



## Inspection Report on

**Padda Specialist Care Ltd (trading as Positive Pathways Support Cymru Ltd)**

**7 St. James Crescent  
Swansea  
SA1 6DZ**

## **Date Inspection Completed**

12/05/2023

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## About Padda Specialist Care LTd (trading as Positive Pathways Support Cymru Ltd)

Type of care provided	Domiciliary Support Service
Registered Provider	Padda Specialist Care Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">10 November 2021</a>
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

Padda Specialist Care Ltd trading as Positive Pathways Support Cymru (PPSC) is a growing domiciliary support service for adults over the age of 18 who live in the City and County of Swansea.

People receive a reliable and consistent service from PPSC. Support is provided by care staff who feel valued in their roles and are conscientious in their work. We received very positive feedback from people receiving the service and their relatives. Professional feedback was also complimentary about the service as a whole and the professionalism, of the management team. Peoples care and support needs are identified and planned in consultation with them ensuring that their preferences are captured. These personal plans are reviewed routinely and are easy to follow.

Care workers are suitably vetted during recruitment and are dedicated in their work. They receive sufficient training and are supported through routine supervisions, spot checks and annual appraisals. There is a passionate manager in post who strives to improve the service delivered to people continually. The responsible individual (RI) is visible in the office frequently visiting people to obtain their feedback about the service to drive improvements. There is good oversight of the service with systems in place to ensure daily checks and routine audits are carried out to minimise the risk of errors and evaluate the performance of the service.

## Well-being

People are provided with the information they need to understand what care and support is available to help them to achieve their health and well-being goals. In each file in people's own home, there is a copy of the Service User Guide (SUG) which details all the areas that the service can support them with. Assessments are carried out with people and from this point, people can convey their needs and the support required. These are then recorded into their personal plans which are then discussed and agreed with the individual and this enables them to anticipate what to expect on each visit.

People have a voice and can inform improvements in the service. Personal plans are very detailed and give a good overview of the person and their personal history. Details of how best to support them is clear for care staff to follow. These plans are reviewed with the individual as needed. The RI visits people to obtain their feedback about the service which assists in identifying improvements needed. Comments from people receiving the service included *"They always ask how I would like things done"* and *"they came to discuss everything with me and then we went through the care plan and it was exactly how I said it"*.

People are treated with dignity and respect by a care team who know them well. People have a consistent care team most of the time. Care workers are content in their roles and have built good relationships with those they support; they receive good training and have the necessary skills to support people effectively. People told us that the care workers who support them are "first class" and *"I find them very good indeed, very helpful, not intrusive and nice people"*.

People are protected from the risk of harm and abuse. There are robust recruitment procedures in place and all staff have an up-to-date Disclosure and Barring Service (DBS) checks on the system. Safeguarding training is mandatory for all care staff and those spoken with are aware of their responsibilities and the procedures to report any concerns they have about the people they support.

There is good oversight in the service. The well-respected manager and RI are visible in the service daily. There are good auditing tools in place to monitor the service and deal with any issues promptly as they arise. Regulatory reports, notification submissions and RI visits to people are all in place to ensure the service is compliant with regulations. The well-being of staff is considered in the service and to minimise the cost of living, the provider has a fleet of company cars for care staff to use when providing care in the community.

## Care and Support

People are provided with the quality of care and support they need through a service designed in consultation with them. We viewed eight care files and visited people receiving the service. Personal plans contain a lot of detail about the person, their history, health conditions and good detail on the support required. Information for care workers is clear and easy to follow and details are included of what to do on each visit. Quarterly reviews take place and people visited confirmed this, one person said *“Yes, they do reviews and pop in frequently to see me, it’s a really nice sort of family feel”*. People told us that communication overall is very good, and they all felt confident that any concerns or issues they have would be resolved quickly by the office. On asking a person on their opinion on the care staff they said, *“I think they are fabulous; I know they are my carers, but they are also my friends and I know them all well, I’ve got a consistent care team and lots of them are from abroad and they are wonderful”*.

There are mechanisms in place to safeguard people. We saw care workers complete safeguarding training as part of their core mandatory modules. Care workers spoken with have a good understanding of their responsibilities and the procedures to follow if they have concerns about people they support. Where possible people are provided with consistent support from a team of carers who they know well. The provider has a safeguarding policy in place which reflect the Wales safeguarding procedures. People told us they feel safe with the care staff who support them, comments included: *“yes I feel safe, no one is overpowering or anything like that so that’s all good,”* and *“yes I trust them implicitly”*.

The service has good systems in place for the management of medication. We saw Medication administration records (MAR) in people’s homes, these were completed correctly with no gaps in recordings. The manager told us that care workers must complete medication training and competency checks before supporting people with medication. MAR charts are audited by the senior care team prior to being sent to the local authority medication management team where they are checked further. Should any discrepancies arise in these audits, these are reported where necessary and investigated promptly. Care workers know the people they support well and can recognise changes in health should they arise. Any concerns are reported to the office promptly who then alert the relevant professional and family members where agreed.

## Environment

The environment is not a theme which is applicable to Domiciliary Support Services. However, we visited the office premises which are in a busy area in Swansea with limited parking. The office is not accessible but is light and clean with no confidential information on display. There is a main office hub and smaller rooms and facilities as well as a large training room with suitable equipment for staff training. Most information is stored on electronic devices that are password protected. Paperwork is stored in locked cupboards. Environmental risk assessments take place in people's home prior to commencement of the care package to minimise any risks identified to people and care staff.

## Leadership and Management

The provider has governance arrangements in place to support the smooth operation of the service. We looked at the service Statement of purpose (SOP) which accurately reflects the service. There are policies and procedures in place that are reviewed as required and updated to reflect any changes in legislation. Community calls are monitored by an electronic call monitoring system which is observed from the office whilst calls are active daily. This ensures all calls take place and care staff arrive safely and prevents missed calls. The senior care team carry out daily checks and the manager carries out audits of systems in place to maintain the smooth running of the service.

There are good procedures in place to ensure that care workers are suitably vetted, recruited and trained to meet the needs of people they support. We looked at six staff personnel files and found all required documentation for safe recruitment is in place. This includes background reference checks, identification documents and Disclosure and Baring Service (DBS) checks which are updated as required. All care workers are required to undertake numerous mandatory training modules and competency checks. Care staff have regular supervisions and annual appraisals to support their professional development. Spot checks are also carried out to monitor the quality of service delivered. The manager told us that most of the care staff are registered with Social Care Wales (SCW) – the workforce regulator or working towards this. Care workers benefit from the use of company fleet vehicles to use when working so this minimises costs for them. All staff spoken with are very complimentary of the provider and feel very much supported in their roles, comments included: *“I find the management have both the clients and the carers well-being in high regard”* and *“I am very thankful to them for their support and kindness”*.

The provider has arrangements in place for the effective oversight of the service through ongoing quality assurance. The manager is supported by an active RI who is visible in the service regularly. As part of the quality monitoring, the RI speaks to care staff and visits people regularly to obtain their feedback about their experiences of the service. This is to inform improvements required to enhance the service further. The RI also carries out dip sampling of documentation including care and personnel files to ensure all requirements are in place and reviewed. The RI completes reports to evidence this oversight and completes bi-annual quality of care reviews as required by regulations. We found these reports gave an overview of what the service was doing well and improvements and actions that had been identified.





### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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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N/A	No non-compliance of this type was identified at this inspection	N/A
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