



Inspection Report on

Innovate Trust Community Living

**Innovate Trust
433 Cowbridge Road East
Cardiff
CF5 1JH**

Date Inspection Completed

21/01/2022

21 January 2022

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About Innovate Trust Community Living

Type of care provided	Domiciliary Support Service
Registered Provider	Innovate Trust Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	
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

Innovate Trust is a domiciliary care service which provides personal care and support to adults with sensory loss/impairment, communication disabilities, complex or health needs, learning and/or physical disabilities, older people, and mental health problems related to learning disabilities. Care is provided in supported living accommodation for which people hold their own tenancy agreements, in the Rhondda Cynon Taf (RCT) area. The service provider has nominated a Responsible Individual (RI), who has oversight of the running of the service, and a service manager who is suitably qualified and registered with Social Care Wales as required.

The service ensures people receiving support have personal plans that detail their individual care needs and outcomes, and reviewed regularly. People and their representatives are complimentary about the positive relationships they have with care staff. Staff are suitably trained, and feel well supported, confident and happy in their roles. Staff told us they receive supervision, but records show this needs to be more regular to meet regulations in this area. The RI visits the service regularly and carries out her regulatory duties. Policies require reviewing and updating. As this is a domiciliary support service, we do not consider the environment theme, however the office premises was noted to be secure and 'fit for purpose' during our site visit.

Well-being

People have choice about the care and support they receive. Staff develop plans with the individual and their representative using good assessment tools, and review their outcomes regularly. Activities are varied and people are encouraged to meet their goals and ambitions, and live healthy and active lives. They have information about the service and other support available, such as advocacy, in simple and easy to read formats. The manager and team leaders complete a number of audits of care practices to make sure people are receiving a consistent and good quality service. People's language and communication needs are considered. The service is working towards the Welsh language offer.

Staff document people's needs and risks to their safety and well-being, in personalised risk assessments. The service is responsive to changes in care needs and is evident in people's care plans. Behavioural management plans contain guidance for staff to identify and reduce potentially challenging behaviours. Incidents are recorded and patterns identified. Staff training and guidance is in place to help staff to manage and reduce risk to people's health and wellbeing.

Staff help protect people from potential harm or abuse. They receive safeguarding training and know the procedure to report any concerns they have. There are policies in place at the service such as Safeguarding and Whistleblowing, but these require reviewing and updating.

People can have assistance with their medication if required. There are medication policies and procedures in place at the service, however these also require reviewing and updating. Medication Administration Record (MAR) charts are usually complete and regularly audited by team leaders and manager. Staff have training and monitoring to ensure they can carry this task out safely and appropriately.

Care and Support

People and their families have positive relationships with staff. A relative told us that the communication is good with staff, team leader and manager. We saw a service user guide that people are given and a statement of purpose, which is mainly consistent with the service provided. This should reflect staff numbers for the specific area covered and current training provided to staff. Management ensures they inform staff of everything they need to know to provide good daily care, and provide channels to feed any concerns or queries back to the office. Feedback from people and their families is positive. One relative said *'the staff are excellent...the care is very good'*.

Care plans consider people's personal outcomes, as well as the practical care and support they require. We saw evidence these are reviewed regularly with people, their families, and other professionals, such as GP, occupational therapists, and district nurses. Recreational and vocational activities are varied, and people are encouraged to meet their own ambitions, interests and outcomes. People living at the service use an application called Insight to participate in daily activities individually or as a group such as crafts, fitness classes, music and film. We also saw a Participation Report that showed activities provided over the Autumn such as yoga, nature walks, live music, street dance, tennis and basketball club, friendship groups, crafts and workshops, and trips to Castell Coch and Christmas Lights Walk.

There are measures in place for assisting people with their medication, if needed. A medication policy and procedure is in place to provide guidance to staff, but this requires reviewing and updating. Staff have medication training, and supervisors check care workers' competence. We viewed samples of MAR charts, which were generally complete and accurate. We were told these are checked nightly by staff, weekly by team leaders, and monthly by managers. We saw evidence of these checks being done.

The service aims to protect people from potential harm and abuse. Staff receive safeguarding training and there are policies in place informing them how to report abuse, however the policies require reviewing and updating. Staff told us they could approach management with these issues.

There are infection control measures in place to reduce the risk of transmission of COVID 19. Staff told us they have received training in the correct use of Personal Protective Equipment (PPE), and there is information around Infection, Prevention and Control in the Health and Safety Policy. There is no separate policy for this currently at the service. During our office visit, we saw that there were good supplies of PPE and staff told us the same.

Leadership and Management

Staff are knowledgeable in their roles and responsibilities, feel supported by the management team, and benefit from the training and development programme that is in place. Staff told us they have time to gain the knowledge and experience they need to carry out their roles confidently and safely. There is an induction process in place, which includes mandatory training and more specialist training depending on the needs of the people requiring support. Staff told us they have supervision. They have one-to-one discussions with their line managers regarding various topics including their wellbeing and professional development. However, records show that formal supervision is not being carried out as regularly as required. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Staff receive ongoing training, some of which has been online e-learning and some limited classroom based training during the pandemic. Staff told us they feel happy and confident in their roles. One staff member said *'I enjoy it'* and another said *Innovate are an 'excellent employer...training is excellent...manager is approachable'*.

Recruitment and vetting processes are in place and are robust. All staff have up to date Disclosure and Barring Service (DBS) checks. The manager told us staff turnover has been higher than usual this year, due to staff moving into Healthcare and the pandemic. Recruitment is ongoing at the service using online platforms, attending job fayres, job centres, and incentives for existing and new staff. This remains a challenge across the sector.

There are monitoring and auditing processes in place to maintain the quality of the service. The RI visits the service regularly and has good oversight of day-to-day occurrences with staff and people receiving support. Quality of care reports and quality assurance reviews are completed. The provider is open to improvements. We viewed a log of complaints from the service. A complaints policy is also in place and appears to be followed. People are encouraged to provide feedback on the service. Family told us they feel able to approach staff and managers with any issues. Staff are supported to raise concerns about the service through whistleblowing procedures. A policy is in place and staff are able to access this. There are accessible safeguarding policies and procedures, and the service keeps records of any actions and outcomes. However, most of the policies we saw need to be reviewed and updated. Other regulatory policies were unavailable at the time of the inspection including a separate Infection, Prevention and Control Policy. We were told the provider has a Policy Group who are starting to look at the policies for the service. While no immediate action is required, this is an area for improvement and we expect the provider to take action. Care Inspectorate Wales (CIW) receives regular notifications from the service.

Environment

As this is a domiciliary support service, we do not consider the environment theme,

however the office premises appeared secure and 'fit for purpose' during our site visit. It was noted there was space for training and confidential discussions.

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
12	The service provider does not have all relevant and appropriate Policies in place at the service, and some	New

	of those in place require reviewing and updating. Ensure care staff have access to relevant, appropriate and up to date Policies.	
36	The provider is not providing staff supervision at least 3 monthly or annual appraisals for all staff. Ensure all staff receive the required level of supervision and appraisal.	New

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