



## 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**

**14 July 2022**

14/07/2022

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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	
Does this service provide the Welsh Language active offer?	Yes. 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 are supported by a team of care staff who know them well and enable them to live independently within supported living settings. Staff are caring and enable people to be as independent as possible by respecting individuality and providing choice.

Person centred care is provided with good clear care documentation. People are involved with decision making, identify their personal outcomes and are at the heart of the service provided. People are given an opportunity to attend and invite their representatives to quarterly reviews of their personal plans.

The Responsible Individual (RI) and manager are accessible during office hours and have out of hours processes in place.

Staff are supported by the RI and manager and the provider ensures quarterly individual supervision is provided. Training is provided online and face to face as required. A training provider is being sought for person specific training to ensure all staff have the training as required to support individuals. The RI has good oversight of the service with daily contact and completes quality assurance processes such as quarterly visits and six-monthly quality of care review reports.

## Well-being

People have control over their daily activities. People are encouraged and empowered to say what is important to them and how they want their wishes to become a reality. People told us about parties and holidays or trips they are either planning or have recently experienced. Staff told us *"People who live there come first"*

People's voices are heard. Personal plans are person centred and time is spent with individuals compiling their plans. Reviews are held at least quarterly. People are supported to attend and contribute to their review of their personal outcomes and invite family or representatives to attend if they wish to. We were told *"The provider is a problem solver with a can-do approach"*

People appear to feel valued and involved in their community. Care staff enable people to meet in community settings and access services within the community either as a group or individually. People are supported to access a local gym weekly and do things that make them happy whilst promoting their health and well-being. We were told by one person using the service *"They help me do what I like"*.

People are supported by staff who ensure COVID-19 guidance is followed with the use of personal protective equipment and routine COVID-19 testing as required.

Staff are aware of safeguarding and processes to follow and attend training as required. Where people have reduced capacity to make specific decisions the required mental capacity assessments are completed and meetings held to determine best interest decisions. Professionals are involved as required so that appropriate care and support is provided in a timely way.

People are informed. They have access to the service's statement of purpose and service user guide in either Welsh or English depending on their preference. People who prefer to speak Welsh have staff to support with this.

## Care and Support

Personal plans are written in a person-centred way. There is detailed information about people's background and what is important to them. People's outcomes and goals are determined by what people want to achieve as part of their support plan. Documents are signed by people involved and their 'About Me' information is compiled by the person themselves. The support plans inform staff how to support individuals. Risk assessments and specialist plans such as an epilepsy management plan are in place where required. A specialist nurse is part of the senior team and provides input where required to support people and the staff.

Discussions with the team and care documentation seen, evidence that reviews take place with professionals at least quarterly and as required. New documentation is in place and is a record of who attends personal plan reviews and how people's personal outcomes are reviewed. Whilst people are given the opportunity to invite representatives this will be recorded by the provider to further evidence people's involvement in their care plan review. Where best interest decisions are to be made for a person, a professional multidisciplinary approach is taken.

Medication is administered from pharmacy pre prepared packs. Medication administration records are completed as required with additional forms to show care staff have followed processes to check in medications. We were told medication audits are completed by team leaders, but this happens informally and is not recorded. We discussed with the provider about formalising this process to evidence quality assurance audits.

Care staff spoken to know processes to follow when reporting safeguarding or any concerns.

The provider ensures there are sufficient knowledgeable, competent and skilled care workers. They support people to achieve their personal outcomes. Care staff and people in receipt of support told us levels of staffing are adequate. Recruitment continues to be ongoing.

The provider ensures COVID-19 guidance is adhered to with staff completing twice weekly lateral flow device tests and following processes to report to Care Inspectorate Wales (CIW) and other agencies when required.

## Leadership and Management

The service is overseen by a committed and effective management team who strive to ensure the ongoing development and improvement of the service. Quality assurance processes are in place which the RI has an overview of. This is reflected within the requirement to visit the service quarterly and complete a quality care review report twice yearly. The RI evidenced formally recorded observations and feedback from people, family members and staff as part of their oversight.

There are suitable procedures in place to monitor care workers' recruitment both within and outside the United Kingdom. There are Disclosure Barring Service (DBS) checks in place and reference checks. Shadowing is provided to new starters and an induction process is completed prior to staff working alone. Staff personnel electronic records reflected completed training and how this can contribute to Continuing Professional Development (CPD) evidence. Staff are supported to complete the All-Wales Induction Framework requirements.

We viewed training records for the staff team we met with on the day of the inspection and the training records were up to date. There was no whole team overview of completed training available in the form of a matrix. Within two weeks of the inspection the manager prepared a training matrix for us. From this we conclude, overall, that required training has been completed for most staff. A new training provider is being sought for specialist training to ensure that all staff have training for 'Support effective communication with individuals with sensory loss' and 'Supporting people with an autistic spectrum condition'.

A sample of policies were seen and have the required information. Staff can access these on a phone app and can therefore keep up to date with access to this information being readily available.

Quarterly individual supervision is provided for care staff and records of this are available. The manager and clinical nurse specialist told us they are very supported by the RI and each other as a senior team with ongoing opportunities for support and reflection. The provider told us supervision is provided for the manager and nurse specialist however records of this were not available and the provider told us they would ensure future sessions are recorded.

Staff told us they are happy and feel supported by the RI, manager and their team leader within the individual supported living settings. Feedback includes *'We all work together'*; *"Whenever you need anything, they're spot on"* and *"I feel really valued and respected"*.

### 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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