



# Inspection Report on

**G.H. Supported Living Limited**

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

## **Date Inspection Completed**

13/04/2022

***12 & 13 April 2022***

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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	25 November 2019
Does this service provide the Welsh Language active offer?	Working Towards. The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

People and their relatives are satisfied with the care and support they receive. The service is well managed by an effective manager and has motivated staff. There is 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 adequately provide support to people. Care staff are knowledgeable, respectful and caring. Staff are supported and developed with supervision and appraisal at the required frequency and quantity.

Safety equipment is in place and health referrals are made in order to promote peoples' health and well-being. Opportunities for people to take part in community activities are available.

The service provider has developed systems to enable them to capture people's views and has systems to develop some person-centred information but these could be strengthened. The management team have put checks and processes in place to keep service delivery under review.

Improvement is needed with the auditing of medicines management 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 and commented, *“I like living here”, “I get involved in developing my care plan”* and *“they’re (staff) good to me”*. Records show people are offered choices to make everyday decisions. The Responsible Individual (RI) told us they regularly speak with people who live at the service 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, *“The manager supports us well”, “we have an amazing boss”* and *“the staff all work together as a team and the residents are great”*.

People live in suitable accommodation, which, overall, supports and encourages their well-being. People’s bedrooms contain personalised items of their choice and are suitably furnished. They have facilities, which encourage their independence and enables them to have private time. G.H. Supported Living is a well-maintained welcoming environment where people feel part of the local community. People enjoy the company of each other and are well respected by staff.

People get the right care and support. Records reflect referrals are made to a variety of healthcare professionals such as psychiatry, dietary and nursing. This is also confirmed by comments from visiting healthcare professionals who told us they are satisfied with the care at GH Supported Living. People are happy and receive support from professional staff who know them well and have good relationships.

People can do the things that matter to them when they want to do them. The service provides community based supported living. We saw people take part in a range of meaningful activities available in the community. Throughout our visits on both days, we observed a number of people taking part in activities outside in the community. The manager told us activities are supported and encouraged by staff as part of people’s personal plans. People told us they enjoy taking part in a variety of activities such as arts and crafts, painting and social activities such as going to local pubs and clubs. Relatives told us their family member is encouraged to stay active and to do as much as they can for themselves. This is reflected in people’s records.

People are safe and protected from abuse and neglect. The service provider has safeguarding policies and procedures, which are aligned to current legislation and national guidance. Staff demonstrate a sufficient understanding of their role and responsibilities. People living at the service tell us they feel safe and secure.

## Care and Support

Policy, procedures, infection control measures and application of hygienic practices are in place. Staff demonstrated an understanding of infection control and the use of personal protective equipment (PPE). Staff wear appropriate PPE and follow correct procedures. The service supports a clean and tidy environment. Staff maintain appropriate standards of hygiene. Oversight and auditing of infection control measures are in place. The service has sufficient stock of PPE.

People are provided with the care and support they need, but this could be improved further by ensuring person centred information is further developed by the introduction of 'One Page Profiles'. This would ensure people have a snapshot of what we like and admire about the person, what is important to the person and how to best support the person. However, personal plans and risk assessments are up to date and reviewed as required. Records show the service provider ensures medical advice and professional help is sought where needed.

Improvement is needed with systems for medicines management. There is an appropriate medication policy and procedure in place but improvement in regular robust audits completed by senior staff needs to be developed. The present system is a record of a stock balance and is not sufficiently robust. Medication administration records are accurate. However, a list of signatures is needed at the front of the Medication Administration Record (MAR) charts folder to clearly identify who has administered medication and who has witnessed this. Medication storage cupboards did not have the temperature taken and recorded to ensure medication is kept at an appropriate temperature. Records of the returns and disposal of medication need to be strengthened to include counter signatures of witnesses. We discussed this with the manager, we expect the service provider to take action to address this and we will follow this up at the next inspection. As and when required medication (PRN) was appropriately administered in line with instructions.

## Environment

The quality of the environment is not inspected as part of a domiciliary support service inspection, as care is provided in the service users homes. However, we made the following observations.

The office space and facilities were of a sufficient standard. The office provided appropriate space and facilities for employees to work. There were desks to work on, lockable filing cabinets and cupboards as well as coffee making facilities.

There were appropriate infection prevention measures in place with supplies of PPE available.

There was limited on-site parking available to both staff and visitors. The office was welcoming and friendly.

## 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 assessment and care planning. The service is provided in line with the objectives of the Statement of Purpose' which is regularly reviewed. People and families gave us positive feedback about the care provided. Policies and procedures are in place and updated. However, the staff Whistleblowing Policy needs to be made more specific to the business as it is a generic policy at present.

People can be assured that the service provider and management monitor the quality of the service they receive. The Responsible Individual visits the services regularly and meets with residents and staff. We viewed the latest quality monitoring report. This evidenced people's feedback and recommendations for improvements in the service, which were completed. We saw evidence that the RI has good oversight of the service. We looked at documentation that confirmed the RI conducts quarterly visits to the service for quality assurance monitoring. Systems are 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 carried out regularly. This is being overseen by the manager and RI.

The service provider has oversight of the financial arrangements and investment in the service. The RI assured us the service is financially sustainable in order to support people to be safe and achieve their personal outcomes. The RI stated this would be achieved as follows; *"There is an ongoing upgrade in operation at both properties, having been unable to do this during the pandemic, and an ongoing itemised list via a spread sheet for upcoming works"* and *"We have commissioned with Supporting People for 25 years. Whilst it is not automatic our contract with them is renewed yearly via a contract in the post."*

There are sufficient numbers of staff on duty to safely support and care for people. Records show there are a mixture of experienced and new staff available and this was seen during our inspection. A relative commented, *"The staff provide a good independent living environment for my relative"* and another commented, *"I have no problems at all while my relative lives at the service"*. Staff are supported and developed with regular supervision and appraisal. The sample of staff supervision and appraisal records examined were carried out at the required frequency. We were shown an up to date training matrix, which includes mandatory courses as well as other relevant courses. Staff team meetings were carried out at an appropriate frequency but could be strengthened further by introducing a more robust structure to meetings and records.

### 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
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.	New





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