

# Inspection Report on

**Gofal Bro Cyf** 

Gofal Bro Cyf Y Deri Pwllheli Road Caernarfon LL55 2YS

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

**Date Inspection Completed** 

15/06/2023



# **About Gofal Bro Cyf**

Type of care provided	Domiciliary Support Service
Registered Provider	Gofal Bro Cyf
Registered places	0
Language of the service	Welsh
Previous Care Inspectorate Wales inspection	This was the first inspection to take place since RISCA.
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies, and meets the Welsh language and cultural needs of people who use, or may use, the service.

## **Summary**

People receive quality care from care staff they know well. Care staff receive good support from management. Management encourages care staff to be involved in sharing ideas and to have their say. There is a system in place which has been introduced to ensure the care provided is person centred and that people can choose what care they receive and when. There is effective and ongoing investments and oversight of the service.

#### Well-being

People have control over their day to day lives. The provider ensures people are central to the planning of their care. People, their families and professionals reported positive feedback about the care provided. We viewed a sample of personal plans; these are paper records and contain information about people's needs which are reviewed as required.

People are encouraged and assisted to be as healthy and active as they can be. Care staff know people well and enable them to make choices regarding the care they receive. Communication is effective and timely steps are taken to ensure relevant people including family and professionals are involved and updated about any issues arising. The provider ensures effective oversight and communication regarding the care and people's care needs.

There are appropriate safeguards in place to ensure people are safe and risk is reduced. People have individual risk assessments which are reviewed and updated when and if required. Care staff informed us they feel they are not rushed during calls. They are trained in falls, moving, and handling and safeguarding and know what to do if they are concerned about someone. Management has good oversight of the quality of care and ensure safeguards are in place to keep people safe.

#### Care and Support

We viewed a sample of care plans which are reviewed within the appropriate timescale or when care needs change. The records we viewed are detailed and person centred. People, their family, and professionals have signed and dated each document. This shows people are involved in their reviews. Care information is accessible for care staff. Records indicate that people's individual care needs are central to the care provided and people have choice in how and when the care is provided.

People are supported to access the health professionals when they need. We evidenced relevant and timely links with health professionals. We observed discussions between care staff and professionals who are involved in the provision of care, and people's care needs. The professionals we spoke with told us communication is effective and timely. Management told us care staff know people well and they ensure people receive care from the same care staff teams; therefore, are more likely to know if care needs change. Care staff are described as reliable and take timely steps to ensure people receive the right care at the right time.

Care staff assist people in the administering of medication. We viewed the service medication procedures which are up to date, clear and accessible to care staff. Care staff receive training in medication administration. The training matrix is consistent with staff training certificates. Care staff we spoke with told us they feel confident in administering medication. Visiting professionals told us care staff are efficient and effective in following guidance regarding the medication process.

#### **Leadership and Management**

The provider ensures effective governance arrangements are in place. Policies and procedures are up to date, reviewed when required and accessible to care staff. There is a training programme in place for all care staff which is linked to the services policies and procedures. The training matrix shows care staff are up to date with their required training. They receive regular supervision and annual appraisals. Care staff told us they feel sufficiently trained and supported to undertake their role. The Statement of Purpose (SOP) reflects the service provided. Management ensures people have more time given to them during calls if they need it. We viewed the service record of incidents, which is consistent with records held by Care Inspectorate Wales (CIW). We found this is organised, accessible and monitored. CIW have found the service to be efficient in communicating and notifying incidents where required.

The provider oversees the quality of the care provided. The responsible individual and management team gather feedback from people, their families, and professionals; we viewed a sample of completed feedback forms; these show that overall people are very satisfied with the care they receive. Regular team meetings take place to discuss updates and to enable care staff to share their views and have their say. The provider attends fortnightly multidisciplinary meetings to discuss updates care people receive.

The provider ensures financial stability of the service. They are following guidance from commissioners, regarding developing a person-centred approach to care. This means care staff can plan how they divide the allocated care time. Care staff are fully supported and trained. They are allocated into small teams, which covers the same areas and people. This means care staff know people well.

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

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

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