



Inspection Report on

Steddy Ltd

**Steddy & Associates
Trewsfield
Tondu Road
Bridgend
CF31 4LH**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

21/04/2023

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About Steddy Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	Steddy Ltd
Registered places	0
Language of the service	Both
Previous Care Inspectorate Wales inspection	28/07/2021
Does this service provide the Welsh Language active offer?	This service 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 operates in four regional partnership areas and has its office in Bridgend. This report covers the Cwm Taff Morgannwg (Bridgend) and Cardiff and the Vale areas of the service.

People and their relatives are happy with the support they receive from Steddy Limited. Person centred plans outline the care and support required. Risk assessments are undertaken and reviews are completed in line with regulations. Medication is administered and recorded appropriately. People feel they have a voice and are listened to.

Staff have access to core and specialist training and are sufficiently skilled to undertake their role. Recruitment practices are robust to ensure the suitability of staff. The service offers regular supervision and staff feel supported in their roles. Up to date policies and processes support good practices.

Auditing and quality assurance measures assist the service to run smoothly. Infection control guidance and Personal Protective Equipment (PPE) is available. The service is working towards providing a Welsh language offer with provision of Welsh language documents and some Welsh speaking staff.

Well-being

People are provided with opportunities to express their views and feel listened to. People contribute to their personal plans and have influence over decision making. The service completes regular reviews to ensure people are able to express their opinions and provide feedback on the service they receive. People have access to information about how to raise concerns and feel confident in raising any issues with the management team. The service is flexible and responsive to requests and people report both office and care staff are helpful and professional in their approach. The Responsible Individual (RI) completes three-monthly visits and consult with people around the care they receive.

The service supports peoples physical and emotional well-being. Personal plans recognise individual preferences, identify peoples care needs and any potential risks to their well-being. People feel staff treat them with dignity and respect and are familiar with their needs. Medication is administered as prescribed and stored safely. Care calls are undertaken in an unhurried manner and staff complete tasks in the way people like. Staff are confident in using PPE and report having easy access to supplies.

Systems are in place to help keep people as safe as they can be. Staff undergo recruitment checks to ensure they are suitable to work with vulnerable people. Up to date policies and procedures provide guidance to staff and support good practices. Care staff are aware of whistle blowing procedures and understand their responsibility to safeguard vulnerable adults. Routine training ensure staff remain skilled to undertake their duties. Quality assurance reports are completed to identify good practices and support ongoing improvements within the service.

Care and Support

People have positive relationships with staff and receive the right care, at the right time. Call monitoring records evidence calls are undertaken within scheduled times by a small and consistent team of staff. Feedback from people and relatives confirm staff are punctual and remain for the full duration of their calls. We were told office staff are easily contactable and helpful. People and relatives report care staff are knowledgeable about their routines and care is provided in a way they like. Comments include:

“We are really lucky the service is good”,
“The office are very supportive and easy to get hold of”,
“Everything is good” and “staff are a pleasure”,
“The service has helped my mother stay at home”,
“It’s been a positive experience staff are very good”.

Personal plans are of a good standard and are reviewed in a timely manner. We viewed a sample of personalised plans which outlined people’s individual needs and provided clear guidance around the care and support required. Risk assessments detail potential risks to self and others as well as strategies to mitigate these. The service maintains a range of supplementary daily records to monitor any changes in people’s health and well-being. Staff complete daily notes to record the support they provide during each call. Reviews ensure people remain satisfied with the support they receive and reflect any changes in people’s needs or circumstances.

The service manages medication effectively and infection control measures are in place. We viewed medication administration records (MAR’s) and found these to be accurate and fully completed. Staff receive medication training to ensure they remain sufficiently skilled to administer, store and manage medication safely and in line with peoples plans.

Environment

This theme does not currently form part of the inspection remit of domiciliary support services.

We found appropriate arrangements for entry and securely storing confidential information. The premises contained the equipment necessary for the management of the service. Personal information relating to people is stored securely, with files kept in a lockable facility and IT systems being password protected.

Leadership and Management

Procedures are in place to ensure staff are recruited safely and feel supported in their roles. We found recruitment files are in good order and contain all the necessary information. Care staff have the relevant qualifications and are registered with Social Care Wales. Staff report they are happy in their roles and feel listened too, they describe the management team as approachable and responsive. We spoke with several staff members who commented:

“I love my job”,

“I have never worked for such a supportive company”,

“They are fantastic”,

“When I ring the office, they are always pleasant and lovely”.

Staff told us they receive regular formal supervision as well as annual appraisals. Records and feedback from staff evidence supervision is offered on a regular basis. Sessions are used to discuss wellbeing, daily practices, and professional development. Staff told us they found supervision sessions beneficial and were comfortable in raising any issues or concerns.

The service has a programme of training which provides staff with the knowledge and skills required. Care staff we spoke with told us they receive the necessary training to meet the needs of the people they support. New staff undertake a period of induction as well as opportunities to attend shadowing visits with experienced colleagues. People using the service tell us they are confident staff are skilled and able to carry out their roles in a capable manner.

There are systems in place to monitor the quality of services provided. The management team has good oversight of the care provided to people through the use of spot checks, monitoring of call times, appraisals and auditing of documents such as daily records and medication charts. The provider has a clear set of up to date policies and procedures in place to support good practices around areas such as complaints, safeguarding, whistleblowing and medication management. Staff feedback confirm rotas are well managed and they receive sufficient times to travel from one call to another. The Responsible Individual (RI) completes three-monthly visits and consult with people around the care they receive. Six month quality of care reports are completed to consider the standard of services provided and reflect on any improvements required.

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
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N/A	No non-compliance of this type was identified at this inspection	N/A
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Date Published 20/06/2023