

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

Date Inspection Completed

18/08/2023



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	02 August 2022
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

Mirus Wales provides care and support to people throughout Wales. This report is dedicated to services provided in the Powys region.

The service provides care and support to people with disabilities. Personal plans are detailed and contain a high level of person-centred information setting out people's care and support needs. Risk assessments highlight areas of concern and set out strategies for keeping people safe. Reviews are completed in conjunction with people and their representatives which ensures people are at the forefront of the care and support they receive.

The Responsible Individual (RI) and senior management team have good oversight of service provision. They engage with people and care workers regularly to gather their views. Since the last inspection we found improvements have been made in relation to training and staff support. The service operates a safe recruitment process where potential employees are thoroughly vetted to ensure they are suitable to work with vulnerable people.

Well-being

People are supported to be as healthy as they can be. Information such as medical diagnosis and medication guidelines are recorded in people's personal plans. Medication management systems ensure medication is safely administered. We saw all appointments are recorded and any contact made with healthcare professionals is documented. Care workers know the people they support well and can recognise changes in their presentation and report to the relevant professional for advice or support.

People have control over their day to day lives and are supported to make choices. The service adopts a collaborative approach to the care planning process, involving people, their representatives, and where necessary other professionals. This ensures people receive person-centred care and support. People can participate in activities they enjoy with progress and participation being monitored. People are actively encouraged to access community facilities and maintain relationships with family and friends.

As far as possible, people are protected from harm and abuse. Risk assessments and management plans help reduce the risks to people's health and safety. There is a safeguarding policy and care workers receive relevant training. Care workers told us they are aware of their safeguarding responsibilities and the process for raising concerns. Care workers receive regular supervision where they have the opportunity to discuss any concerns they have with their line manager. Other policies and procedures such as medication, whistleblowing and positive behaviour support are kept under review and support safe practice.

Care and Support

People experience a good level of care and support. Personal plans consider people's outcomes as well as the practical care and support they require. Risks to people's health and safety are thoroughly assessed and managed. Care and support is delivered via a person-centred approach. This means care and support provided is specific to each person's individual set of needs. People and their representatives are involved in the care planning process and are regularly consulted on the care and support provided. Regular reviews highlight people's goals and aspirations and help people plan for the future.

The service offers support to people with medication needs. There is a medication policy aligned with best practice guidance. Care workers receive medication training and have their competency assessed. Regular medication audits are held to ensure best practice is upheld. We looked at a selection of medication administration recording charts and found they were filled in correctly. This suggests people receive their medication as prescribed. We did note one person's medication was not being administered in line with the service's controlled drugs policy. We discussed this with the management who assured us they would rectify the issue.

People are supported to be as independent as they can be and can participate in activities they enjoy. Personal plans we viewed contain activity plans which set out people's daily routines. Activities include domestic tasks as well as leisure pursuits. We saw the service utilises the 'Active Support' model to monitor people's progress and participation in activities. This model of support aims to help people develop new skills or improve on existing skills, so they are more involved in everyday tasks.

People and their representatives have positive relationships with care workers. People are involved in the recruitment process, and we saw the service utilises a staff matching tool to ensure care workers have similar interests to the people they support. People we spoke to provided complimentary feedback regarding care workers. One said, "I get on with all the staff, they're really good. The staff support me to stay safe". Another person said, "The staff help me with my issues. I get on with all the staff who work with me". People's representatives explained there are good lines of communication between themselves and the service, and they are kept up to date with all significant matters. A relative of a supported person said, "Communication is good. They keep me up to date. I have a good relationship with the care staff. They are lovely".

Leadership and Management

Care workers feel supported in their roles and are trained to meet the needs of the people they support. Care workers we spoke to provided complimentary feedback regarding the management team and used words like, "hands on", "accommodating", "understanding" and "fantastic" to describe them. We looked at supervision and appraisal records and found care workers receive the required level of formal support. Care workers said training provision is good and that the training provided equips them with the skills necessary for providing good quality care and support. We examined the services training records which showed most care workers are up to date with their training requirements.

A thorough recruitment process ensures care workers have the skills and attributes required for working in the care sector. We examined a selection of personnel files and found all the necessary pre-employment checks have been completed. These include, employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. After being offered a post at the service care workers are required to complete a structured induction which is aligned with the All-Wales Induction Framework. Care workers are also required to work a six-month probationary period where their competence within their role is assessed. Shadowing opportunities are provided where care workers get to work alongside experienced members of the team. Care workers told us this process was useful as it gave them a good introduction to the service and the people they support.

Processes aimed to maintain the quality-of-service provision are in place. We saw evidence the RI regularly meets with supported people and staff to gather their feedback to inform improvements. The quality of care provided is reviewed in line with regulation and a report is published on a six-monthly basis. This report highlights what the service does well and any areas where improvements can be made. Complaints, reportable incidents, and safeguarding matters are recorded and processed in line with policy. We looked at a cross section of the services policies and procedures and found they reflect current statutory and best practice guidance. Policies and procedures are kept under review and updated when necessary. Other written information we viewed included the statement of purpose and user guide. Both these documents accurately describe the service and contain lots of useful information such as the complaints process and the availability of advocacy services.

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
36	The provider is not compliant with regulation 36(2)(c). This is because not all saff have received supervision and appraisal at the required frequency.	Achieved
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.	Achieved

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Date Published 29/09/2023