



# Inspection Report on

**Resolution Care Services Ltd**

**Unit C5  
North Road  
Bridgend  
CF31 3TP**

**Date Inspection Completed**

07/09/2023

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## About Resolution Care Services Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	Resolution Care Services Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the service's first inspection since RISCA Registration.
Does this service promote Welsh language and culture?	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

People receiving support from Resolution Care Services have plans that detail their individual support needs and personal outcomes. Personal plans are reviewed regularly, and involve people and others involved in their care. People and their representatives are very complimentary about the positive relationships they have with support staff and the management team. Staff feel well supported, confident and happy in their roles. Regular one to one supervision, monitoring, and training is provided for staff across the service. There are good systems in place for monitoring and reviewing the quality of the service. The responsible individual (RI) visits the service regularly and carries out their regulatory duties.

## Well-being

People have choice about the care and support they receive. Staff develop personal plans with the individual and their representatives. People provide feedback face to face or through service satisfaction surveys, which contribute to the quality assurance of the service. The service has other good quality assurance measures in place such as regular audits of care and staff files. This ensures people receive a consistent and good quality service. People's language and communication needs are considered. The service is working towards the Welsh language active offer, with information such as the statement of purpose and written guide, available in both English and the Welsh language on request. There is a Welsh Language policy, and the service currently has some Welsh speaking staff.

Staff document people's support needs and risks to their safety and well-being, in personalised risk assessments. An electronic care monitoring system is used, which allows support staff to log in and out of calls, view rotas, care plans, risk assessments, and information about people. The service is responsive to changes in support needs and people's personal outcomes, with regular reviews carried out at the service. This enables people to achieve personal outcomes such as participating in chosen social activities, maintaining positive relationships, health and wellbeing.

Staff help protect people from potential harm or abuse. They receive safeguarding training and demonstrate a sound knowledge of the procedure to report any concerns they have. Effective safeguarding and whistleblowing policies are in place, which are reviewed regularly.

People can have assistance with their medication if required. Medication policies and procedures are in place. Staff have training and 'spot checks' to ensure they can safely and appropriately carry out this task. At the time of inspection, the service was not supporting any people with their medication needs.

## Care and Support

People and their families have very positive relationships with staff and the management team at the service. Staff are familiar and know people well. People told us communication with the staff is very good. The provider makes sure people receive information about the service. Effective tools are in place for communication between management and support staff. A care monitoring application is used so staff can log in and out of calls, manage rotas, access care plans, and information about people.

Feedback from people's families is really positive. One relative said of the care staff *"They're like a breath of fresh air...lovely attitude and respectful...taken time to get to know her...laugh with her...don't baby her...so happy to see them."* And of the management team *"It's not just a job to them, it's much more than that."*

Care plans consider people's personal outcomes, as well as the practical care and support they may require. These are personalised, detailed, and clear. Care plans are reviewed regularly across the service, and involve people where possible, their families, and other professionals such as care managers and health colleagues. The service has good working relationships with local authority and health colleagues, that supports people's health and wellbeing. Feedback from one professional stated, *"In my experience management have been very approachable and proactive in seeking advice support if needed. I have found it easy to communicate with management, through both emails and telephone."* They also commented *"One individual who is having commissioned services at the time of review spoke so highly of the support they have received and how it has helped them to 'have a life again'."*

There are suitable measures in place for assisting people with their medication, if needed. A medication policy and procedures are in place that provide clear guidance to staff. They have medication training, and the management team check support workers' competence in helping people with medication through observations and 'spot checks'.

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. Staff told us they can easily approach management with any issues.

There are infection control measures in place. Staff receive training in this area and there is a clear policy and procedure. During our site visits, we saw there are plentiful supplies of Personal Protective Equipment (PPE) such as masks, gloves, aprons, and hand sanitiser. People receiving support told us that staff still use PPE when necessary, in their homes.

## Leadership and Management

Staff are knowledgeable in their roles and responsibilities and feel well supported by the management team. They told us they have time to gain the knowledge and experience they need before visiting people on their own. There is a thorough induction process in place, which includes training and shadowing other experienced workers. Staff have regular supervision that includes one-to-one discussions with their line managers regarding their wellbeing and professional development. Observations and 'spot checks' are also carried out. Staff receive both face to face and online training that they told us gives them the skills, knowledge, and confidence to carry out their jobs well. There is also a positive behaviour manager to support staff, the management team, and people using the service.

Staff told us they receive rotas in good time via a care monitoring application and are promptly advised of any changes. Staff told us they are happy, confident, knowledgeable, and skilled in their roles. They feel well supported by the management team. There are incentives and benefits in place to support staff such as paid travel mileage, a good hourly rate, a bonus at the end of their probation, a 'sickness' lottery, well being days, and a life support coach. One worker said of the management team *"They're awesome...can't fault them."* Another said *"They're the best managers I've come across, really supportive, very approachable, really nice, always available."* Robust recruitment and vetting processes are in place. All staff have up to date Disclosure and Barring Service (DBS) checks, and are registered or in the process of being registered with Social Care Wales (SCW). There is a stable cohort of staff at the service with a low turnover, but recruitment remains ongoing as the service expands.

There are good monitoring and auditing processes in place to maintain the quality of the service. Regular audits are carried out by the management team. The RI visits the service regularly, visits people at home, attends team meetings, and has oversight of day-to-day occurrences with staff and people receiving care. A quality of care review is due to be completed at the time of the inspection. A move to alternative premises is progressing, and there are plans in place to expand the service such as creating a sensory room for people to use, offering groups to people and staff such as arts and crafts, meditation, and well-being days. A record of complaints/compliments and reportable incidents is kept. A complaints policy is in place, although there have been no complaints received at the service since Registration. People receiving support provide feedback on the service through daily interactions, reviews, and satisfaction survey questionnaires. They told us they can address any issues or queries with the staff or the management team.

### 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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