



Inspection Report on

Expanding Horizons Ltd

**Suite 3 Raglan House
Llantarnam Business Park
Cwmbran
NP44 3AB**

Date Inspection Completed

14 & 26 July 2022

26/07/2022

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About Expanding Horizons Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	Expanding Horizons Ltd
Language of the service	English
Previous Care Inspectorate Wales inspection	Manual Insert This is the agency's first inspection following registration under The Regulation and Inspection of Social Care (Wales) Act 2016.
Does this service provide the Welsh Language active offer?	Working Towards. The service 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

People using the service are supported to live independent and fulfilled lives. Individuals are enabled to make everyday decisions that affect their lives and supported with their physical and emotional health and wellbeing. They are safe and protected from harm and their relationships with friends and family are maintained. Staff are trained and developed to carry out their duties. People are complimentary of the staff and the services provided.

In May 2022, the responsible individual (RI) stepped down from this role whilst continuing to manage the service. An application for a replacement RI is currently being considered by Care Inspectorate Wales (CIW). The agency's Statement of Purpose (SoP) needs revision to reflect the changes within the organisational structure. To ensure people's voices are captured we identified the involvement of individuals and their representatives during routine reviews needs to be strengthened.

Well-being

People are supported to make everyday decisions that affect their lives. The agency promotes people's independence by encouraging individuals to take an active part in their life. Staff support individuals with their daily needs such as personal care, domestic tasks, shopping and budgeting their finances. Individuals told us how they like to spend their day with staff support if needed. We found staff are dedicated and trained to perform their duties.

People are encouraged to maintain their physical health and emotional wellbeing. The agency works collaboratively with health professionals linked with individual's care and wellbeing. Staff support individuals to attend health and routine screening appointments. Individuals are encouraged to be active and do things to keep themselves healthy.

People are safeguarded from harm and abuse. Risk assessments support people's health, safety, and participation in daily living skills. Staff are trained to report accidents, incidents and concerns. Individuals are supported to raise their concerns about the service. Advocacy support can be accessed for people when needed. Sound recruitment practices are in place which demonstrates staff's fitness to work with adults at risk.

People are supported to attend work and leisure opportunities and maintain relationships with their family and friends. Individuals told us how their hobbies which includes baking, gardening, gaming and looking after pets gave them a focus. People using the service attend voluntary work and practice their faiths which enables them to be part of their local community and provides a sense of belonging. Individuals told us how much maintaining links with their friends and family meant to them. People are supported to attend social events, day trips and holidays.

Care and Support

People are supported in keeping with their personal plan to achieve their personal outcomes. The agency considers individual's circumstances and risks before providing a service. People's personal plans are person centred and set out how individuals want to be supported by staff, their likes and dislikes and identifies personal outcomes. Records for people were consistent of those held in the office. The plans are reviewed in line with the regulations. Some people's plans identified they did not require any support for example, one person did not drink alcohol or misuse drugs although this was routinely reviewed. Further, during reviews we noted there is no space to evaluate the plan or to record any engagement with the person using the service. Whilst we acknowledge staff are around to speak with individuals on a twenty four hour basis, a review provides a formal opportunity to record an individual's wishes and or concerns. We have identified this as an area of improvement and expect the service providers to take the necessary action.

The service promotes people's independence by positive risk taking. Individual risk assessments support people to take an active part in their lives. The service has updated the format of people's risk assessments and they are in the process of rolling them out. We found risk assessments were being routinely reviewed. Although, we noted individual's personal emergency evacuation plan (PEEPs) are being reviewed on an annual basis which exceeds the three monthly timescales set by the regulations. We have identified this as an area of improvement.

The service promotes hygienic practices and manages risks of infection. An infection control policy is in place to inform those working at the service. Staff have received infection control training in accordance with guidance. Hand washes were available during our visits to the individual schemes. We were told staff have access to sufficient stocks of personal protective clothing.

The service adopts safe medicine arrangements. There is a clear medication policy in place which includes a procedure for ordering, storage and administration of medicines. Staff undertake training to support individuals with their medication. Staff told us they receive sufficient training to perform their duties. Regular audits ensure staff adhere to medicine practices. We noted an isolated incidence had been identified during a monthly internal check which we were assured had been addressed. Protocols for "as required" PRN medication are in use although we saw one person's protocol contained misleading instructions which could led to a medication error. In addition, there was a lack of paperwork to record the effectiveness of the PRN medication.

Environment

This domain is not considered as part of a domiciliary inspection. The agency offices are suitable for their intended use with secure storage facilities.

Leadership and Management

There are sufficient governance arrangements in place to support the operation of the service. The RI stepped down from his role but is continuing to conduct the day to day management of the service. Two senior managers have recently been appointed and it is intended they will take over the management of the domiciliary support service within the next three months. During our inspection, we found the senior managers to be open and transparent. The statement of purpose will need to be revised to reflect the changes to the organisational structure. It is expected this will be completed in line with the appointment of the new RI. Commissioners told us they have a positive working relationship with the agency and communication with the agency is good. The agency supplied policy manual as part of the inspection. We saw a number of policies had been revised in line with current guidance. We were assured the remaining will be updated we will review this at our next inspection.

There are quality and audit systems in place to review the progress and inform the development of the service. We viewed audits which are carried out monthly for each of the supported living services. Prior to the RI stepping down from the role he was conducting visits to each of the supported living services on a three monthly basis. The last quality report dated February 2022, considered the satisfaction of people using the services. The report is conducted annually which exceeds the regulations. We have identified this as an area of improvement and expect the service provider to address the issue before our next inspection.

People using the service told us how important continuity of staff is to their health and wellbeing. Generally, staff are familiar to the people they support and know them well. At times, due to unforeseen pressures the service has needed to use agency staff to supplement the core team. We were told how the service has tried to reduce the anxieties of people using the service by keeping them informed and by using regular agency staff. The service is proactively trying to recruit and retain staff. They told us how they intend to develop staff to become future managers via a career progression pathway.

Staff recruitment practices are sound. We examined newly appointed staff and found the required checks had been completed including a disclosure and barring check (DBS) and satisfactory references. Each supported living scheme completes a monthly audit of personnel records to ensure they hold all necessary information. All staff receive an induction. Staff receive mandatory training to perform their duties. In addition, they receive specific training to meet the needs of individuals they support. The quality review recognised the need for staff training in active support and positive behaviour. Care workers are registered with Social Care Wales, the workforce regulator. Information supplied showed care workers receive supervision with line managers in excess of the timeframe set by the regulations. Staff told us they felt supported and the managers are approachable.

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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16	We saw no evidence to show people using the service are engaged in the review process.	New
16	The service user needs to review individuals personal emergency evacuation plans (PEEP's) in line with personal plan and remaining risk assessments.	New
80	The service conducts an annual quality review which exceeds the six monthly time frame set by the regulations.	New

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