



Inspection Report on

Cariad Domiciliary Support Services LTD

**CARIAD DOMICILIARY SUPPORT SERVICES LTD
COMMERCIAL STREET GRIFFITHSTOWN
PONTYPOOL
NP4 5JF**

Date Inspection Completed

02 July 2019, 03 July 2019

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Description of the service

Cariad Domiciliary Support Services Ltd is located in Griffithstown, Pontypool. The service provides support to adults with learning disabilities and physical disabilities who live in supported housing with shared tenancies, as well as offering support to people who live with their families in the Gwent regional partnership area.

The responsible individual (RI) is Kari Bailey and the manager of the service is registered with Social Care Wales.

Summary of our findings

1. Overall assessment

People and their relatives told us they were happy with the support provided by staff and were kept involved and included in their care. We found people are supported by knowledgeable, well supported care workers who are dedicated to making a difference to people's lives. The RI has very good oversight of the service and along with the manager is committed in promoting the well-being of people who use the service. Recruitment practices need to be consistently safe.

2. Improvements

This is the first inspection of this service since it was approved under The Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).

3. Requirements and recommendations

Section four sets out details of our recommendations to improve the service and areas where the service is not currently meeting legal requirements. In brief these relate to:-

- Safe recruitment practices: There must be full and satisfactory information available in relation to all staff employed at the home.

1. Well-being

Our findings

People are supported to maintain their independence and access activities and services in their local community. Individuals were encouraged and supported by care workers to maintain their independence and daily living skills. People told us how staff supported them to engage in activities in the community. One person told us how they had been accessing a community club for over 40 years and showed us a certificate that celebrated this achievement. We were shown a photograph album that revealed many different places of interests and events they had been supported to participate in. Staff told us about the progress people had made and the outcomes they had achieved. We looked at personal plans, which showed the different activities people had been involved in including household chores, washing up, cleaning and leisure activities. One staff member told us they had supported people to visit the seaside. Daily records we reviewed confirmed how people using the service had thoroughly enjoyed this trip. People we spoke with and their relatives/representatives told us they had been using the service for a number of years and were very complimentary. We conclude people are supported to make a contribution to their community and do things that make them happy.

The service supports people's physical and mental well-being. A review of the records showed the service produced personal plans that included essential aspects of physical and mental health. There was evidence the provider facilitated contact with health and social care professionals for people using the service. The provider has systems in place to ensure there is good oversight of individual's health and has established excellent relationships with community services, GP's and mental health teams. Staff are trained and skilled to provide the care and support required by people using the service and this was demonstrated through positive responses we had from people about their care, staffs knowledge and through our observations. We noted low levels of staff turnover which promoted a positive impact on people's well-being who would find it otherwise difficult to deal with changes in the delivery of their support. Based upon this we are satisfied people are encouraged and supported to maintain their physical and emotional well-being.

People are protected from abuse and are overall safeguarded by processes in the service. We found appropriate mechanisms and policies in place to safeguard vulnerable individuals to whom they provide care and support. People and relatives were clear about how to raise concerns, felt confident they would be listened to and appropriate actions would be taken. People who used the service felt safe with care workers who provided their care and support. We noted the provider had completed Disclosure and Barring Service (DBS) checks on people they recruit prior to the commencement of their employment and the manager had implemented monitoring systems to ensure any concerns are acted on immediately. The DBS helps employers make safer recruitment decisions. We found that risks had been identified for people and risk assessments were in place for staff to follow. We recommended that all restrictive practices and continuous supervision in care delivery

needs to be reviewed and formally recorded and shared with the relevant managing authority. This will ensure people's rights are consistently promoted. We conclude people know how to raise concerns and are safeguarded from abuse and neglect.

2. Care and Support

Our findings

People have personal plans in place, which set out how each individual's care and support needs will be met by staff. Personal plans contained good detailed information to inform and enable care workers to meet individual's support needs and to promote people's independence. Individual wishes and preferences had been taken into account and information included people's likes and dislikes, health support needs and how best to communicate with them. For example, a communication plan for one person indicated, '*(X) has a soft nature and will sometimes go along with things just not to offend others, so staff will need to support (X) to make their own decisions and not be influenced by others.*' We observed staff providing support to people, in line with their personal plans. We spoke with staff who were aware of people's health conditions and the support they required. We noted personal plans were updated when changes had occurred, however we found these plans were not always reviewed on a regular basis in line with regulatory requirements. We conclude people are supported by well informed care workers who provide care and support in a way people want it.

