



Inspection Report on

ios recruitment and training services ltd

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Date Inspection Completed

02 December 2022

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About ios recruitment and training services ltd

Type of care provided	Domiciliary Support Service
Registered Provider	ios recruitment and training services limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	28 April 2022
Does this service provide the Welsh Language active offer?	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

At this inspection, we found ios recruitment and training services ltd to be an improving service under new management, recently recruited. We found the new manager to be effectual and responsive. Managerial monitoring, oversight and quicker action is now being achieved to keep people safe. We received positive feedback from people and most of their representatives using the service, and positive feedback from staff working at the service and from visiting professionals.

Although improvements are being made, progress is still not sufficiently achieved in three areas of performance. We found absent or out of date and basic information in people's personal plans and reviews of their care and support. Due to this, people are still at risk of not receiving the correct care and support from a service provider that knows how best to support people. We also found the service is still not being delivered through sufficient care, competence, and skill and people have been placed at risk as a result. We have received assurances from the new management team that urgent actions have been implemented to resolve this. We will revisit the service for an early inspection to test if this has been fully achieved. Where providers fail to take urgent priority action, we will take enforcement action.

Well-being

People are now kept as safe as possible from harm and abuse. We found good managerial oversight of safeguarding allegations. The service provider appropriately records, investigates and analyses safeguarding allegations to implement actions and 'lessons learnt' opportunities to prevent further events. The service provider is proactive at identifying, reporting, and addressing concerns to maintain the safety and well-being of people.

People cannot be assured their well-being is always promoted because they are at risk of being supported by care workers that do not fully understand how best to support them. People cannot be assured that care workers are suitably trained and have a full understanding of their condition.

People benefit from care and support from a workforce that shows a commitment to improving the well-being of staff. All care workers we spoke to told us they feel valued, motivated, and supported by the management team. There has been a change in culture under new management who are demonstrating a commitment to improving the well-being and experience of people using the service. We were told, good practice guidance and new staff incentives, including recognition and promotion opportunities, are being made available to staff.

People can be confident they are supported by a service provider that has shown a commitment to working in partnership with professionals to enable people to live at home for as long as possible.

People's voices are heard and listened too, and more people now feel in control of their day-to-day care. Most people we spoke with told us they feel listened to by management when raising concerns. At this inspection we found improved recording and actions completed by management in response to concerns and complaints raised.

Care and Support

Most people and their representatives are happy with the care and support provided and feel they are treated with dignity and respect. People still do not receive a staff rota before care workers arrive at their home to inform people who will be arriving to deliver care and support. The provider must consider how they can ensure people have information to make or participate in decisions about the way their care and support is provided to them in a way that promotes assurances of continuity and gives the individual the comfort of knowing who will visit and when.

People can be confident they are supported by a service provider who communicates openly with professionals in response to concerns and incidents. We read clear records evidencing regular communication with health and social care professionals when issues arise for people.

People cannot be confident they get the right care and support as early as possible by care workers that know how best to support them. The most recent information for people is not accessible on their personal plans and we found personal plans are not being used as live documents. We continued to find most personal plans are task focused with examples including generic statements, out of date information or basic information about people. The content of personal plans does not focus enough on people's individual well-being, strengths, personal outcomes, and management of risk. Personal plans do not guide care workers to fully understand the person, which poses the risk of people receiving minimal care and poor outcomes.

In addition to personal plans, we found reviews of personal plans are still basic and lack quality of information to ensure care workers will be informed of changes in people's needs. People's representatives and stakeholders are still not given the opportunity to contribute to people's review meetings, where relevant. The service provider has failed to act on our requirement to secure improvement for reviews of people's care and support since July 2019. The responsible individual (RI) has repeatedly failed to ensure people receive the right type of care and support from care workers and has failed to deliver a service through competence and skill. We have therefore, re-issued further priority action notices and the provider must take immediate action.

People cannot be confident there are robust medication arrangements in place. We observed and read examples of discrepancies when providing medication support to people compared with instruction in people's personal plans and risk assessments. We also observed the practice of one care worker to be in breach of the service provider's own medication policy and procedures. Since the last inspection, medication risk assessments have still not been updated to include clear plans and guidance for care workers and family during partnership arrangements. We also found a lack of plans and records for the safe

storage of medication for people. We have received assurances from the service provider they are addressing this in collaboration with the local authority.

Leadership and Management

Managerial oversight at the service has improved under new management. We found quicker action and increased record keeping for issues and events that affect the safety and well-being of people. We found a positive change in culture and practice at the service under new management. The service provider is now identifying, challenging, and acting in response to poor performance and allegations of abuse. Lessons are being learnt in response to safeguarding allegations and concerns raised by people, resulting in more people now being safer and feeling listened to.

People have received a service without robust due diligence checks, care, and competence. We found a lack of robust security and recruitment checks for new starters. We found a lack of robust policies and procedures in place for the management of people's monies which may have previously placed people at risk of financial abuse. Some people have received missed calls that may have gone unnoticed. Due to new management now in place, we have received assurances these areas of concern have already been urgently addressed and resolved with new safe systems in place.

The RI has made several improvements since the last inspection. Effective arrangements are now in place for the monitoring, reviewing, and improving the quality of care and support for people. The RI now oversees accurate completion of records at the service and completes quality of care checks. People can now be assured they are supported by a management team that is responsive and acts in response to safety and well-being concerns for people. People can also now be assured the service provider has good governance of infection control requirements since the last inspection. Despite this, the RI has failed to meet all non-compliances issued at the last inspection. Due to more time being required for the new management team to fully embed the changes required at the service, we will provide this service with an opportunity to receive more time to secure full improvements. ios recruitment and training services, will remain as a service of concern until all outstanding non-compliances have been met. Failure to achieve this at the next inspection may result in enforcement action.

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
16	Reviews of personal plans do not involve representatives and stakeholders and do not accurately reflect people's changing needs and risks.	Not Achieved
15	Personal plans are not accurate and up to date, they do not capture what the most recent well-being needs and risks are for people. Personal plans do not set out how individuals will be supported to achieve their outcomes and steps which will be taken to mitigate any identified risks to the individual's well-being. They do not guide care workers to understand how best to support people.	Not Achieved
6	The service provider does not ensure the service is provided with sufficient care, competence and skill, having regard to the statement of purpose.	Not Achieved

8	Effective arrangements are not in place for monitoring, reviewing and improving the quality of care and support for people.	Achieved
26	The provider does not undertake close monitoring, recording, analysis and fails to ensure actions are completed for all allegations of safeguarding.	Achieved
80	The responsible individual does not ensure there is accurate completion of records within the service. The responsible individual does not test the validity of the manager's feedback and analysis.	Achieved

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
58	The service provider does not always provide a service in line with its medication policy and procedures. Arrangements for the administration, collection and safe storage of medication requires improvement.	New
56	People cannot be assured they will receive care and support from a service provider that followed infection control requirements	Achieved

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