



Inspection Report on

Swansea Tenancy Support

**Gofal
Beaufort House
Plasmarl Industrial Estate Beaufort Road
Swansea
SA6 8JG**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

23/07/2019

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Description of the service

Swansea Tenancy Support (previously known as Gofal Cymru) is a domiciliary support service. They provide care and support to people who are 18 years and over with mental illness, acquired brain injury, learning disability and /or a physical disability living in their own homes in the Western Bay Regional Partnership area. This service provides domiciliary support within a tenancy support service in the Swansea area.

The registered provider is Gofal Cymru, and the responsible individual is Ewan Hilton. There is an experienced manager in post, who is registered with Social Care Wales.

Summary of our findings

1. Overall assessment

People receive a good service from Swansea Tenancy Support. People are encouraged to make choices and decisions whilst protected from harm. Care workers are motivated, well-trained, and committed to making a difference to people's lives. This is achieved through promoting independence and understanding people's individual needs.

We saw people are actively encouraged to access the wider community supported where appropriate by staff. Ensuring people maintain a healthy lifestyle forms a key value within the home and was demonstrated throughout the inspection. The management team promotes a culture of openness, flexibility, honesty and candour at all levels.

2. Improvements

There were no recommendations made or non-compliance issues identified at the last inspection.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service, these include:

- Introducing one page profiles into the files of people using the service.
- To review the current safeguarding policy to include a simple staff reporting procedure for staff to follow.
- To update the medication policy referencing Regulation 60 reporting requirements.
- To ensure all staff have access to an annual appraisal.
- To ensure the statement of purpose and service users guide is made available in Welsh.

1. Well-being

Our findings

People are able to speak for themselves and contribute to the decisions that affect their lives. The management team ensured everyone who used the service were fully aware of what it provided. People were provided with a guide to services, which included information on how to raise a compliment or concern. We found people were consulted on the support being provided, and were active participants in the development and review of personal plans. People were positive about the service and how it had made a difference to their lives. Comments included *“I have been using the service for 5 years and it’s very good”* and *“I am involved in my support of which staff always discuss with me”*. Therefore, the rights and entitlements of people are actively promoted within the service.

The service promotes the health and wellbeing of people. We saw the service was part of a multi-disciplined team, which included a range of health and social care professionals supporting the physical and mental health of people. Personal plans evidenced that people were being supported by care workers to improve their health and wellbeing. People were actively directing their support. Personal plans demonstrated the difference the service had made to their lives. Such information was recorded using the “Independent Living Star” template; this model described the support each person required to maintain their finances, tenancy support, a meaningful social life and occupation and healthcare issues such as substance abuse and personal lifestyle choices. This provided a visual guide for people to gauge their progress against their own particular goals, and gave care workers useful information regarding the person’s perspective of their progress. A number of people whom we visited felt the support had improved their mental health and wellbeing. This, we were told, was through the encouragement of care workers in accessing the activities of which they had previously enjoyed. This included walking, shopping and visiting a local motorcycle dealership. People were also encouraged to be involved in a pool club every Wednesday, regular coffee mornings, sponsored walks and bus trips to places like Tenby. People, therefore, are as active and healthy as they can be.

There are clear systems in place to safeguard vulnerable people to whom the service provides care and support. We saw risks were identified as part of the initial assessment process and reviewed on a regular basis. They were reviewed in close consultation with the appropriate health and social care professionals. Safeguarding policies and procedures were aligned to current legislation, national guidance and local adult safeguarding procedures. We found overall care workers demonstrated good knowledge of the safeguarding process, but just needed to be reminded of the details of the Local Authority’s Safeguarding Team. Care workers knew the people they supported extremely well, what challenges they faced and what actions to take if people presented a risk to themselves or others. People who used the service told us they were *“respected and listened to”* by care

workers who provided their care and support. Therefore, people are safe and risks to their health and wellbeing minimised.

2. Care and Support

Our findings

People can feel confident there is an accurate and up to date plan for how their care is to be provided in order to meet their needs. In checking two files we found care planning documentation to be well organised. We saw assessments reflected the information stated in care and treatment plans completed by the local authority. 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, we felt a simple one-page profile of people would be useful. This would provide care workers with a useful overview of the person, including what is important to them, and how best to support them. People who received the service told us they felt their views were always considered. This was also evident through personal plans signed by the person and the care worker. We saw the goals/ aspirations of people were realistic and clear, and regularly reviewed with the individual receiving support. Therefore, overall there is good detail to inform and enable staff to meet the individual's care and support needs in supporting them to achieve the best possible outcomes.

People receiving the service are safe and as far as possible protected from risk of harm. We saw any risks to both staff and people accessing the service were discussed in detail in both team and supervision meetings. We found risk assessments were detailed and tailored to the needs of the individuals to which they referred. We saw any risks to people were recorded, and clear guidance provided to care workers to follow. Care workers all received safeguarding training as part of their initial induction process, and updates provided when appropriate. The management team maintained an open-door policy and maintained good channels of communication with staff, people and their relatives. Care workers were clear on risk management procedures, and referred to trigger points and how to minimise risks. Areas such as lone-working were well managed. This was through a lone-working board, where staff contacted the office on entering and exiting people's homes. There was also an on-call service for staff to access outside of normal working hours. 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 plans highlighted the medication people received and were accurately recorded. Care workers had regular training in the management of medication, and a policy was available which provided guidance to staff. We found care workers to be clear on their responsibilities in relation to medication. This was generally prompting and ensuring the safe storage of medication. We saw regular audits of the medication administration records, which were signed by two members of staff. Therefore, there are safe systems in place for medicines management.

