



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

Date of Publication

28 March 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.

Description of the service

Steddy Limited 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 Cwm Taf regional partnership could expect to receive care and support 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 and understanding of the challenges people faced.

At the time of inspection there was no one accessing the service within the Cwm Taf regional partnership. As such we were unable to comment on both the "Wellbeing" and the "Care and Development" sections of this report.

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 where the service is not meeting legal requirements.

1. Well-being

Our findings

We are unable to make comment in this section because Steddy Ltd is not currently providing a service in Cwm Taf regional partnership locality.

2. Care and Development

Our findings

We are unable to make comment in this section because Steddy Ltd are not currently providing a service in Cwm Taf regional partnership location.

3. Quality Of 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 “*I thoroughly enjoy my job*”, “*excellent support*” from management and the “*organisation is relaxed and supportive*”. 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. Service user guides were available for people to have when they start to receive care and support from the service. 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. 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.

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. Comments from care workers included *“they always listen to us, and if more travel time is needed this is organised”* and *“they really care about us as staff”*. 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

None

5. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. Two inspectors carried out the inspection. 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.

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 looked at a wide range of records. These included the staffing rota, staff training and recruitment records, quality assurance documentation, policies/ procedures.
- 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 and 17/01/2019
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:	