



Inspection Report on

Mirus Supported Living and Community Support Services - Powys Region

**Mirus Wales
Unit 5 Cleeve House
Lambourne Crescent
Cardiff
CF14 5GP**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

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About Mirus Supported Living and Community Support Services - Powys Region

Type of care provided	Domiciliary Support Service
Registered Provider	Mirus Wales
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	08/10/20
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

Mirus Wales provides care and support to people in their own homes throughout Wales. This report covers the Powys region.

People receive a person-centred service. Care and support plans are individually tailored to meet people's specific needs. There are processes in place that maximise people's engagement in support planning and skills development. Robust monitoring systems keep track of people's progress in relation to daily living skills and people's overall health and well-being. Risk assessments are clear and show thresholds for intervention. Care documentation is reviewed periodically in line with regulation.

Care workers are recruited safely and there are a range of policies and procedures in place that underpin safe practice. The responsible individual (RI) has good oversight of service delivery and meets regularly with people connected to the service to inform improvements. We found improvements are needed to ensure all staff are up to date with the services' core training requirements, and for staff to receive the necessary levels of supervision and appraisal within the required timeframes.

Well-being

There are systems in place to keep people safe. Policies and procedures relating to safe practice are reviewed regularly and contain current national guidance. These include policies for Safeguarding, Whistleblowing, Medication and Infection control. Care workers we spoke to are aware of their safeguarding responsibilities and know the process for raising concerns. Infection control measures minimise the risk of cross contamination. Care workers receive relevant training and there is a plentiful supply of personal protective equipment (PPE). Regular testing for Covid-19 helps contain any outbreaks. Support is available for people with medication needs. We examined a number of medication recording charts (MAR) and found they are filled in correctly with no gaps. This suggests people receive their medication in line with the prescriber's recommendations. Regular audits are conducted to ensure any discrepancies are identified and actioned.

The service supports people's choices. People are able to do the things that are important to them and are encouraged to develop to their full potential. People and their representatives are extensively involved in the care planning process. This ensures people's personal outcomes are identified. We saw people have individual activity plans which include domestic tasks as well as leisure pursuits. Activities are conducted in people's homes as well as the wider community. The service also supports people to go on holidays of their choice. Regular reviews of people's care and support needs ensures they are receiving the best possible service.

People are treated with dignity and respect. During our inspection we visited a number of supported living services. We observed positive interactions between people and care workers. We could see care workers know the people they support well and are familiar with their needs, wants and routines. People and their representatives provided complimentary feedback and used words like "excellent", "fabulous" and "good", to describe care workers and the management team.

Care and Support

People benefit from a high standard of holistic person-centred care and support. Personal plans highlight people's individual outcomes and provide detailed, informative information on how to best support people to achieve these. We examined a number of personal plans and found they are developed in conjunction with the person, their representatives and where necessary the wider multi-disciplinary team. Personal plans capture information such as people's likes, needs, what matters to them and the best ways of providing care and support. Specialist plans such as Positive Behaviour Support (PBS) plans are in place to ensure people's behavioural needs are managed in a safe respectful manner. Risks to people are thoroughly assessed and effectively managed with plans in place that promote positive risk taking. Care documentation is periodically reviewed and updated when people's needs change.

People and their representatives are pleased with the service they receive. We spoke to a number of people and their representatives all of whom provided positive feedback regarding the service they receive. One person told us *"I know all the carers. Most have worked here a while. They are fantastic, they do a fabulous job. They support us really well"*. A relative of a person using the service said *"My son is safe, he's given opportunities. They are responsive as a service; they work to resolve any issues there may have been"*.

There are systems in place to monitor people's progress in relation to skills development and overall well-being. The service utilises the 'Active Support' model. This person-centred approach to providing support ensures people of all abilities are appropriately supported to engage in a range of activities. Participation for each activity is monitored on a six-monthly basis to show progress or deterioration. Care workers know the people they support well and are able to identify changes in people's health and well-being. We saw daily recordings are up-to-date and any changes to people's presentation prompt referrals to the appropriate health care professionals.

The Statement of Purpose and User Guide set out the services aims, values and types of care and support it offers. We examined these documents and found they are reflective of the care and support people receive.

Environment

This domain is not considered as part of a domiciliary inspection. The agency offices are suitable for their intended use with secure storage facilities.

Leadership and Management

Robust governance and quality assurance arrangements are in place to support the smooth operation of the service. The service has a clear set of policies and procedures in place that support safe practice. We saw evidence that the responsible individual (RI) regularly undertakes analysis of complaints, safeguarding matters or any other significant events. Area managers conduct periodic audits of each supported living service and consider areas such as medication, positive behaviour support, lone working, and fire safety. We saw evidence that where shortfalls have been identified, actions for improvement have been implemented. The RI regularly meets with supported people and staff to discuss their views on service delivery and to obtain feedback to inform improvements. A quality-of-care review is completed on a six-monthly basis. We examined the last two quality of care reports and found they are detailed and clearly highlight the services strengths and areas where it can improve.

People are supported by a team of care workers that have been recruited safely. We looked at a number of personnel files and found all the necessary pre-employment recruitment checks have been completed. These include references and Disclosure and Barring Service (DBS) checks. We saw evidence of a structured induction programme that new employees have to complete. Care workers spoke positively about the induction process saying training and shadowing experienced members of the team provided them with a good introduction to the service.

Improvements are required to ensure care workers are supported to develop to their full potential. The service offers a range of training and development opportunities including core and specialist training. Records show not all staff are compliant with the services core training requirements in areas such as safeguarding, medication administration and first aid. We discussed this with the management team and explained this was an area of improvement which we will review at our next inspection. On the whole care workers feel supported in their roles. However, some care workers we spoke to told us this was not the case and explained managerial support was lacking. We looked at records relating to supervision and appraisal and found not all care workers have received the recommended levels of formal support within the required timeframe. While no immediate action is required, this is an area for improvement, and we expect the provider to resolve the issue.

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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36	The provider is not compliant with regulation 36(2)(c). This is because not all staff have received supervision and appraisal at the required frequency.	New
36	The provider is not compliant with regulation 36(2)(d). This is because not all staff are compliant with the services core training requirements.	New

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