



Inspection Report on

Shaw Support Services Ty Bryngoleu

**Ty Bryngoleu
Aberfan
Merthyr Tydfil
CF48 4PT**

Date Inspection Completed

19/09/2019

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Description of the service

Shaw Support Services is a domiciliary service that provides support for up to 43 people aged 18 years and over, in four supported living settings. The service can provide care and support to older people, people with physical disability or sensory impairment, substance misuse issues, learning disability, dementia, or mental ill health. Currently, the service primarily supports people with mental ill health. The service provider, Shaw Community Living (SLS) Limited, has a Responsible Individual for oversight of these services.

The offices of Shaw Support Services are based in one of the supported living settings, Ty Bryngoleu. Services are also provided three other supported living schemes, which are situated across Merthyr and Brecon.

Summary of our findings

1. Overall assessment

Shaw Support Services provides a range of domiciliary support packages to people living in four supported living schemes. The support provided is tailored to the individual, their needs, and their capacity for independence. The oversight and ongoing review of care and support needs is thorough and detailed. The management structure is clear, support workers report they feel happy in their roles, and the people receiving support appear comfortable and happy with those workers. The service provider employs a number of quality assurance methods and is open to the ongoing development of the service. Some recommendations have been made regarding updating and streamlining paperwork held in the office.

2. Improvements

This is the first inspection carried out following re-registration under Regulation and Inspection of Social Care (Wales) Act 2016.

3. Requirements and recommendations

We did not find any areas where the service was failing to meet its regulatory requirements. We made some recommendations to streamline paperwork being held. Further information about this can be found in section five of this report.

1. Well-being

Our findings

People are given opportunities to be consulted with, and voice their opinions on, the support they are being provided.

Information about the service is made available. There is a Statement of Purpose, which is reflective of the service being provided and explains the nature of the care and support packages. The manager also told us that all documentation can be provided in Welsh. We spoke with one person who told us they were a representative for tenants, and we saw minutes of monthly tenants' meetings. People receiving support had signed their service delivery plans and risk assessments, and if they had not signed, the reason was clearly noted. We saw interactions between people receiving support, and a variety of staff including members of the service provider's management team. We found these interactions to be warm and friendly, and people receiving support appeared comfortable and calm to talk about a variety of subjects. People we spoke to, in all three supported living schemes we visited, gave us positive feedback, telling us; *"I love everyone here, but X is my favourite, we have fun"*, *"The manager here is very good"*, *"they [the support workers] sort my flat out, I like to help them"*.

Therefore, we conclude that people receiving support have the opportunity to, and are encouraged to, discuss and make contributions to the care and support being provided to them.

Support workers enable people to pursue independent and community activities, and maintain relationships with those they choose.

We saw evidence that people have support time allocated for 1:1 activities. Support workers also organise and advertise group activities such as cinema trips or day trips. People can sign up to these activities as they wish. One person we spoke to during our visit was going out shopping and to have a meal with a support worker, which they were looking forward to. We also spoke to a person who told us they were in a relationship, which support workers knew about and helped them to maintain. One support worker we spoke to explained that they had open conversations about the relationship which provides emotional support to the person, but also helps them to be safeguarded if needed. We were told by team leaders in one of the supported living schemes that a number of people go to stay with friends and family at weekends or for short breaks, and their care packages were flexible and adjusted to accommodate this.

Overall, we conclude that people are encouraged and given opportunities to socialise, pursue interests and feel valued as a person in the relationships they hold.

The service promotes the safety and wellbeing of people by identifying risk of harm and responding appropriately.

We spoke to a staff member who was able to tell us how they may identify risk of harm or abuse, measures they would take to minimise that risk, and how they would report it to relevant agencies. All staff members had received safeguarding training or were due to attend a refresher course. There were safeguarding and whistleblowing policies available for all staff members to consult, outlining the process for reporting concerns. All support workers we spoke to told us they would be happy to discuss any issues or worries they had about people's safety with their line manager.

Therefore, the evidence suggests that people can feel safeguarded and risks to their wellbeing are monitored and minimised where possible.

2. Care and Support

Our findings

People can be confident that all people involved in their care have accurate and detailed information on their needs and the support they required.

The service compiles comprehensive monthly reviews from analysis of daily records, appointments with health professionals and activities. We were told these reviews are shared with care co-ordinators or the community mental health team as required. We also saw evidence of regular and detailed communication between staff at the service and other professionals to promote multi-agency working. Support workers attend appointments with people if this is required. Service delivery plans and risk assessments were detailed and had clear directives for when and how intervention may take place. These were amended following the monthly review reports if it is determined that there is a change in need or service delivery. Team leaders we spoke to, informed us that any changes or updates to care delivery were added to staff handover and communication book for a week. This allows all support workers to have sight of the new information. We saw that people had care documentation, and medication administration records, in their flats for their own reference and for update by support workers during their calls. People we spoke to appeared to have an understanding of their care and support packages, how they were organised, and the roles of different staff members in the service they received. Therefore, we conclude that the service provider closely monitors support packages for changes and communicates these to appropriate agencies quickly and comprehensively, promoting people's understanding of their needs, their health and wellbeing.

