



Inspection Report on

G.H. Supported Living Limited

**41a
Llethri Road
Llanelli
SA14 8EY**

Date Inspection Completed

09/11/2023

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About G.H. Supported Living Limited

Type of care provided	Domiciliary Support Service
Registered Provider	G.H. Supported Living Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	Click or tap here to enter text.
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People are happy with the care and support they receive from GH Supported Living Ltd Domiciliary Support Service. The service is well managed by an effective management team and has motivated staff. There is good information available for staff to understand how to best meet people's care and support needs.

Staff are available in sufficient numbers and mix of skills to provide support to people. Support staff are knowledgeable, respectful, and caring. Specialist equipment is in place and health referrals are made to promote peoples' health and well-being. People are supported to access health appointments independently or with staff support if needed.

The service provider has developed systems to enable them to capture people's views and has developing systems for person-centred information. The management team have put checks and processes in place to keep service delivery under review with quality assurance measures. There is a manager in place who is registered with Social Care Wales and a Responsible Individual (RI).

Improvement continues to be needed with the auditing of medicines management and the storage of medicines in line with current national guidance.

Well-being

People have control over their day-to-day lives. People told us they get on well with staff. Records show people are offered choices to make everyday decisions. The RI told us they regularly speak with people they support and their families about what is important to them and how to best support them. Staff told us they feel well supported by the management team and commented, *“I feel really well supported”* and another said, *“they are always at the end of a phone if needed, she’s the best manager you could ask for”*.

People are happy with the care and support they receive from GH Supported Living Ltd Domiciliary Support Service. The service is well managed by an effective management team and has an established and motivated staff team. There is good information available for staff to understand how to best meet people’s care and support needs. People who use the service told us they were happy with support they received. Relatives told us *“Brilliant, can’t fault it”. I feel I can trust them with him”* and another commented *“The manager has been excellent. The staff are all nice. They take an interest in my relative”*.

Staff are available in sufficient numbers and mix of skills to provide support to people. We observed staff to be knowledgeable, respectful, and caring. Specialist equipment is in place where needed and health referrals are made to promote peoples’ health and well-being.

The service provider has developed systems to enable them to capture people’s views and has good systems to develop person-centred information, but this could be strengthened. The management team have put checks and processes in place to keep service delivery under review with quality assurance measures. However, improvement continues to be needed with robust audits of medicines and is discussed later in this report.

Staff recruitment is safe as pre-employment checks are completed prior to employment commencing. These checks are important as they determine a person’s suitability to work with vulnerable people.

Care and Support

Policy, procedure, and application of hygienic practices are in place to reduce risks of infection. Staff demonstrate an understanding of infection control and the use of personal protective equipment (PPE). Staff wear appropriate PPE and follow correct procedures. The services visited were clean and tidy. Staff maintain appropriate standards of hygiene and cleaning schedules are in place with oversight from the manager.

People are provided with the care and support they need. Staff know people well through their relationships with them. However, this would be enhanced further by developing person centred information through questions such as 'what is important to me (the person)' and 'how to best support me (the person).' Personal plans are developed in consultation with people, considering existing care and support plans provided by health and social care commissioners. Records of daily activity are recorded accurately and succinctly. Records show the service provider ensures medical advice and professional help is sought where needed. Some people who use the service meet with health professionals without involvement from the service.

People can do the things that matter to them when they want to do them. We saw there are a range of activities available which are meaningful to people, which are identified in their personal plans. There is written documentation as well as observations of people undertaking activities that matter to them. Throughout our visit, we observed activities taking place facilitated by staff as well as people undertaking activities independently. This is reflected in people's records.

Improvement continues to be needed to ensure the service has safe systems in place for medicines management. There is an appropriate medication policy and procedure in place but improvement in regular robust audits completed by senior staff continues to be needed. The present system is a record of a stock balance and is not sufficiently robust. Medication administration records are accurate. However, the medication storage cupboard was not securely fixed to the wall. We discussed this with the manager who agreed to address this immediately, which was later confirmed as having been completed. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Leadership and Management

The service provider has governance arrangements in place to support the smooth operation of the service. Arrangements for the oversight of the service are in place, such as systems for auditing of staff records and health and safety. The service is provided in line with the objectives of the Statement of Purpose which would benefit from reviewing which was discussed with the RI.

People can be assured that the service provider and management team monitor the quality of the service they receive. The RI visits the service to meet with people and staff. We looked at documentation that confirmed the RI conducts quarterly visits to the service for quality assurance monitoring. The RI produces the six-monthly quality of care review report. We saw evidence the RI has good oversight of the service, but medication audits require strengthening which was discussed with the manager and RI. There are systems in place to assess the quality of the service in relation to outcomes for people, which includes feedback from people using the service and their representatives. Records show the service provider ensures oversight and auditing of care and support activities is conducted regularly.

The service provider has oversight of the financial arrangements and invests in the service. The RI assured us the service is financially sustainable to support people to be safe and achieve their personal outcomes. The RI told us of plans to complete refurbishment of rooms at the properties supported by the service.

Staff recruitment is safe as pre-employment checks are completed prior to employment commencing. There are enough staff on duty to safely support and care for people. Records show there is a mixture of experienced and new staff available, and this was seen during our inspection. The sample of staff supervision and appraisal records seen were carried out at the required frequency and staff files are well organised and contained all the required documentation. The service conducts a training needs analysis which is reviewed regularly. We viewed a training matrix which showed staff received appropriate training, but we discussed with the RI, the need to ensure this is updated with compliance figures maintained for each course.

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
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N/A	No non-compliance of this type was identified at this inspection	N/A
58	The service provider does not have safe systems in place to ensure the oversight and audit of medicines management. Audit of medicines management were insufficiently robust.	Not Achieved

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