



Inspection Report on

South Wales Community Service - Western Bay

**Glamorgan House Autism Centre
Monastery Road
Neath Abbey
Neath
SA10 7DH**

Date Inspection Completed

10/11/2023

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About South Wales Community Service - Western Bay

Type of care provided	Domiciliary Support Service
Registered Provider	National Autistic Society
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	22 February 2023
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

The National Autistic Society support a domiciliary care service. Western Bay is a good small service which places the person at the centre of what they do, to support the wishes and aspirations of the people they support. The service has a number of long-established staff, recruited appropriately with the knowledge and skills to support people's individual outcomes. People are happy with the service and are able to advocate for themselves. Support plans are tailored to the specific needs of the people. Plans are written and reviewed routinely by people and their representatives.

There is good governance by the Responsible Individual (RI) ensuring a good quality service. There has been a management structural change since our last inspection. One manager covers three services, with the addition of a deputy manager. This has had minimal impact on people but has affected the frequency and quality of staff supervisions, and communication within the organisation around these changes.

Well-being

The service has good oversight and clear governance arrangements in place. The Responsible Individual (RI) makes themselves available to speak to people in the service. This is reflected within the quality monitoring reports. The provider has introduced a new management structure which some staff spoken with suggested it impacts communication but has minimal impact on people. One staff told us; *“With the huge changes going on within the company getting, any information from managers is hard”*.

People feel safe, secure, and protected from abuse and neglect. The provider has a safeguarding policy and procedure in place which are available to staff. People are supported by knowledgeable, skilled staff who received safeguarding training and understand their role and responsibilities to safeguard people. There are enough staff to deliver timely care and support. The provider has good policies and procedures in place for the safe recruitment of staff. Enhanced DBS (Disclosure and Barring Service) checks are carried out.

People have control over day-to-day life. People told us they have good relationships with most of the staff. We observed people have voice and control over their daily lives, evident in the individualised activities and hobbies people have, and are encouraged to develop. We also observed kind and respectful interactions with people by staff.

People told us they love their home; they make decisions about the décor and furnishings. Staff support people to be as independent as possible, participating in daily living skills and accessing the community.

People are treated with dignity and respect. Individuals are supported by familiar staff who know them well. Individuals are encouraged to make everyday choices to maintain their independence. Shopping, buying clothes and maintaining their home for example. We saw staff assisting people sensitively and respectfully.

People are supported to access healthcare and services to maintain their health and wellbeing. We saw daily notes showing a history of timely referrals to the GP and other health related professionals. Medication policies and procedures are in place to safeguard people. Medication administration records need strengthening.

Care and Support

This is a good service with an ethos of placing the individual at the centre of the service. People are actively supported to engage in meaningful activities. This was observed on the day of inspection and supported by good personal plans and risk assessments. Plans are regularly reviewed to ensure they are up to date and reflect people's current needs.

The provider has mechanisms in place to safeguard vulnerable people they support. We saw comprehensive policies and procedures in place to safeguard people. We spoke to staff who confirmed they are aware of the safeguarding process and are confident to raise a concern. Staff told us; *“Safeguarding is making sure that the people we are supporting are not being abused”*. *“If I see anything untoward, I will inform the manager or police depending on what’s happening”*. *“I would make a record of it and make sure it is followed up on”*. And people told us; *“They’re kind to me and really understand when I have my bad bouts”*.

Staff know the people well and recognise any deterioration in health and seek medical attention when needed. This was seen in health records and daily notes. We saw staff are familiar with the likes and dislikes of people they support. This was evident in the documentation seen, when speaking to and observing staff. People are supported to maintain relationships with relatives and friends through face time calls and impromptu visits while in the local community. A professional told us; *“I think that the staff do their best at all times”*. *“I have only seen positive engagements with people”*.

The systems for medication management are good. Regular audits are carried out by people’s representatives and clinical lead. Medication administration records seen were not completed in line with the policy to safeguard people. This was discussed with the management team and action was taken. Training for staff with responsibility for administration of medication is in place, this was confirmed by the training plans. Medication competency assessments of staff are carried out, documents seen are signed by staff and give analysis to show competency.

Leadership and Management

The provider has good systems in place to monitor and review the quality of care and support being provided. The recent management changes have had little impact on people. When speaking to staff they feel communication has not been at its best. Staff told us; *“I feel valued by my team, but recently there have been changes made with no consultation with the team”*. The management team show a good knowledge and understanding of the people and their regulatory responsibilities. This was evidenced in quality monitoring visits and reports carried out by the RI. The robust RI reports generate actions for the manager and team to maintain and improve the quality of care and support. The provider considers a wide range of views and information to confirm their ability to meet the needs of people they support. Pre-assessments are carried out supported by good policy and procedures which show staff the needs and outcomes of people. The statement of purpose (SoP), a document which shows people what they can expect from the service, is reviewed regularly by the RI. The provider has produced a guide to services containing information on how to make a complaint and is reviewed on a regular basis.

People are supported by a dedicated team who have been recruited safely and are trained, enabling them to carry out their roles and responsibilities. We saw staff appraisals are carried out regularly, although there are gaps with supervision due to the changing management structure. This was discussed with the RI and regional manager who assure us this is being addressed. Staff have a good understanding of the safeguarding process. There is a clear safeguarding policy in place, which is accessible to staff. All staff complete safeguarding training as part of induction and online updates are provided. Staff feel they have the skills and knowledge to report issues and carry out their role. Staff told us; *“There is lots of online training”*. *“I have done Positive Behaviour Management practical, DoLs, (Deprivation of Liberties), fire awareness and medication training”*. And *“For the people I support, I have had the training required”*. Appropriate recruitment processes are in place to safeguard people. The records we saw show the provider carries out the necessary checks when recruiting staff. Enhanced DBS (Disclosure and Barring Service) checks are undertaken and reviewed within regulatory timescales. There are a number of long-standing staff within the service, which provides continuity of care and support of people.

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 inspection	N/A

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