3. Environment

Our findings

The quality of the environment theme is not inspected as part of a domiciliary care inspection, as care is provided in the service users' homes. However, we made the following observations.

The offices facilities were of an appropriate standard. They provided good space for people to work and provided training facilities and meeting rooms. There was sufficient parking available for both staff and visitors. We can confirm that the registered office is appropriate for the needs of the service and that there are lockable filing cabinets for the secure storage of care files and staff information.

The office was welcoming and friendly. We saw care and support staff using the office facilities for advice and guidance, which was provided in a professional manner.

4. Leadership and Management

Our findings

The service provider has arrangements in place to support the smooth operation of the service. We found the management team to be going through a period of change. This we were told would result in a change to the direct operational management of the service due to the promotion of the current manager. This would be confirmed once the new manager had completed the Qualifications and Credit Framework (QCF) Level 5 and registered with Social Care Wales. This period of change did not appear to be having any negative impact on people who used the service. People referred positively to the service they received saying, *"it's a very good service"* and *"they are very kind"*. We found senior staff within the service to be approachable, organised and were available throughout the inspection. All information requested was promptly provided. Staff were complimentary on the management team and the support provided. Comments included *"it's a positive and supportive place to work"* and *"managers are very approachable and flexible"*. However, a number of staff felt stability was now needed in the management team due to recent changes.

We found a relaxed, friendly but professional atmosphere in the office. Management were seen to be accessible and supportive to staff. They also demonstrated a good understanding of the care and support needs of people who used the service. We saw key documents such as the statement of purpose and written guide accurately described the service being provided. However, these were not available in Welsh at the time of the inspection. We saw a clear structure to team meetings right through to the Board of Trustees; this demonstrated great importance placed on communication at all levels. Managers referred positively to the responsible individual, and told us they felt well supported and able to access support at any time. The responsible individual had audit systems in place to ensure the quality of service was being monitored and maintained. Therefore, the service provider has good arrangements for the oversight and governance of the service in order to embed a culture that ensures that the best possible outcomes are achieved for individuals using the service.

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 appropriate levels of care and support. We found a highly motivated team of staff that brought a wide range of knowledge and experience into the service. A number of staff had worked within the organisation for a number of years, and provided good support and guidance to newer members of the team. This was because a new staff member told us they had been provided with good levels of support by their colleagues throughout their induction. They had also spent a significant period shadowing experienced team members. People who used the service were highly complimentary of staff saying, *"they are very supportive"*.

People told us they were always introduced to any new care workers. One also requested female care workers only. This was immediately put in place by the service, and stated in documentation.

We inspected three staff personnel files. We found all were well-organised and showed good recruitment and induction processes were in place. Records showed that care workers had one to one supervision with their line manager on a six-weekly basis. Supervision records evidenced training, caseloads and personal development were discussed in detail and goals set. This was confirmed in discussions with care workers. We saw care workers had access to good training on an ongoing basis. This was both in-house and externally arranged. However, annual appraisals had not been carried out over the last two years. This was discussed with the manager, and arrangements made to ensure all staff had an annual appraisal by the end of September 2019. 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.

The service has quality assurance processes in place to ensure a quality service is being maintained. The service had recently been re-registered under the Regulation and Inspection of Social Care (Wales) Act 2016. We saw the responsible individual had systems in place to ensure they were fulfilling their responsibilities. This included monitoring reports and a newly developed quality of care report template, which will be used on a six-monthly basis. We saw care plan reviews and medication audits. The manager told us they carried out staff monitoring as part of their quality assurance processes, but did not record this. There was also a “quality policy and procedure” which referenced how services were going to be monitored. However, we felt this policy required further clarity, on ensuring all elements of quality monitoring were referenced.

We saw staff meetings were held regularly giving staff the opportunity to discuss service delivery and to keep up to date with developments in the service. We saw a range of policies and procedures were made available to staff, and reviewed on a regular basis. However, we recommended that additional guidance was provided to staff in relation to reporting any safeguarding concerns. This would include contact details for external agencies. In addition, reference to regulatory reporting procedures (regulation 60) was required in the medication policy/ procedure if an error resulted in significant harm to the person. We conclude that the service has systems and processes in place to monitor, review and improve the quality of care and support, but these could be better coordinated.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

None

5.2 Recommendations for improvement

We recommend the following:

- Introducing one-page profiles into the files of people using the service.
- To review the current safeguarding policy to include a simple staff reporting procedure for staff to follow.
- To update the medication policy referencing Regulation 60 reporting requirements.
- To ensure all staff have access to an annual appraisal.
- To ensure the statement of purpose and service users guide is made available in Welsh.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. The inspection was carried out over two days. The office inspection was carried out on 22 July 2019 between 9:30a.m and 4:00p.m. A number of visits to people who used the service were undertaken at various times on the 23 July 2019.

The following methods were used.

- We made one announced visit to the registered office of the service.
- We spoke to members of the management team.
- We spoke to six care workers.
- We visited four people in their own homes.
- We looked at a wide range of records. These included the staff training and recruitment records, quality assurance documentation, policies/ procedures and two people's 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 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	Gofal Cymru
Manager	Elizabeth Mander
Date of previous Care Inspectorate Wales inspection	24/11/2017 and 27/11/ 2017
Dates of this Inspection visit(s)	22/07/2019
Operating Language of the service	Both
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 intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.
Additional Information:	

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