



Inspection Report on

Family Housing Western Bay

**Family Housing Association (Wales) Ltd
43 Walter Road
Swansea
SA1 5PN**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

14/01/2021

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About Family Housing Western Bay

Type of care provided	Domiciliary Support Service
Registered Provider	Family Housing Association (Wales) Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	First RISCA inspection of the service
Does this service provide the Welsh Language active offer?	No

Summary

Family Housing Western Bay is a domiciliary support service providing support to people in their own homes and in various locations across the Swansea Bay region. The service supports people with a variety of needs including dementia, physical disability, sensory impairment and mental health. The Responsible Individual (RI) is Max Humber and there is an operations manager in post who is registered with Social Care Wales. There are managers and team leaders that cover various locality areas. People receive a good service from Family Housing Western Bay with a team of care staff who are well trained and dedicated to their work. The management team are visible in the running of the service. There are robust systems in place to ensure there is oversight of the quality of domiciliary support service delivered.

Well-being

People contribute to and have a voice in decisions that affect them. Feedback from people who use the service informed us that they participate in a wide variety of household and leisure activities although some being constrained due to the current pandemic. One person informed us that staff “*are genuinely caring and thoughtful*” and another “*I get support with whatever I need, I just need to ask*”. There are activity plans and care plans, which people contribute to, and care staff actively promote in the services. Care staff stated that they understand the importance of maintaining and developing people’s skills and abilities.

The service is well run and managed. There is good oversight from the RI and management team. All care staff told us that they have a positive working relationship with their managers, feeling supported and listened too. Relatives we spoke to informed us that communication is good, one stating, “*staff and management are easy to contact*”. We saw that RI checks are completed, senior management meetings are taking place regularly and that there is good communication across the organisation. However six monthly quality of care reviews need to be strengthened and we have requested that this is addressed prior to the next inspection. Care staff receive a combined quarterly supervision and appraisal. These were viewed and covered areas such as well-being, training and development. A manager informed us that a new policy in relation to care planning has recently been introduced. Work is currently underway to embed this across the organisation.

People are safe and risks to their health and wellbeing minimised as far as possible. There are detailed and thorough safeguarding and whistleblowing policies that are in date and updated as necessary. Staff have received training in relation to safeguarding of vulnerable adults. Current infection control and Covid 19 measures are clearly referenced in policy and reports.

Care and Support

The service provides a good standard of care and support to people. We spoke to eight people receiving a service and four relatives. All spoke very highly of the care staff and managers. One person told us *“they are reliable, caring and they understand you”* another *“brilliant, they go above and beyond what’s needed”*. A relative informed us *“they are fantastic, they know what they doing”* and another *“the staff always keep in contact with us and we can usually get hold of someone in a senior position if we need them”*.

The service provider considers a wide range of information to confirm that the service is able to meet people’s needs. We looked at eight care files, all contained information regarding people’s needs and personal outcomes. There is evidence of person centred planning contained in documentation such as assessments, care plans and keeping well conversation sheets. Care plan reviews take place on a three monthly basis. These reflect the person’s contribution towards their care and include personal outcomes and achievements. One person told us *“I get on well with the staff they are friendly and they know what they doing”*. A keyworker system is in place and a staff member informed us *“key workers develop the support plans with tenants...staff take a person centred approach, helping tenants with whatever they feel they need”*. Care staff showed good knowledge of people’s needs one stating, *“It is a pleasure to work in my job, as I see the difference this service makes to people’s lives...become a more stronger and an independent person, being confident and having a purpose”*. We read the latest quality of care three monthly report that details discussion with a person about their ambitions and current progress. We would recommend that the service includes a section regarding safeguarding and any subsequent actions taken to help promote learning.

There is a new policy which *“empowers people to live the life they want to lead”* this is based on the principles of a psychologically and trauma informed approach key to which is good communication and co-production. This policy is currently being rolled out across the whole service and feedback from care staff and management is positive about its progress, aims, objectives and impact. Feedback obtained from people using the service, relatives and professionals is very positive regarding good communication across the service.

People are protected as far as possible from abuse and neglect. There is a detailed safeguarding policy which references the Wales Safeguarding Procedures. Care staff have received training in relation to safeguarding. Although we were informed that there are very few safeguarding concerns we would advise that reference is made to it in quality reports and reviews. Current infection control and Covid 19 measures are clearly referenced in policy and reports.

Leadership and Management

There are good oversight arrangements in place to ensure the service runs smoothly. The service is managed by a Head of Care and Support and two Operational Managers and Responsible Individual (RI). Team leaders and service coordinators directly oversee the individual supported accommodation settings and domiciliary support service. There has been a care and support restructure over previous months. We saw a detailed document regarding this and the consultation that took place both internally and externally with staff and commissioners. Staff and manager feedback indicates that this change is broadly positive and welcomed across the service. We looked at policies and procedures and saw that these are thorough, detailed and reviewed as required. An easy read document is available in respect of compliments and complaints. The current Statement of Purpose fully reflects the service provided. There are appropriate and robust quality assurance systems in place, a clear policy describes the processes and associated practice across the service. The RI completes three monthly checks of the service provision although currently there are no six monthly quality of care reviews being completed. We expect the service to take action to address this prior to the next inspection. The most recent three monthly check completed by the RI includes virtual discussions with managers. This includes wellbeing outcomes, Covid 19 measures, incidents and notifications, care file audits, training and quality assurance. We would recommend that safeguarding information is also included. Front line managers complete quarterly quality assurance audit checks and reports in areas such as care and support, absence, training, compliments and complaints with associated actions.

Care staff receive training to ensure they are skilled and competent to deliver the service. Training records detail online training that care staff have completed in recent months. We viewed the training matrix and saw that most training for care staff is current and in date. Records indicate that induction is in place for care staff and that this follows the All Wales induction framework for health and social care. We looked at eight staff files and all recruitment documentation was in place including Disclosure and Barring (DBS) checks, which were all current. Supervision and appraisal records were all in date and completed three monthly. The service uses a combined appraisal and supervision record which is completed on a three monthly basis. This should be clearly stated in policy documents.

Feedback forms were completed by care staff and considered in this report. These detailed good support from team leaders and managers. One staff member stated *"I can go to my manager at any time and always feel supported"*. However, several more feedback forms were completed by staff but were not considered due to the time restrictions.

Environment

The quality of environment is not a theme that is applicable to a domiciliary support service.

Areas for improvement and action at, or since the previous inspection		

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Areas where immediate action is required	

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Areas where improvement is required	
Ensure six monthly quality of care reviews are completed.	Regulation 80

Date Published 27/04/2021