We found people are supported to access advice and support from health and social care professionals when people's needs change. People were supported to attend medical appointments according to their on-going health needs. We were told people were supported to access a range of community healthcare services, for example GP's, dentists, orthotics and opticians. We found where there was a need; people's emotional and physical wellbeing was being overseen by specialists in the community. We saw evidence in individual personal plans that people were supported to access appointments with health and allied professionals. Professionals also gave positive feedback about the service. This indicates that people receive the right care and support as early as possible and when they need it.

People are safe and as far as possible protected from risk. Care workers received training on safeguarding protocols. Discussion with them demonstrated a good knowledge of safeguarding procedures, and how to report matters of a safeguarding nature. Care workers also felt confident of who to contact outside of the service if they needed. We spoke with one person who received support who told us, "*The staff are lovely. I feel safe.*" The management team maintained an open-door policy and upheld good channels of communication with staff, people and their relatives. People told us they were fully aware on how to contact the manager to raise a concern if need be. Staff had access to safeguarding and whistleblowing policies and procedures. We noted medication was generally stored securely within a locked cabinet in a separate area within someone's home, however we were unable to evidence that people were afforded the opportunity to store medication discreetly and safely within their own personal space. This would allow for more privacy and dignity to be given during medication administration. Further, we discussed with the provider that where some people using the service who potentially

lacked mental capacity to make certain decisions about their health and welfare, and are restrictive measures in place, the provider has an obligation to inform the managing authority to ensure the care and support arrangements were in people's best interests. The provider gave assurance this would be explored with the relevant social care professional involved and immediate contact would be made with the managing authority. This demonstrates that people are safeguarded and protected. However, further enquiries are required with the relevant health and social care professionals to ensure residents' rights are consistently upheld.

3. Leadership and Management

Our findings

The manager of the support service and RI demonstrated a good level of understanding of their responsibilities to ensure regulatory compliance to support and develop the service. We found systems in place for monitoring quality and service delivery. We saw regular visits from the RI to people using the service and reviewed records of discussions with staff and people using the service. Following such visits it is recommended that every three months a report is developed to identify any actions for improvements with a completion date recorded. We reviewed a comprehensive quality assurance report dated May 2019. The report evaluated the support service and quality assurance processes; internal and external factors, also taking into account the views of service users and staff and residents. The manager informed us they received regular support and guidance from the RI. It was evident that both the manager and RI undertook regular direct work with people in order to maintain an ongoing understanding of people's support needs. We reviewed minutes from a meeting held between the manager and RI in January 2019. The RI was present during part of our inspection and acknowledged some improvements were required to ensure supervision with the manager is formally recorded.

Further, we reviewed incident and accident records and also requested sight of missed call management records. We were told by the manager that there had not been any missed calls for a significant period of time. However following a discussion with a representative of someone using the service it became apparent there had been a call recently that the service had not been able to cover, although this was considered to be an isolated incident. We reviewed staff timesheets used for the outreach service and noted precise call times were not being recorded on timesheets by staff and also noted that the outreach weekly schedule of visits did not indicate the time allocated for travel between each visit. We requested a sample of medication charts and daily recording logs that related to supported living accommodation; however we were told this documentation is stored at the living accommodation and transferred to the domiciliary support office every 12 months. We explained that this process was inappropriate as supported living accommodation were peoples' homes, and recommended all care documentation needed to be transferred to the support office on a regular basis so this information can be appropriately stored. We discussed these issues with the provider who assured us these areas of service delivery would be reviewed immediately. We conclude people can be assured that the provider consistently consults with people using the service and is committed to driving improvements to service delivery.

Staff feel valued and supported. We spoke with five members of staff. Some comments we received included:-

- *'I feel supported in my role the majority of the time. The manager is always at the end of the phone';*
- *'I feel valued. Nothing's too much trouble';*

- *'I feel supported. The manager and responsible individual are approachable';*
- *'I feel valued. Management are very approachable.'*

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, which indicated scheduled and supervision sessions which had been carried out. However, we were informed by the manager that staff formal supervision was completed in the supported living service. We explained that this process was inappropriate as the supported living accommodation were peoples' homes. Formal supervision in this sense relates to a confidential, documented one-to-one discussion between a member of staff and their line manager. It enables staff to reflect on their practice, the provider's philosophy of care, discuss any issues and identify development goals. We sampled team meeting minutes and considered these were held on a fairly regular basis. We conclude, people benefit from a service in which the well-being of staff is acknowledged and promoted.

