workers who were supporting people with meals, had attended food hygiene training since their initial inductions. We saw that currently, support managers completed accredited 'food safety in catering' courses and were responsible for monitoring good practice amongst their staff teams. We therefore recommended that the provider's training processes were reviewed, and discussed these issues with the RI, who showed us firm, existing plans that were in place for the development of staff training in accordance with peoples' needs. For example, medication training, where a combination of annual competency assessments and annual updates will be delivered to each staff team by an accredited trainer. We noted that some care workers had attended specific

training courses to reflect the needs of the people they supported, such as epilepsy, mental health awareness, person centred care and the Mental Capacity Act. This evidences that the provider ensures people are supported by well vetted care workers, but that improvements were needed in order to monitor care workers' training.

The service had taken all reasonable steps to identify and prevent the possibility of abuse from happening. Care workers recognised their personal responsibilities in keeping people safe. They were aware of the whistleblowing procedure, and said they were confident to approach the manager, and the local safeguarding offices or the CIW if they thought they needed to. Care workers told us they had attended training in safeguarding and whistleblowing and employee training records we examined confirmed this. This demonstrates that people can expect to be protected from abuse because employees are knowledgeable about preventing the possibility of abuse from happening.

Quality Of Leadership and Management

Overall, the service is well-managed by an experienced social care manager. We saw evidence of good quality assurance systems that included regular monitoring and detailed record keeping**.**

People are clear about what the service provides. The provider's statement of purpose set out the aims of the service and the service user guide gave clear information about what people can expect. There were clear systems in place that monitored the quality of support people received, and an overall commitment to continuous improvement. This included monthly audits that monitored all health and safety issues, people's home environments and general record keeping. We saw that the provider had developed their medication monitoring over the past year in order to reduce the risk of medication errors occurring; the new system invited people and their families to be involved in analysing the findings and agreeing any actions that needed to be taken; during our inspection, we saw records that confirmed this. Surveys were given to care workers, people in the service and their relatives. We were shown completed surveys from people in the service and their families; both sets of results were extremely complimentary. Care workers were able to discuss their concerns at regular, individual supervision meetings. However, we found that not all employees had received an annual appraisal of their standard of work. For example, one support manager told us that they had not had an appraisal at all. We therefore notified the provider that the service was not compliant with Regulation 16 (2) (a) because not all employees had received an annual appraisal. However, a notice has not been issued on this occasion, as there was no immediate or significant impact for people using the service; we saw that in general, care workers received a good level of informal support from their managers, together with formal support by the use of regular, detailed supervision meetings. The RI showed us how findings from surveys, incident reporting, audits and complaints were collated and summarised into an 'annual care review' which identified all planned improvements for the service, including an action plan. During our inspection, we examined the most recent report and noted that all actions had been completed in a timely way.

People we spoke with confirmed to us that they knew how to raise concerns. We saw

that people had access to the complaints policy and procedure. We noted that all complaints received since the last inspection had been responded to promptly by the provider, as evidenced by letters that evidenced that each complaint had been resolved to the complainant's satisfaction.

Quality Of The Environment

This inspection focused mainly on people's quality of life, quality of staffing and quality of leadership and management. The quality of environment is not a theme which is applicable to a Domiciliary Care Agency.

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 contacting us.