



Inspection Report on

Pineshield Management Ltd

**Suite B Sherborne House
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Rear of 378 Cyncoed Road
Cardiff
CF23 6SA**

Date Inspection Completed

17 & 31 March 2022

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About Pineshield Management Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	Pineshield Management Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	22 July 2021
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

Pineshield Management Ltd is a domiciliary support service operating in the Cardiff and Vale area. Pineshield Management Ltd is also the name of the company that owns the service. The Responsible Individual (RI) is Joanne Sulman, who oversees strategic operations. A suitably qualified and professionally registered manager looks after the day-to-day running of the service.

There is improvement since last inspection in the required areas: - delivering a service in line with people's planned care, continuity and reliability of the calls, care documentation is kept under review, complaints are dealt with in a timely way and staff are supervised regularly and now offered contractual hours.

People's care and support is well organised. Care is delivered in line with people's support plans and generally as planned. People's personal outcomes are met and they are satisfied with their overall service. Care documentation is organised, relevant and reflects people's preferences. Personal plans are developed and reviewed in consultation with people. There are suitable measures for minimising medication error and cross-infection risks and care workers receive suitable training and support. People are kept safe because there are Safeguarding policies and procedures in place and there are systems in place to ensure safeguarding concerns are managed effectively.

Managerial oversight of the service is evidenced by effective systems. A senior management team supports the RI / Manager. Measures are in place to oversee and monitor the running of the service effectively.

Well-being

People receive a service that is in line with their care and support needs. Feedback about care workers and the organisation of care calls was positive. People have good relationships with the care staff. Call timings have improved since last inspection. Care documentation is organised and reflects people's preferences and desired outcomes. Personal plans and risk assessments are kept under review with relevant people involved. People receive copies of their personal plan, written information about the service and a service agreement. People reported communication from the office staff was good.

The RI shows engagement with people using the service and staff. The quality of care and support provided has been reviewed in line with the relevant timescale. This helps the service reflect and develop. Management show appropriate oversight of care workers' training, support and appraisal needs. A suitable recruitment system is in place and a range of policies support the delivery of the service. Internal audits and quality assurance measures help to promote good practice standards. There is appropriate oversight of incidents, accidents and safeguarding matters. The RI demonstrates suitable oversight of the service.

Care and Support

People we spoke with told us they are satisfied with the overall service they receive. People feel care workers are caring, respectful and attentive when delivering care and support, with a good understanding of their particular needs. The service delivered is in line with people's personal plans and people confirm this. Oversight of time keeping has improved which ensures as far as possible people receive their calls on time. People and/or their representative are consulted about their preferences. Daily records evidence that the care and support provided meets people's assessed needs. Care documentation identifies people's medication support needs and medication administration records (MARs) are maintained and audited.

There is a policy for commencing a service, also summarised in the statement of purpose. Initial assessments are completed that help determine the suitability of the service for people, these include people's preferences and wishes. Personal plans also reflect people's preferences, their particular needs and are person centred. Written guidance regarding how to care for and support people is good and clear to follow. People receive copies of their personal plan and each person has a service agreement in place. Risk assessments are in place to identify and manage known risks to people's health and safety. People are involved in reviewing their care and support to ensure their care is delivered in a way that suits them. Since last inspection, care-plan reviews are undertaken more regularly.

People are protected from harm. Safeguarding and whistleblowing policies are in place. There is good evidence that staff report any issues or concerns to the right professionals promptly. The service maintains a record of safeguarding matters; monitors outcomes and care workers receive safeguarding training. There were no open safeguarding referrals or concerns at the time of inspection.

Leadership and Management

The service is supported by a clear management structure. Oversight of the service is good. The statement of purpose reflects the service's aims and objectives and is kept under review. Suitable policies and procedures are in place and reviewed. There is evidence complaints are managed appropriately and the service notifies CIW of relevant events. A complaints policy is in place, people using and working at the service know how to raise a complaint and generally feel confident that the provider will deal with issues promptly. The management team meet regularly to review and monitor the service's performance.

Management oversees training and supervision of care workers. Staff supervisions and appraisals are carried out in a timely manner, which supports staff with their training and development needs. Care staff receive a mixture of office-based and on-the-job observations and competency checks. Senior care workers support staff working in the community. Care staff complete a structured induction and undertake professional qualifications. Staff are supported to undertake registration with Social Care Wales. Regular staff team meetings take place.

There is suitable governance and service oversight in place. The RI oversees the service's resources to operate appropriately and in line with its statement of purpose. RI quarterly reports are carried out, as is required, to evidence monitoring and evaluation of the service provided. A quality of care review report has been completed since the last inspection to help with the service's ongoing development.

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
42	Regulation 42(1): The service provider must ensure all care staff who satisfy the relevant criteria are	Achieved

	offered a choice of employment contracts.	
16	Regulation 16(1) & 16(4): The personal plan must be reviewed at least three monthly in consultation with the individual.	Achieved
	Regulation 19(3)(b): The written guide must include information about the availability of advocacy services.	Achieved
	Regulation 21(2): The service must be delivered consistently in line with the personal plan.	Achieved
	Regulation 36(2)(c): All care workers must receive an appraisal at least annually.	Achieved
	Regulation 58(2)(c): There must be effective arrangements for administering and auditing medicines.	Achieved
	Regulation 80(4): The RI must prepare a quality assurance report at least every six months, to include an assessment of the standard of care and recommendations for improvement.	Achieved

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