

Inspection Report on

Safe Haven Domiciliary Ltd

8 Meyrick Street Pembroke Dock SA72 6UT

Date Inspection Completed

01/03/2021

Welsh Government © Crown copyright 2021.

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: <u>psi@nationalarchives.gsi.gov.uk</u> You must reproduce our material accurately and not use it in a misleading context.

About Safe Haven Domiciliary Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	Safe Haven Domiciliary Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	09/11/18
Does this service provide the Welsh Language active offer?	This is a service that is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

The service, Safe Haven Domiciliary Ltd, is registered with Care Inspectorate Wales (CIW) to provide a domiciliary support service to people aged 18 and over in the West Wales area.

The responsible individual (RI) for the service is Judith Fletcher. A manager is in place who oversees the daily operation of the service and who is suitably qualified and registered with the workforce regulator, Social Care Wales (SCW).

People using the service, and their relatives, told us that the provision of care and support is good. They spoke positively about the relationship they have with care and office staff and said that they receive a service which meets their needs. Care staff report that they feel supported in their roles and that they are provided with sufficient supervision and training for them to carry out their work effectively.

Well-being

People benefit from a service which offers them a sense of reliability, familiarity and belonging. People are cared for by staff who know them and are able to anticipate their needs and preferences. People, family members and care staff spoke of a mutually positive relationship which has been built up over time and in which any concerns or issues can be readily discussed and responded to. People receive care and support which maintains their well-being. People's support needs are detailed within personal plans. People benefit from positive relationships with care staff and are overall complimentary about the care and support they receive. People told us they are well looked after.

Policies and procedures are in place to protect people. People said they were comfortable and happy with care staff and family members told us that people felt safe and confident when using the service. Care staff are aware of the service's safeguarding policy and procedures and could describe the measures they would take if they suspected abuse in any form. People's support needs are detailed within their personal plans and individuals and their representatives are involved and consulted in decisions relating to their care. Care staff told us that they had plentiful supplies of personal protective equipment (PPE) and had been trained in the way in which this should be used. We were told of how the management carry out regular 'spot checks' and that instances where this had not been happening had been promptly identified and addressed.

Care staff are appointed after completing a recruitment and induction process, receive regular supervision and are trained in order to carry out their work safely. The training matrix evidenced that the majority of care staff had received up to date training in mandatory areas, including Moving and Handling, Safeguarding, Food Hygiene, Infection Control and Medication Management. The RI told us that the training provision had in some instances been affected by the Covid-19 pandemic, for example, she would have followed up online training in medication by a personal session to ensure that care staff had fully understood the training and to establish competency in this area prior to the pandemic. The RI intends to re-establish this practice as soon as safely possible. The matrix highlighted instances where training was required, or would be required shortly, and indicated that this had been scheduled.

Care and Development

We received positive feedback from people about care staff and the overall service they receive. People are cared for by staff who know them and who anticipate their needs. Care staff are therefore able to note any changes to people's health and care needs early, enabling them to respond quickly. Care plans are informative and indicate people's individual preferences around how they wish their care to be delivered. Discussion with people indicated that they had been consulted about, and contributed to, their plans of care. Care records and discussion with people and care staff show that referrals to health and social care professionals, such as GP, community nurses and social services are made promptly. Many of the care staff have worked at the agency for some time and have built up a good knowledge of people who use the service. Care staff are therefore able to note any changes to people's health and care needs early, enabling them to respond quickly. People and their family members told us that they had developed a good relationship with the care staff and that they are confident and relaxed in their company.

People receiving care, and their relatives, have positive relationships with care staff and with the manager. We were told that, overall, communication is good. Care staff told us that they are advised on what they need to know about in order to provide good care, as well as being able to share any concerns or queries back to the manager. Daily notes are consistently completed and any issues are highlighted appropriately to the manager. We saw that daily notes had been recorded to a good standard, giving an informative account of the care provided and of the well-being of the individual. A discussion with the RI and the manager demonstrated that they had a good knowledge of the people they support and of their needs.

People feel safe and are protected from harm. Care workers we spoke to understood their role in protecting people and were aware of how to report any concerns. Policies and procedures are in place to ensure care staff maintain people's safety and well-being. We saw that care staff are safely recruited, are regularly supervised and trained. People and family members told us that they would have no hesitation in reporting any concerns they might have to care workers or to the manager and were confident they would be acted upon.

Care staff told us that they had been trained in the effective use of personal protective equipment (PPE) during the COVID-19 pandemic and that plentiful stocks are available to them. Care staff said that they are told and understand the requirements of PPE and people receiving care told us that have confidence in care staff coming into their homes because they follow these requirements.

Leadership and Management

The responsible individual (RI) has oversight of the service. She works closely with the manager and spends significant time at the service. Both the RI and manager described a good working relationship. The RI and the manager demonstrate a good knowledge of the people who use the service and the care staff who work there. There is a clear management structure in place with the manager and senior staff reporting information back to the RI. The manager is supported in her role by the RI. The RI told us that staff supervision is something that is being focused on at the present time and that, despite the challenges caused by the Covid-19 pandemic, supervision of care staff is up to date.

People receive regular call times. Discussions with people who receive a service and their relatives indicated that they feel they receive a good standard of care and that their support is not rushed. The RI and the manager attend care calls when needed to relieve pressure on care staff and to enable people to receive their care in a timely way. Care workers are monitored via 'spot checks' and we saw records that demonstrate that such checks take place frequently.

Care workers are appropriately recruited, vetted and trained. Relevant information was contained in the files of care workers. Care staff said that they felt well supported by the RI, manager and colleagues. Both formal and informal supervision take place regularly and care staff we spoke to told us that they felt well trained to carry out their roles effectively. Training records showed that the majority of care staff had undertaken training in all key areas such as Moving and Handling, Safeguarding, Medication Management, Infection Control and Food Hygiene. We were told that online medication training is provided to care staff and that, prior to the onset of the Covid-19 pandemic, this had been supplemented by personal follow up training and assessment by the RI. We viewed a sample of medication recording sheets and noted that they had been completed appropriately. The RI stated her intention to ensure that, on the occasions when medication is not administered, care staff consistently record the reasons for this.

The RI and the manager are both very present within the agency and staff commented that they are approachable. Feedback from people, their family members, representatives and relevant stakeholders is gained from questionnaires and discussions. These are used to inform and review the quality of care provided and to make improvements. Spot checks on how the service is being carried out take place regularly. We were told of an instance where poor practice regarding the proper use of personal protective equipment was recognised quickly and immediately rectified, thereby ensuring the continued safety and well-being of people using the service.

Areas for improvement and action at, or since, the previous inspection. Achieved

Areas for improvement and action at, or since, the previous inspection. Not Achieved		
None		

Areas where priority action is required	
None	

Areas where improvement is required	
None	

Date Published 08/06/2021