



Care Inspectorate Wales

Care Standards Act 2000

Inspection Report

Let Me Be Me Ltd.

FERRYSIDE

Type of Inspection – Full

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Summary

About the service

The service is registered with us, Care Inspectorate Wales (CIW) to provide domiciliary support service for adults (aged 18 years and over) living in their own home in West Wales.

This was the first inspection post-registration.

The responsible individual is Patricia Kathleen Weeden.

What type of inspection was carried out?

This was the first full inspection post-registration looking at the three themes as detailed later in the report. The 'environment' theme is not relevant to domiciliary care agencies other than checking that the office is suitable to operate the business from.

We visited the main office and made further arranged visit to a person receiving the service.

We looked at the following to inform our findings:

- Discussion with the responsible individual and manager obtaining information about the operational procedures.
- A visit to persons receiving the service obtaining feedback from their relatives and also looking at their service delivery files.
- Speak to two staff members in private.
- Look at samples of staff files to see evidence if thorough recruiting procedures are being adhered to and that training and supervision are provided.
- Audit and quality reviews of the service.
- The Statement of Purpose.
- Service User Guide.

What does the service do well?

The service has put in place the organisational structure to deliver a safe and person centred provision that maximises the well-being of people receiving the service.

What has improved since the last inspection?

As this is the first inspection, this is not applicable.

What needs to be done to improve the service?

We suggested implementing the following, especially as the service develops and increases its provision:

- To have colour identification photos of staff on their files.
- Undertake observational practice supervision.
- Have formal staff meetings.

Quality Of Life

The service is committed to providing a person centred service tailored to individual needs and preferences, and we saw that this was the case. Autonomy and choice is encouraged. Staff work alongside professionals to maximise understanding so that people are enabled to make choices about most aspects of their life and how they choose to spend the day. During our visit we saw people choosing afternoon activities and we were told that communication had improved through the use of various methods of communication. We also saw that meal choices were being offered.

The service delivery plan was comprehensive, providing all the necessary information for staff to care for people effectively under headings such as “a little about me”, “likes and dislikes” and “things that are liable to upset me”. Health issues, and how best to manage these, were documented indicating actions to be taken and “outcomes to be achieved”. We saw evidence that there is a close working relationship with health care professionals and that specific health management plans, completed by a health care professional, were being adhered to and formed part of the service delivery plan. Guidelines on ‘eating and drinking’ were provided for staff. The plan addresses all aspect of peoples’ needs during the day and night, including cultural, spiritual and religious needs and sets out the desired outcome. We found that these documents were being reviewed as they were dated and signed by staff and formed part of the monthly auditing.

Management and staff practice in a way that maximises the person’s well-being and promotes their safety. We saw that detailed documentation, such as body maps were being completed when any injuries or skin lesions were detected. We saw that staff were taking advice and direction from specialist health professionals such as ‘speech and language therapist’, benefitting people receiving a service. Risk assessments were being reviewed regularly and signed and dated by the responsible individual and manager. Details from the ‘daily records’ informed the monthly overview spreadsheet completed by the responsible individual. This identifies triggers when people become unwell and enables staff to apply preventative measures promptly. A document to be used in an emergency called a “Grab sheet” provides crucial information. Various checks are being done and recorded to safeguard people, such as the temperature of the environment where medication is stored and the temperature of the fridge where food is kept. Upon handing over from one staff shift to another a checklist is being completed of the medication count, petty cash and the money to pay for food and fuel. This is signed by two members of staff and is audited by management.

Quality Of Staffing

The service is making every effort to safeguard people. We saw evidence that appropriate checks had been undertaken prior to staff commencing employment. The service recruits staff who have obtained relevant qualifications and experience in care but the agency's 'statement of purpose' states that consideration would be given to employ staff who may have the right qualities and are committed to work towards completing formal training.

Sufficient training is provided for staff enabling them to provide the best possible care. We saw evidence that staff had received a range of relevant training such as; safeguarding of vulnerable adults, administering medication, first aid, food safety, moving and handling, epilepsy, positive behavioural management, diabetes and intensive interaction. Some staff had received training in autism and some were due to attend training the following day. We noted that the due dates for refresher training in the above topics had been highlighted indicating that management are robust in their approach towards ensuring that staff are adequately trained.

We saw that staff files were organised, containing all the necessary information but we suggest having colour identification photos of each staff member on their file. Documents were seen to have been signed and dated by both parties including records of supervision. We saw that these were comprehensive, had been completed regularly and addressed issues from the previous supervision records. We suggest that management also undertakes observational practice supervision.

Quality Of Leadership and Management

The responsible individual and manager are enthusiastic about the quality of the service and outcome for people. They are responsive to recommendations for improvements. From the discussion had with both the responsible individual and the manager we concluded that the service is striving to maximise people's well-being as detailed in the objectives set out in the organisations 'statement of purpose'. This document sets out the level of qualifications, induction and ongoing training provided for staff and the measures taken to safeguard people receiving their service. The terms and conditions of service are also provided. We saw that the 'service user guide' document, updated on the 18/11/18 was available in people's service delivery files. This was seen to be presented in an appealing format using large font words including information such as the support people can expect and how to make a complaint. The document gave the person receiving the service and their family information about how the service supports and safeguards them, and the organisations responsibilities for the health and safety of their staff. The documents are not yet available in Welsh, or in pictorial format but we were told that this could be arranged.

People can be assured that the service has a robust operational structure in place. All documents and files were well formatted and organised. Policies and procedures such as in relation to the giving of medication, complaints, management of records, whistleblowing and duty of candour, supporting individuals to manage their monies were available. As mentioned previously, the responsible individual scrutinises and audits record keeping document. She also completes quarterly satisfaction surveys obtaining views about the service from relatives, staff and health care professionals. We saw the returned feedback were all positive. Quarterly reports completed by the responsible individual on the 1/7/18 and the 27/9/18 were signed and dated on all pages by the responsible individual and manager evidencing that both were confirming their accuracy.

Feedback from people that we spoke to were all positive. A relative told us "*it really couldn't be much better*". Staff told us that the responsible individual and manager listen and value staff opinion. They also told us that "*excellent training is provided*", that the manager is "*first class*", "*always welcoming suggestions*" and responsible individual is "*always approachable*".

We concluded that the way the agency is being managed is having a positive effect on people receiving a service.

Quality Of The Environment

The quality of the environment does not relate to domiciliary care other than checking that the main office is suitable to operate the service from, and we found that this was the case.

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.