



## **Inspection Report on**

**Mirus Supported Living and Community Support Services - Gwent Region**

**Unit 2-3 Cleeve House  
Lambourne Crescent  
Cardiff  
CF14 5GP**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

*22/08/2023*

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## About Mirus Supported Living and Community Support Services - Gwent Region

Type of care provided	Domiciliary Support Service
Registered Provider	Mirus Wales
Registered places	0
Language of the service	Both
Previous Care Inspectorate Wales inspection	<a href="#">21 October 2021</a>
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 and their families are very happy with the care and support they receive. People are encouraged and supported to be as independent as they can be. People have access to a range of activities they enjoy and are supported to maintain important relationships with their community, friends and family. People are encouraged to live a healthy lifestyle and maintain their well-being. The appropriate professionals are involved in people's care when needed. Most personal plans are detailed and informative and clearly highlight people's personal outcomes. The service needs to ensure that personal plans are reviewed in line with regulation and include all the relevant information. There are some good systems in place to maintain oversight and we saw senior managers and the Responsible Individual (RI) are visible, accessible, and complete the necessary oversight documents. Some documents could be strengthened to include a better analysis of information and to ensure that areas of improvement are monitored, and their development noted.

## Well-being

People are treated with respect by consistent care staff they know well. We saw that people have choice in their day-to-day life and are encouraged to create their own goals and achieve personal outcomes. People are encouraged and empowered to live as independently as possible and make their own choices. People have access to important information about their care and the service. People are comfortable and happy in their home. One relative told us “*This is his home*”.

People and their families are involved in regular reviews regarding their care and have access to a range of professionals if they need them. The appropriate records are kept, these include oversight of health visits and any possible changes to people’s health and needs. People are supported to do things that matter to them and attend a range of activities and social events. People are encouraged to be independent and do things that make them happy.

People and their families have good relationships with care staff and managers. People feel they can speak openly with the staff and raise any issues they may have. Care staff are appropriately vetted and receive good levels of training and supervision. There is a safeguarding policy in place and care staff understand what to do in the event of a concern. The service maintains oversight of any safeguarding issues as well as complaints and incidents. The senior manager is visible, and the RI completes regular visits with people and care staff. People have several opportunities and different methods to feedback to the service.

## Care and Support

People and their families are very happy with the care and support they receive. People are encouraged, empowered and supported to be as independent as possible. The service has innovatively used technology to help them achieve this. For some people this has meant that their level of support has decreased. This means people have more freedom and are able to live in the least restrictive way. People told us they enjoy going out for food, for walks, bowling, social clubs and swimming. We saw staff regularly provide a range of choices to people in a relaxed environment. People maintain good relationships with their care staff, friends and family. The service uses a matching tool to ensure that care staff have the appropriate skills and can meet people's individual needs. One relative told us managers work hard to ensure people receive care and support from the best matched staff.

Most personal plans are organised, detailed and include vital information about the person and how to support them. We found some care plans included some out-of-date information or missing documents such as risk assessments. Management were quick to act and take action, implementing robust documents for care staff to use and remove any unnecessary ones. People's goals and personal outcomes are identified and annually reviewed. Most documents within the personal plans are regularly reviewed to ensure they are relevant. However, these need to be more consistent and include the whole personal plan. People and their families are involved in care planning and reviews, this could be better evidenced. Managers and the RI are aware of this and taking action to ensure all personal plans are reviewed at a minimum of three monthly with the person and/or their representative.

We saw that people are supported to maintain their health and well-being. We saw people regularly access the community and have regular contact with friends and family. People attend social events where they can catch up with friends and their care staff. The service ensures that professionals are involved when needed. We saw that the service includes professionals such as a Best Interest Assessor to help make important decisions about the individual's care. People are supported to attend important appointments such as with their dietician, speech and language therapist, their GP and podiatrist. The majority of people's needs and risks are identified and monitored, such as weight monitoring and skin integrity. Managers have good oversight over people's medication. Medication is regularly stock checked and staff members receive regular competency checks to ensure they maintain their skills and knowledge. We saw Medication Administration Records (MAR) are completed appropriately.

## Leadership and Management

The RI and senior managers maintain oversight of the service through regular visits. Managers conduct regular audits throughout the year. The RI completes detailed records to evidence visits to the service and gains feedback from people and staff. A Quality of Care Review is completed every six months and this identifies what the service does well and what they need to improve. This document could be strengthened by including more analysis of the documents reviewed, such as accidents and incidents as well as feedback from people. Oversight documents could be improved to show how the service is monitoring its progression, especially considering areas identified as improvement. We saw people are given several opportunities to feedback informally and formally. The service maintains records to enable oversight of safeguarding, accidents, complaints and compliments. Compliments show relatives thanking the team for the positive changes made to benefit their loved one. The service notifies Care Inspectorate Wales (CIW) of notifiable matters. However, the service needs to ensure they do this in a timely manner and that oversight is maintained. This is to ensure all the appropriate notifications are sent. We discussed this with the managers and action has been taken.

Care staff told us they enjoy working at the service. One staff member said, *"I love it"*. Care staff are supported to develop and progress within the company. We heard lots of positive feedback regarding the support and development of staff within the service. The service ensures that staff are vetted prior to employment. We saw the appropriate checks are made on staff's identity, references and Disclosure and Barring Service (DBS) checks. The service needs to ensure that employment histories are fully completed. Care staff go through a probation period where they receive regular support, oversight and supervision. Care staff receive a contract and a job description. Care staff and managers are enthusiastic and knowledgeable. Care staff feel well supported by their managers and receive regular supervision and an annual appraisal. One staff member said, *"they're so lovely and really helpful"* and another said, *"they're marvellous"*. Staff told us they have regular staff meetings where they can raise any issues, but managers are always available either within the service or on call. All staff receive mandatory training and specific training is provided when needed. Care staff understand and know how to raise a concern. People, their families and care staff feel confident raising concerns with managers. One relative said that the manager would *"get stuff done"* and described them as *"excellent"*.

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
60	Regulation 60: Reportable occurrences must be notified to CIW without delay.	Achieved
15	Regulation 15(7)((a) & (c): When preparing the personal plan, the service must consider the Local Authority Care & Support plan and any relevant professional assessments.	Achieved



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