



# Inspection Report on

**Careennydd Support Services**

**Amman Care Services  
The Old Library  
High Street Glanamman  
Ammanford  
SA18 1DX**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

22/01/2024

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## About Carennydd Support Services

Type of care provided	Domiciliary Support Service
Registered Provider	Amman Care Services Ltd
Registered places	0
Language of the service	Both
Previous Care Inspectorate Wales inspection	14 July 2022
Does this service promote Welsh language and culture?	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

Carennydd provides support to individuals in their own homes, including supported living settings where 24 hour support can be provided. Care is delivered by staff who are respectful and considerate. People and their families spoken with told us they are extremely happy with the support they receive and have positive and trusting relationships with staff.

People can be confident that personal plans are accurate and very detailed and guide care staff on how care and support is to be provided. There is a strong emphasis on enabling and ensuring people reach their full potential. Support is centred on empowerment and building on strengths to achieve personal outcomes. People and their representatives are very much involved in creating and reviewing personal plans and their wishes and feelings are of paramount importance.

There is a very supportive and inspiring management team and effective governance arrangements in place to monitor the care and support that is being delivered. The Responsible Individual (RI) considers the views of people, their representatives, staff and all stakeholders and engages with them as part of the Quality of Care review process.

## Well-being

Individuals have choice and contribute to their day to day plans and longer term goals. People are encouraged to voice their feelings and wishes. Those who experience communication difficulties are supported to express their wishes in various ways such as using technology, pictures and photographs. An individual we spoke with enthusiastically told us their plans for the next few months and their aspirations for the future. A staff member shared with us how they communicate with individuals who are unable to verbalise their wishes and feelings.

The service provides the “Active Offer” of the Welsh language, with several members of staff being able to speak Welsh. Staff who are not Welsh speaking have learnt phrases that are relevant to those they support. We saw people’s language preferences recorded in care documentation. We were told service literature and care documentation could be made available in Welsh on request.

Personal preferences are clearly documented in extremely detailed individual personal plans, which evidence that people and their representatives are fully involved. People are respected as individuals and enabled to be as independent as possible. Personal strengths and attributes are recognised and people are supported to reach their full potential. A representative told us, *“He has got a lot better with things (daily living skills) since being there. I let him decide when he’s with me...he can be very responsible”*.

The value of maintaining relationships with family and friends who are important to people is recognised and they are supported to receive visits from family and vice versa. Representatives are very much involved in people’s lives and have developed trusting relationships with staff. One relative told us *“They have helped me in all sorts of ways. They’re always involving me in things. I never worry about her; I would know if she wasn’t happy”*.

The service keeps people safe and protected from harm and abuse. Staff spoken with understand their duties and responsibilities if they have any concerns and know the procedures to follow. They have confidence that managers will take the necessary action as and when required and in line with statutory duties.

## Care and Support

People we spoke with are happy with the care and support they receive and describe it as ‘amazing’ and ‘brilliant’ with staff going ‘above and beyond’. Personal plans are very

detailed and provide clear guidance for care staff on how to deliver care and support. Referrals are made to health and social care professionals when required and people are supported to attend appointments.

A health care clinic is held at the attached day centre monthly. A General practitioner (GP) from the local practice visits and undertakes routine health checks. This has been a positive experience for individuals who find visiting their GP practice overwhelming. The GP has been successful in undertaking health checks on individuals who have previously refused; thus promoting their health and well-being. It also enables the GP to get to know individuals and their health conditions, improving their relationships and provides an enhanced level of care.

People's representatives are invited to be part of assessments and reviews and are kept up to date of any changes in care and support needs. Reviews seen during the inspection show that people, their representatives and professionals play an active role. During reviews people are supported to express their feelings in different ways. Scrapbooks and photos of activities that people have undertaken are used with individuals to prompt their memories and encourage discussion. This helps staff to know what people have enjoyed doing and what they do or don't want to do. Various communication methods are used for individuals who are unable to communicate verbally.

Well established protocols and risk assessments ensure people are protected and kept as safe as possible whilst their freedom is not restricted unnecessarily. Records looked at show that any decisions made on behalf of an individual have been carefully considered, are in their best interests and are lawful. People are encouraged to exercise their rights and advocate on behalf of themselves. Individuals have been supported to establish an innovative committee to represent their views on how and what they would like support with. In addition to hobbies, celebrations and holidays, more holistic activities are being considered to promote people's wellbeing and to develop their full potential. For example, organising volunteering/fund raising for a charity that is/has supported an individual and organising awareness sessions on topics such as healthy eating. The manager is also developing education and awareness around how people can foster respect for each other's differences by considering the language they use. One representative told us, "*They have glowing, really fulfilled lives, they are living a life they deserve*".

## Leadership and Management

Staff and individuals benefit from a strong, creative management team. The RI has effective oversight of the service and the recent six monthly report demonstrates arrangements are in place to assess, monitor and review the quality of care being provided. The RI regularly visits the service and quarterly reports demonstrate that they engage with people. People's views are sought and form part of the quality assurance process. Policies and procedures are up to date and reviewed regularly.

The management team are very creative and strive to achieve the best outcomes for individuals. They have developed innovative ideas to aspire people to reach their full potential in line with the Statement of Purpose. Managers are passionate to achieve their ethos of supporting individuals to *“live a life that is unique, satisfying, fulfilling, stimulating and interesting so that emotional, mental health and well-being are optimised”*. One representative said, *“They (staff) go above and beyond. Their (individuals) lives are so enriched. They (staff) are genuine, they go on their own values...I wish it could be bottled and shared with other (non profit) organisations”*.

There are robust recruitment systems in place to ensure staff have the necessary skills, knowledge and suitable character to undertake their role. Personnel records show that all the necessary checks are undertaken prior to offering a contract of employment. These checks include references from previous employers, full work history checks and Disclosure and Barring Service (DBS) checks.

Staff receive a thorough induction and ongoing staff training. Records show that staff are up to date with mandatory training and undertake additional training according to the care needs of those they support, for example epilepsy training. One to one supervision takes place regularly to provide staff with an opportunity to discuss their strengths and identify any areas for training and development. Staff describe managers as *“supportive”* and *“very easy to talk to”*.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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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