



Care Inspectorate Wales

Care Standards Act 2000

Inspection Report

G.R.S. (Care) Limited (Western Bay)

Swansea

Type of Inspection – Full

**Date(s) of inspection – Monday 17 June 2019, Tuesday, 18 June 2019 and Wednesday
19 June 2019**

Date of publication – Wednesday, 07 August 2019

Welsh Government © Crown copyright 2019.

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.*

Summary

About the service

GRS Domiciliary Support Services is registered to provide care and personal support to older people and adults with learning disabilities. Support is provided in supported living settings and in people's own homes in the Western Bay area. The registered provider is GRS (Care) Limited, the responsible individual (RI) is Dr Ceri Todd and there is a manager in place with day-to-day responsibilities, who is registered with Social Care Wales.

What type of inspection was carried out?

A full inspection under the Regulation and Inspection of Social Care (Wales) Act (RISCA) was carried out, based on the themes of quality of life, care and support and leadership and management. We, Care Inspectorate Wales (CIW) carried out an unannounced initial visit to the provider's office in Swansea on 17 June 2019 between 9.30am and 3.00pm. We then carried out announced visits on 18 June 2019 to people between 9.00am and 4.45pm. We met with the manager to discuss our findings at the office on 19 June 2019 between 12.30pm and 3.00pm.

The following methodology was used:

- One unannounced inspection of the office and announced visits to people in their homes
- Consideration of information held by CIW including notifications, concerns and safeguarding information
- Discussions with five people using the service, five care workers and the manager
- Examination of the statement of purpose; this is an important document which sets out the provider's vision and how it intends to promote the best possible outcomes for people it supports
- Examination of five people's care records
- Consideration of complaints and compliments received by the provider
- Examination of six employee's personnel records
- Feedback forms from people who used the service, issued by the provider.

What does the service do well?

The service strives to promote the independence of people using the service. People receive care and support from care workers who understand what matters to them.

What has improved since the last inspection?

This is the first inspection of this service since it was registered under The Regulation and Inspection of Social Care (Wales) Act 2016. At the last inspection (under the Care Standards Act 2000, CSA), the service was non compliant with Regulations 13 and 14 because people were not being safeguarded and employees had not been offered regular supervision. We can confirm that these matters have been addressed.

What needs to be done to improve the service?

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

- The manager should review the process of auditing surveys

Quality Of Life

Overall, we found that people who use this service can be assured that the provider makes every effort to ensure a high standard of care is available and aims to maintain peoples' independence and welfare. The manager met with people and/or their representatives before support was put in place to ascertain the person's specific support needs, including any physical or mental health issues. We saw a detailed assessment form that documented one person's personal preferences, interests and support requirements. Information obtained from these assessments was transferred to personal plans for care workers to refer to. A comprehensive record of specialist and medical support was contained in the care records we viewed; healthcare professionals such as social workers, GPs and community nurses had been consulted where necessary. In order to remain current, all care records were reviewed every three months, or more frequently wherever support needs had changed. From this, we conclude people are involved in their care provision and as a result, feel listened to.

People told us they felt listened to and believed their views were valued. Each person we met said they were treated with respect, dignity and warmth by the care workers who supported them. One person told us, '*No problems with any of the girls, they're polite and caring.*' People told us they felt safe with the care workers who supported them, but knew how to raise concerns. One person said, '*I know the office staff if I needed to call them.*' Care workers we spoke with were knowledgeable about people's interests and lifestyle choices. One care worker said, '*People tell us things all the time, we're a lifeline for some people.*' In addition, some people were not always clear in their communication; we noted that care records included information regarding each person's communication, including in pictorial form for people who preferred it, so that care workers were aware of people's wishes at all times. We saw people were provided with surveys each year to comment on their support. The service also had a complaints procedure readily available for people if they needed to raise anything regarding their support arrangements. This shows that people are listened to and their views are valued in regard to the support they receive.