People are supported by staff who have completed the relevant training and been through recruitment checks. We looked at three staff files and found DBS checks had been completed for all staff. However, we identified some discrepancies in relation to contracts of employment (one staff) identification (two staff) employment histories (one staff), employment references (two staff) and where a person has previously worked in a position whose duties involved working with vulnerable adults, verification of the reason why the employment ended (three staff). We were told all staff employed are on permanent contracts. We discussed the recruitment process with the manager who told us people who use the service are involved in the recruitment process of new staff, however this is not always documented. A record of staff training was reviewed, this included training that had been completed and which courses required updating. We considered the service placed a strong emphasis on learning and development. A review of staff personnel files revealed there was documentary evidence of staff induction on two of the three staff files reviewed. However we were unable to evidence induction paperwork on one file examined. People are supported by staff who are suitably trained, however recruitment practices require strengthening.

The service is clear about its aims and objectives. We viewed the statement of purpose for the service. The statement of purpose (SOP) is fundamental in setting out the vision for the service and is a key document that should clearly demonstrate the range of health and care needs the service will provide support for. We noted the SOP included the service's position regarding the 'Active Offer' (providing services in Welsh without someone having to ask for it). The SOP provided an overall picture of the service offered although we identified some additional information that was required. We considered there was very little information within the SOP to describe how the service will meet people's individual communication needs and how the service supports people with behaviours that may challenge. Therefore we judge, people can be mostly clear about the services that are provided.

4. Improvements required and recommended following this inspection

4.1 Areas of non compliance from previous inspections

This is the first inspection of this service since it was approved under RISCA.

4.2 Recommendations to meet legal requirements

We found that the registered provider is not meeting its legal requirements under RISCA in relation to:

- Fitness of staff (Regulation 35 (2) (d) Schedule 1): Full and satisfactory information or documentation was not available for all staff employed at the home.

We did not issue a non-compliance notice on this occasion as we did not identify any major impact to service users and we were assured measures will be taken to address the issues identified and manage any potential risks. We expect immediate action to be taken to address these areas, which will be considered at our next inspection.

4.3 Recommendations for improvement

- The statement of purpose to include information on how the provider intends to meet people's individual communication needs and to include how the provider intends to support people with behaviour that may challenge.
- Personal plans to be consistently reviewed three monthly.
- Formal supervision for care staff needs to take place in a confidential setting, away from someone's living accommodation, preferably in the support service's office.
- Care documentation, including daily logs and medication charts should be returned to the support service's office and stored securely.
- The RI / manager to contact the relevant managing authority to discuss each individual's personal plan, where there are potential restrictions in place and to review this in line with the Deprivation of Liberty Safeguards /Mental Capacity Act 2005.
- Consideration to be given in supporting people to store medication safely in their own rooms in order to enhance privacy and dignity
- Timesheets and call logs for outreach services to accurately record the start and finish times of support given.
- Interview records of new staff to clearly record the involvement of people receiving a service.
- Induction records to be kept on all staff files.
- Schedule of visits and staff rotas to clearly indicate the time allocated for travel between each visit.

5. How we undertook this inspection

This was the first inspection of the service following re-registration under RISCA. This was a full inspection undertaken as part of our inspection programme using The Regulated Services (Service Providers and Responsible Individuals (Wales) Regulations 2017.

We made an announced visit to the main office on 2 July 2019 between the hours of 12:50 and 17:00. We carried out a second announced visit to the main office on the 3 July 2019 between the hours of 09:30 and 15:25.

The following methods were used.

- We considered the information held by us about the service, including the last inspection report and notifiable events received since the last inspection.
- We spoke with two people using the service.
- We spoke with four relatives/representatives of people using the service.
- We spoke with two professionals.
- We spoke with five staff members.
- We spoke to the RI and the manager of the service.
- We visited two people in their own homes and spoke to them and their relatives.
- Examination of the personal plans of people using the service and associated care documentation.
- Examination of staff records, including recruitment, supervision, team meeting minutes and training.
- Examination of staff rota's, including timesheets and call logs.
- Examination of a range of documentation pertaining to the service, such as the statement of purpose, accident and incident reports and policies and procedures.

We are committed to promoting and upholding the rights of people who use care and support services. In undertaking this inspection we actively sought to uphold people's legal human rights.

<https://careinspectorate.wales/sites/default/files/2018-04/180409humanrightsen.pdf>

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	Cariad Domiciliary Support Services LTD
Responsible Individual	Kari Bailey
Date of previous Care Inspectorate Wales inspection	This is the first inspection of this service since it was approved under RISCA
Dates of this Inspection visit(s)	02/07/2019 & 03/07/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	The service is working towards this.
Additional Information:	

Date Published 21/08/2019