Medication administration is individually risk assessed to promote people's independence whilst minimising risk of mismanagement.

We found there to be a wide spectrum of people's capability to administer their own medication safely. We were told by a team leader that the majority of people are administered medication by support workers and store the medication in their own flats. In one of the supported living schemes, we found that when people are at risk of mismanaging their medication, their medication was not stored in their flat, but stored in the office of the scheme, with their permission. Medication Administration Records (MARs) we sampled showed no issues with recording both constant and PRN (as required) medication in appropriate detail. Controlled drugs and antipsychotic medication both also appeared to be stored, administered and recorded safely. We were told that some people had medication administered in outpatient clinics, and the service provider liaised with health professionals on the efficacy of these medications. Self-medication competency assessments were completed to develop people's knowledge and ability to manage their own medication as an ongoing process of furthering their independence.

Overall, we found a complex system of individual medication management plans to be well organised, and therefore medication administered safely and as prescribed to maintain people's stable mental and physical health.

3. Environment

Our findings

As people hold their own tenancies in the supported living schemes to which Shaw Support Services provides care and support, we do not consider the environment as part of our inspection. However, we found the office premises of the service to hold personal information of staff and people receiving support in a secure and appropriate manner.

4. Leadership and Management

Our findings

All staff members are robustly recruited, vetted and supported to promote professional development and standards of care.

We examined a sample of three staff personnel files from each of the supported living schemes we visited. We found all the required recruitment information, and when an application form was not in the file, a member of the HR team was able to quickly access it. We reminded the manager that certificates of Disclosure and Barring checks are to be returned to the staff member, not kept on file. We spoke to six support workers who all told us that they felt well supported and had a number of opportunities to discuss any issues or concerns they had. We saw evidence of three monthly supervision of support workers, which held thorough discussions about current performance and also areas of professional development. The support workers also told us that they felt they had good training in a number of different areas relating to the needs of the people using the service. We saw evidence of both mandatory and specialist training opportunities, although the recording of these could be improved to ensure the manager is alerted when training is due to lapse. We conclude that the service provider has crafted a well-trained and well developed staff team who feel supported in their roles.

People can be confident that the service provider makes information available to all stakeholders, and has processes in place for ongoing monitoring of the quality of the service.

The service provider is an organisation which has its own internal quality monitoring team. This team conduct their own visits and collate information from audits of documentation and feedback from stakeholders to produce action plans identifying how to make any necessary improvements. We spoke with a member of the quality team who told us they found this service to be stable and consistent in the high standard of care and support being provided. As part of assessing the quality of the service, feedback is requested from the people receiving support, but also other professionals and agencies involved in the delivery of care. The Responsible Individual had conducted visits as required by regulations. We also saw minutes of higher management meetings, which included oversight of all the services held by the provider across the United Kingdom. These minutes largely referenced the regulatory body in England, and so we recommended that CIW be more clearly referenced when addressing services in Wales. There is a current Statement of Purpose outlining the service, which required minor update to accurately reflect the current supervision of staff. The Statement of Purpose is publicly available, and reflected in the service delivery contracts agreed by people receiving support. There were a number of policies that informed all staff members of the expectations and procedures to follow in a multitude of circumstances. We noted that the organisation holds a set collection of policies in all services, and suggested that these could be separated, so that staff members have easy access to only the policies relevant to the service in which they work. Overall, people are well informed about the service. There are robust structures and processes utilised by the service provider to commit to providing high quality care and support, to the benefit of those receiving it.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

This is the first inspection carried out following re-registration under Regulation and Inspection of Social Care (Wales) Act 2016.

5.2 Recommendations for improvement

We made the following recommendations for ongoing development of the service:

- DBS certificates are to be returned to the worker, not kept on file
- Training matrices to be accurately updated
- The Compliance manager's meeting minutes to make reference to CIW regulations applicable to services in Wales
- The policy folder has policies that are only for services in England, and also ones that are only relevant to nurses- consider removing from the file to enable staff to easily access relevant policies.
- Amend the Statement of Purpose to reflect that supervisions are completed 3 monthly

6. How we undertook this inspection

We completed a full, announced, inspection as part of our routine inspection schedule. We visited the main office of the service, and two other supported living schemes that receive support services, on 19 September 2019 between 09:00 and 17:00.

The following methods were used.

- We visited three of the four supported living schemes to which Shaw Support Services provides a service;
- We made observations of support workers and people using the service;
- We spoke to the manager of Ty Bryngoleu, and three members of the organisation management team;
- We spoke to eight support workers;
- We spoke to six people using the service;
- We sampled three people's care documentation;
- We sampled three staff personnel files;
- We looked at a wide range of organisational records. These included staffing rota, staff training and recruitment records, quality assurance documentation, policies/ procedures;
- We examined the Statement of Purpose and compared it with the service we observed.

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

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	Shaw Community Living (SLS) Limited
Responsible Individual	Liam Scanlon
Date of previous Care Inspectorate Wales inspection	First inspection completed following registration under Regulation and Inspection of Social Care (Wales) Act 2016
Dates of this Inspection visit(s)	19/09/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	Yes- all documents can be provided in Welsh
Additional Information: 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.	

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