



Inspection Report on

Steddy Ltd

**STEDDY & ASSOCIATES
TREWFIELD
TONDU ROAD
BRIDGEND
CF31 4LH**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

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Description of the service

Steddy Ltd is registered to provide domiciliary care to adults aged 18 years living in their own homes in the Western Bay, Cardiff and the Vale, Cwm Taf and West Wales regional partnership localities. Although at the time of the inspection no services were being provided in Cwm Taf.

The agency's registered office is located in Bridgend. There are two managers with day-to-day responsibility for the service. The responsible individual is Paul Steddy.

Summary of our findings

1. Overall assessment

People living in the West Wales regional partnership benefit from a service that is managed by a professional, experienced and enthusiastic management team who continue to maintain a culture where people are placed at the heart of the service. Care workers were professional, well trained and demonstrated a good knowledge of the people they supported and an understanding of the challenges they faced.

People and their relatives were enthusiastic about the service they received, the staff and how this positively impacted on their wellbeing.

2. Improvements

There were no non-compliances or recommendations made at the previous inspection.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service and the areas where the service is not meeting legal requirements.

1. Wellbeing

Our findings

People are able to speak for themselves and contribute to the decisions that affect their lives. The registered person ensured everyone who used the service were fully aware of what it provided. This was explained at assessment and by providing people with a detailed guide to the service, which also explained how to raise a concern or compliment. People and/ or their relatives were actively consulted on the care and support provided. They were also involved in the development and review of personal plans. People told us they were treated with *“dignity and respect”* by care workers at all times. One relative told us care workers were *“very committed and really care”*. Therefore, the rights and entitlements of people are actively promoted within the service.

The service promotes the health and wellbeing of people. We saw evidence within care planning documentation that the physical and mental health of people were being supported by a range of health and social care professionals. We saw referrals to such professionals were made in a timely manner, and good relations with professionals were being maintained. Personal plans evidenced that people were being supported by care workers to improve their health and wellbeing. This included a person being assisted to access hydro-therapy on a weekly basis. Both the person and their relatives were highly complimentary on the service and the quality of care workers. People, therefore are as active and healthy as they can be.

There are clear systems in place to safeguard vulnerable people to whom they provide care and support. We saw risks were identified as part of the initial assessment process and well documented. These assessments accurately reflected the risks to the individuals and were being reviewed in close consultation with the appropriate health and social care professionals. Policies and procedures were aligned to current legislation, national guidance and local adult and children’s safeguarding procedures. Care workers demonstrated good knowledge of the safeguarding process. They were also well supported by managers in ensuring such procedures were followed. People who used the service felt safe with care workers who provided their care and support. Comments such as *“they are professional and very thorough”* and *“I can see they also follow the care plans”* supported our findings. Therefore, people are safe and risks to their health and wellbeing minimised.

2. Care and Development

Our findings

Overall people can feel confident that there is an accurate and up to date plan for how their care is to be provided in order to meet their needs. People who received the service and their relatives told us they felt their views were always considered. We saw the service completed detailed initial assessments within the persons own home. These provided good evidence that this involved the person and/ or their relative. A relative said “*care workers have got to know x well*”, they are “*conscientious*”. We saw personal plans were well set out and provided clear guidance for care workers on how the care and support was to be provided. However, there was a standardised approach to some goals within care plans. This included statements such as “*to ensure x has adequate fluids and appropriate nutrition*”. This was seen to be in a number of people’s personal plans and would benefit from a less generic approach.

We saw any risks to people were recorded, and clear guidance provided to care workers to follow. This ensured any identified risk to people were minimised. These included areas such as manual handling, maintaining skin integrity and any risks presented in the persons home environment. There was also good evidence of a multi-disciplined approach. We saw guidance provided by external professionals such as occupational therapists and district nurses. These were recorded and any guidance followed by care workers. We saw reviews of personal plans and risk assessments were being carried out, although these were not always completed on a three monthly basis as per regulatory requirements. Reviews must also be recorded, evidencing the involvement of the person and/ or their relative. Daily notes were seen to be clear, accurate and informative, but at times gaps left between entries. People’s files would also benefit from the removal and archiving of historical information. Therefore, overall there is good detail to inform and enable staff to meet the individual’s care and support needs in supporting people to achieve the best possible outcomes.

People receiving a service from Steddy Ltd are safe and as far as possible protected from risk. Care workers all received safeguarding training as part of their initial induction process and updates provided when appropriate. Care workers had access to a recently reviewed safeguarding policy and procedure. We saw all staff were required to sign once the new policy had been read and understood. The safeguarding procedures had also been discussed within a recent team meeting. Discussion with care workers demonstrated that they had a good understanding of their roles and responsibilities for raising concerns both internally and externally. The management team maintained an open-door policy and maintained good channels of communication with staff, people and their relatives. A care worker told us “*managers are excellent, and very supportive*”. People and their relatives were also fully aware on how to contact the manager to raise a concern if need be.

Therefore, the provider has appropriate mechanisms in place to safeguard vulnerable individuals to whom they provide care and support.

People are supported to manage their medication safely. We found personal care plans highlighted medication people received and were clear and accurately recorded. Care workers had regular training in medication administration and a policy was available which provided clear guidance to staff. Care workers told us they felt "*well trained*" in administering medication and were clear on their responsibilities. We saw that the management carried out regular audits of the medication administration records. There are safe systems in place for medicines management.

