



Inspection Report on

St Helens Domiciliary Care Ltd

**Unit 3 Hatherleigh Place
Union Road West
Abergavenny
NP7 7RL**

Date Inspection Completed

26/04/2022

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About St Helens Domiciliary Care Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	St Helens Domiciliary Care Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	This was the first inspection following re-registration of the service.
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.

Summary

Personal plans of care are person centred, detailed and provide guidance for staff to follow. Due care and attention is required to ensure inaccurate and old information is removed from plans during review. Care staff have a very good knowledge of people and are, therefore, able to notice any changes quickly and respond promptly. People have control over their own lives and are able to make their own choices as far as possible. People remain as healthy as they can be due to timely referrals to healthcare professionals. Improvements in the administration of medication is required. Care staff are provided with the necessary support and development to perform their role and feel valued by management. Evidence of identity checks and screening checks for staff require improvement. Governance arrangements are in place that support the operation of the service.

Well-being

People do things which matter to them and they enjoy. Care staff build relationships with people by spending purposeful one-to-one time with them, and seek their views and preferences on an ongoing basis. Personal plans of care highlight people's preferences, likes and dislikes. Care staff are encouraging, kind and available to assist people to do what they want to do. People are encouraged by care staff to have a routine and get involved in activities. Suitable systems are in place to support people to visit and have visits from their family and friends. Support is provided to access community events, attend social events with family and friends.

People are supported to remain as healthy as possible. Care staff encourage people to make healthy food choices. For those people who need support with eating and drinking, care staff ensure assistance is provided. People have developed good relationships with care staff whom they know well and this helps to support people's well-being and emotional health. Appointments with health and social care professionals are arranged for regular checks or if individual needs change. We observed positive, humorous interactions between people and care staff and management.

There are measures in place to safeguard people. Appropriate risk assessments are in place where required according to individual needs. Identified risks to people are managed and monitored so they are supported to stay safe and their freedom respected. Care staff know what to do if they are concerned about someone, were familiar about the types and indicators of abuse and told us what action they would take. Management are approachable and ensure care staff are supported and trained in safeguarding and other areas to reduce the risk of harm, for example, manual handling and first aid.

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. Preferred language to receive care and support is asked during assessment. The service has two staff members who are fluent Welsh speakers. The provider can offer key documents in Welsh if requested.

Care and Support

People's care is delivered in a way that protects, promotes and maintains their safety and wellbeing. People we spoke with are positive about the care they receive. One person said, *"happy with the help I get"* and another said, *"staff help to motivate me"*. Relatives are very complimentary about the service. They told us that the staff and management are very approachable. One family member said, *"I am delighted with the standard of care provided"*.

Personal plans are individualised and set out what is important to each person. Plans contain information about the best way for staff to support individuals. These include detailed daily routines, activities enjoyed and how people express their feelings. Also include how to support people safely if they demonstrate agitated or challenging behaviour. Where there are necessary restrictions in place made in people's best interests to manage their safety, these appear proportionate.

Regular monitoring of personal plans serves to identify any change in a person's needs. Evidence to demonstrate care provided is planned and designed through consultation with people, their families and professionals is required for each person. Plans of care are reviewed by the manager. Plans should be reviewed as and when required but at least every three months. The Statement of Purpose (SOP) and Service User Guide (SUG) require updating to reflect these timescales. Two plans we reviewed contain inaccurate and old information, which are not relevant to the people being supported. This is an area for improvement, and we will follow this up at our next inspection.

People can access the necessary health services to maintain their health and wellbeing. This includes access to GP services. We saw individuals have been referred to other healthcare professionals as and when needed. We saw detailed eating and drinking plans, including support to maintain a healthy diet. Staff interact with people in a natural friendly caring and compassionate manner. It is apparent that staff know the people they care for well and their likes and preferred choices.

There are systems in place to manage people's medication. Service medication policies and procedures are up to date and in line with current medication legislation. There are secure arrangements for storing medication. Care staff receive training in medication. We reviewed one person's medication administration records (MAR's). The daily count of medication was inaccurate for an eight day period. Amendments to the MAR sheet did not show who had made the alterations. This is an area for improvement, and we will follow this up at our next inspection.

Leadership and Management

Governance arrangements are in place that support the operation of the service. The model of care documented in the service's statement of purpose and service guide reflects the support provided. A range of comprehensive policies and procedures are in place to support the delivery of care, which are kept under review. There have been no formal complaints recorded in the last 12 months. Reports evidencing regular visits to the service by the Responsible Individual (RI) are available. They show discussions with people receiving a service and care staff and identify any areas for improvement. The RI is a regular presence at services and delivers hands on care and support when required.

We found sufficient staff numbers to support people receiving a service. Members of the management team supplement the staff team when necessary and cover shifts. Staff told us that they feel valued and well supported in their roles and spoke positively about their employment. All mentioned how "*well supported*" they felt by the management arrangements in place. The RI and management team are approachable and lead by example in running the service.

Staff recruitment processes require improvement. Staff files reviewed on inspection did not contain all required reference checks, documents confirming identity or employment history. This is an area for improvement, and we will follow this up at our next inspection. All staff have a current disclosure and barring service (DBS) check in place.

Newly appointed care staff receive an induction and all staff employed receive regular training. Staff are provided with necessary support and development to perform their role. Supervision records confirm care staff receive regular, individualised supervision. This one-to-one support provides opportunity for staff members to discuss any concerns or training needs they may have and for their line manager to provide feedback on their work performance. Care staff have the opportunity to attend regular team meetings to discuss the operation of the service and progress of the people they support. Care staff can contribute any ideas they may have.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
35	The provider did not ensure all required pre-employment information and documentation was held on staff files.	New

16	The provider failed to ensure that personal plans are kept under review, amended and developed to reflect changes in needs and outcomes for people.	New
58	The provider did not ensure medication administration records were completed accurately.	New

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