The service provides the Active Offer of the Welsh language; this means being proactive

in providing a service in Welsh without people having to ask for it. We saw that the statement of purpose, service user guide and the provider's main policies (complaints, duty of candour, terms and conditions of peoples' support, safeguarding and tenancy agreements) had been produced bilingually in English and Welsh, and were available to people if they wanted them. This means Welsh speaking people are able to make informed decisions about their care and support.

Quality Of Staffing

Overall, we found that people's individual support needs are understood. Care records contained information from a range of sources, including healthcare and social worker reports and assessments, and where a person was unable to discuss their own care and well-being, the service took information from friends and relatives. Some people we visited spoke about how care workers asked them if they were happy with the support they received, whilst others talked about *'how nice the girls are all the time.'* The staffing rota evidenced that people were supported by familiar care workers as far as possible. Care workers we met demonstrated a good knowledge of people's support needs and were eager to ensure people received the care and support they needed every day. From this, we conclude that people can expect to receive the right care and support at the right time in the way they want it.

There are suitable procedures in place to monitor care workers' recruitment 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. All new care workers received an induction, that was in line with the Social Care Wales Induction Framework. At the last inspection, we found care workers had not always received adequate training and supervision. We checked on this inspection and found the matter had been resolved - the training matrix evidenced that all care workers had received their essential training as identified in the statement of purpose, on topics such as manual handling, safeguarding, food hygiene, safe administration of medication and health and safety. We noted that all care workers had received appropriate refresher training when this was required. In addition, 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. This evidences that people can expect to be supported by care workers who are well-vetted, supported and trained.

The service has taken all reasonable steps to identify and prevent the possibility of abuse

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 happening.

Quality Of Leadership and Management

There are systems in place to monitor the quality of support people receive. This provides an overall commitment to driving continuous improvement across both areas of the provider's operations, in West Wales and Western Bay. Since the last inspection, the provider has restructured its management team and reduced the geographical areas where people are supported. This has resulted in clearer lines of accountability and a more consistent response to feedback and incidents. For example, one manager is now responsible for this area, whilst another manager is responsible for the West Wales area of operations.

The service is well managed by an experienced social care manager and we saw regular visits by the RI were used to check the overall quality of support provided and asked for people's opinions regarding any improvements that could be made. We saw from reports that all people interviewed during the three most recent visits were positive about the service. We were shown a range of regular audits that had been introduced by the manager – these monitored all aspects of peoples' support, including medication management, risk assessments regarding peoples' home environments, infection control measures and record keeping. From these, we saw that any issues that arose were resolved promptly. A complaints policy and procedure was readily available; people and relatives told us they knew how to make a complaint if they needed to and were confident that the manager would listen to them if they did. We noted that all complaints received since the last inspection had been responded to promptly by the provider; we saw emails that evidenced that each complaint had been resolved to the complainant's satisfaction. At the last inspection, we found that care workers were not always able to discuss their concerns at team meetings so we checked on this inspection. Care workers told us the issue has been resolved, and we viewed records that confirmed this. We saw completed surveys from people and their families, and care workers. These were mostly complimentary, but there were a small number of slightly negative responses (including complaints resolution and staff inductions). The manager showed us what they had done in response to the comments but the quality audit reports we viewed aggregated all responses to give an overall positive score. We suggested to the manager that there is

little benefit in aggregating the scores and after discussion, we recommended that they reviewed the process, to make the auditing more useful. The manager 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 promptly. This evidences that people can expect to receive care from a service committed to continuous improvement.

People see accountability and know there are senior staff members who are overseeing the support they receive. People and relatives told us they knew the manager and some of the office staff well. One person said, *'If I need to phone the office, I know most of them these days.'* It was evident the manager made themselves available when necessary and we noted they were never rushed or hurried. We noted that all members of the central office were approachable and professional in their manner. This demonstrates that people can expect to have regular contact with the senior management who are overseeing the care and support they receive.

Quality Of The Environment

This is not an area which forms part of our inspection for Domiciliary Support Services. However, we found the service operated from designated premises that were equipped for the purpose of the day-to-day operation and management of the service. In addition, we found that people using this service can be confident that any personal information held about them is stored securely, with only senior staff having access to it. The front door to the building was secure, our identity was checked and only people who require access are allowed to enter.

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.