3. Leadership and Management

Our findings

The service provider has arrangements in place to support the smooth operation of the service. We saw that the responsible individual (RI) and the managers were actively involved and were available throughout the inspection. The service was family run with the responsible individual and managers offering support to each other on a daily basis. All information requested was promptly provided. There was a relaxed, friendly but professional atmosphere with the management being accessible and supportive to care workers and administrative staff. They also demonstrated a good understanding of the care needs of people using the service in all the geographical areas they covered. Staff spoke highly of working in the service. Comments included *“it’s a great place to work”*, *“excellent support”* from management and the *“it’s a really good team”*. A social care professional told us that the service was flexible and made every effort to meet the changing needs of the individuals they supported.

The statement of purpose for the service accurately described what the service provided including which geographical areas it covered. It was available to people who asked for it. All people using the service had a copy of the service user guide. This provided details of what they could expect from the service as well as contact details for the office and details of the complaints process should they need to use it. People we spoke to had not had cause to make a formal complaint and told us that if they had any concerns, the management team tried their best to resolve them. Comments included *“the managers are easy to contact”* and *“they are very responsive”*. The management team were aware of their responsibilities and held monthly meetings to review the delivery of the service. Therefore, the service provider has clear arrangements for the oversight and governance of the service in order to embed a culture which ensures that the best possible outcomes are achieved for individuals using the service.

The service has a clear quality assurance process. We saw a quality assurance report which was compiled following discussion with people involved in the service including individuals who received a service and staff. A plan of action was developed following the review of care with the view to improving and developing the service further. The RI visited people who used the service as part of their responsibilities under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA). Records of these visits evidenced discussion with people using the service, their family members and professionals involved in their care. The manager said these visits were positive and provided further opportunity to monitor service delivery.

We saw that staff meetings were held regularly giving them the opportunity to discuss service delivery and to keep up to date with developments in the service. The management team carried out regular spot checks of care workers in the community along with medication competency assessments to ensure medication was safely administered. We

saw policies and procedures were available and were kept updated to reflect changing legislation and best practice recommendations. Care workers we spoke to confirmed they had access to policies and updates were always shared with them. One told us they had recently received the updated safeguarding policy after changes had been made to it. We conclude that the service has systems and processes in place to monitor, review and improve the quality of care and support.

People are supported by a service that provides appropriate numbers of staff who are fit and have the knowledge, competency, skills and qualifications to provide the levels of care and support. The manager told us that recruitment could be difficult but they did not use agency staff. A high number of care workers had worked at the service for many years. There was a system in place to monitor and manage staff sickness. People told us that they mostly had the same team of care workers who supported them. They were given the names of care workers who would be carrying out their care visit. They told us they had not experienced any missed calls.

Care workers told us they have a good work life balance. They commented positively about being given sufficient time to travel between calls and we saw documentation stating that care workers had regular breaks. We saw an electronic call monitoring system in place. This required care workers to scan in and out of every call using their own mobile phones. We saw the service continued to take steps to ensure the accuracy of the system. This included liaising with the IT provider, and providing further staff guidance.

The six staff personnel files viewed were well organised and showed that there were good recruitment and induction processes in place. Records showed that care workers had one to one supervision with their line manager on a regular basis. These evidenced that training and their personal development were discussed and goals set. This was confirmed in discussions with care workers. We saw that care workers were provided with good training on an ongoing basis. This was both in-house and external training. We spoke to the trainer who told us that bespoke training could be provided specific to individual need. They told us there was a positive culture in the organization and that communication with the management team was good. Therefore, care workers are supported to be confident and competent in their role which enables them to positively contribute to the wellbeing of individuals using the service.

4. Improvements required and recommended following this inspection

4.1 Areas of non compliance from previous inspections

There were no non-compliances or recommendations made at the previous inspection.

4.2 Recommendations for improvement

We recommend the following:

- Personal plans and risk assessments are to be reviewed at least once every three months and signed by all attendees
- To further develop an outcomes based approach to the care and support being provided. Ensure the goals and aspirations of the person are clearly stated in both care plans and review meetings.
- To put a line through any unused space on daily records.
- To consider archiving all historical documentation held in peoples files.

5. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. Two inspectors carried out the inspection over four days. The office inspection was carried out on 16 January 2019 between 09:00a.m and 05:00p.m and 17 January between 09:00a.m and 11:00a.m. A number of visits and telephone calls to people who used the service were undertaken at various times on the 18 & 21 January 2019.

The following methods were used.

- We made two announced visits to the registered office of the service;
- We spoke to the responsible individual and manages who was present during both visits;
- We spoke to 8 care workers;
- We visited 3 people in their own homes;
- We spoke to three relatives during our visit and telephoned one to gain their feedback on the service;
- We sought the views of one social worker and the local authority contracts and commissioning team;
- We looked at a wide range of records. These included the staffing rota, staff training and recruitment records, quality assurance documentation, policies/ procedures and six peoples' case records.
- We examined the Statement of Purpose (SoP) and compared it with the service we observed. The SoP sets out the vision for the service and demonstrates how, particularly through the levels and training of staff, etc, the service will promote the best possible outcomes for the people they care for.

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Domiciliary Support Service
Service Provider	Steddy Ltd
Manager	Gwyneth Steddy Ruth Keen
Date of previous Care Inspectorate Wales inspection	12/12/2017
Dates of this Inspection visit(s)	16/01/2019
Operating Language of the service	Both
Does this service provide the Welsh Language active offer?	This is a service that provides an 'Active Offer' of the Welsh language. It provides a service that anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.
Additional Information:	