



## Inspection Report on

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

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

## **Date Inspection Completed**

02 November 2021

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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	
Does this service provide the Welsh Language active offer?	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

Positive Pathways Support Cymru Ltd is a newly established domiciliary support service that provides care and support to adults living in Swansea. The registered office is in the uplands area of Swansea. People are treated with dignity and respect by care workers who are happy in their work, dedicated, adequately trained and feel valued. People are complimentary about the care workers that visit them. Care workers are recruited safely and supported to develop in their roles. There is a manager in post who is registered with Social Care Wales and the responsible individual (RI) has good oversight of the service. The management team are visible in the day-to-day running of the service and there are systems in place to ensure robust oversight of the quality of service delivered.

## Well-being

People have a voice and are involved in the content of their personal plans. Personal plans are discussed with people and reflect their needs well. These personal plans are reviewed routinely by the service and are updated as necessary. People are satisfied with the service received and are complimentary about the care team.

People are protected from harm and neglect. The service has policies and procedures in place that are reviewed routinely, this includes the safeguarding policy. Care workers have received training in safeguarding and those communicated with are aware of their responsibilities and how to report any concerns. The service has good infection control procedures in place and a good supply of appropriate personal protective equipment (PPE). Generic risk assessments are in place for service provision.

People are treated with dignity and respect by a care team who are recruited and vetted appropriately. The service carries out appropriate pre-employment checks to ensure care workers are suitable to work with people. Care workers undertake necessary training and competency checks to ensure they are skilled appropriately. Supervision of care workers is carried out as required and annual appraisals will soon be implemented. Overall, care workers feel valued and are complimentary of the level of support received from the management team.

People have access to accurate information about the service and there is good oversight by the RI. The service, on the whole, is well-run, there are quality assurance systems in place and regular feedback is received by people and staff for informing future improvements. Bi-annually quality of care reports are completed as required by the regulations and these are completed with feedback from people. Policies and procedures are in place and are reviewed routinely.

The service provider is working towards an Active Offer of the Welsh language. This means being able to provide a service and documentation in Welsh without people having to ask for it. At present, there is no demand to deliver a service to people in Welsh. However, if the demand should arise in the future then translation of key documents would be considered along with the recruitment of Welsh speaking care workers.

## Care and Support

People are provided with the quality of care and support they need through a service designed in consultation with them. We looked at three care files and saw that personal plans give a good oversight of the person and their care needs. We saw these plans are reviewed and updated as needed. However, review forms in use are very much like a tick-box exercise and could be utilised more effectively. People's signatures were seen on paperwork confirming their agreement with the contents and if unable to sign this is noted. We spoke with people receiving the service and their relatives who told us the service is good and meets their needs. Comments included: *"I am very happy with the care X is receiving"* and *"they do everything X wants them too"*.

The service has mechanisms in place to safeguard vulnerable individuals to whom they provide care and support. We spoke with care workers and all are aware of their duty to report any concerns about people to the management. There is a safeguarding policy in place which has been reviewed and reflects the updated All Wales safeguarding procedures. People told us they are comfortable with the care workers that support them and feel safe, one said *"The carers are all very friendly, caring, helpful and hard-working"*. We saw that the service provider carries out generic risk assessments with people prior to commencing support. More detailed risk assessments on recognised risks e.g. skin integrity and time specific medication requirements would enhance these further.

The service has systems in place for the management of medication. Personal plans indicate what level of support is needed by individuals with regards to their medication. We saw that training is given to care workers assisting with medication, and competency checks are carried out to ensure safety. We saw that there were minimal medication errors recorded and when errors occur they are investigated to prevent further occurrence. Care workers record any issues with people's health and also telephone the office to seek assistance when required. Medication administration records (MAR's) are completed in people's homes and audited weekly by senior care staff.

The service promotes hygienic practices and manages risk of infection. Care workers spoken with confirmed that there was a good stock of PPE available to them. Feedback from people also confirmed this. We saw that the service is following the up to date guidance in relation to the covid-19 pandemic and there is an up-to-date infection control policy in place.

## Leadership and Management

People are supported by care workers who are suitably vetted, recruited and trained to meet their needs. We looked at three staff files and found required recruitment documentation and suitability checks are in place. These include up to date Disclosure and Barring Service (DBS) checks. We found that the majority of care workers have completed, or are working towards, a recognised care qualification. Once eligible, all care workers are registered with Social Care Wales (SCW). Feedback from care workers in relation to the amount of training received was good and all said that they felt adequately trained to do their jobs competently. We saw that most training since the start of the service was completed online however the manager confirmed that more face-to-face training was planned for the near future.

Care workers feel well supported in their roles. We looked at three staff files and saw that all contain records of quarterly supervisions. We saw that spot checks to monitor care workers practice through observation also take place routinely. Most care workers felt happy in their roles and were complimentary of the level of support available from the management team. Comments included *“Staff work very well together, everyone supports each other when needed”* and *“there is always someone available to answer any questions or help with anything I need”*. Care workers also commented on requiring more travel time between calls during periods of heavy traffic. The manager said this is an element of the service that is reviewed regularly and feedback from staff is taken on board.

The provider has arrangements in place for the effective oversight of the service through ongoing quality assurance. We saw that the RI visits the service frequently and completes dip-sample audits on care and personnel files. There is a tracker in place for any incidents, accidents and complaints to be recorded. The RI uses this as well as speaking to people and care staff to establish any issues with the service and to devise methods to resolve them. This is all logged on the quarterly RI reports which were seen. The RI also completes a bi-annual quality of care report, this includes an overview of feedback from people and staff. The report notes areas in need of improvement and suggestions of how these improvements will be implemented. The service’s Statement of Purpose (SOP) is reviewed quarterly and accurately reflects the service. Policies and procedures have also been reviewed and updated as required.

## **Environment**

The quality of environment is not a theme that is applicable to a domiciliary support service. However, the office premises are on the first floor so access is restricted. We found the premises to be clean and spacious with no personal information on display. Most of the information is stored electronically on password encrypted laptops and any hard copies or documents are stored in locked cupboards. Environmental risk assessments take place in people's own homes prior to care staff providing a service to ensure a safe working environment for the care staff.





### 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
N/A	No non-compliance of this type was identified at this	N/A

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