



Inspection Report on

Family Support Wales

**1 Monastery Road,
Neath,
SA10 7DH**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

01/09/2023

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About Family Support Wales

Type of care provided	Domiciliary Support Service
Registered Provider	Child & Adult Support Services Ltd
Registered places	0
Language of the service	Both
Previous Care Inspectorate Wales inspection	This is the first inspection since registration with CIW (Care Inspectorate Wales).
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

Family Support Services (FSS) is a very small domiciliary agency. This is the first inspection since registration with CIW (Care Inspectorate Wales). The small number of people supported in their own home are happy with the service provided to them. FSS cover Neath and Swansea areas however, they do not provide a service in Neath and do not anticipate doing so soon. The service provides support to people aged 18 years and over. This service has a well-established small team with good knowledge of the individuals they support.

There is adequate governance by the Responsible Individual (RI) and the management team ensuring a satisfactory quality service that respects the wishes and aspirations of people they support. The RI works within the service on a day-to-day basis and is accessible to staff. There are systems in place to oversee the quality-of-service delivery. However, the visits and quality of care reports required are not completed. We saw satisfactory procedures in place for the safe recruitment of staff and ongoing training, supervision and monitoring to support staff development within their role.

Well-being

People have a voice and inform their personal plan. Personal plans give a good overview of the individual. Regular reviews take place, and the individual is included in the process. People are happy with the service they receive. The manager visits the service, questionnaires are also circulated to encourage people to share their views to drive improvement within the service.

People feel safe, secure, and protected from abuse and neglect. The provider has systems and processes in place to safeguard people. This includes the safeguarding policy and safeguarding training provided to staff. Staff told us they understand their responsibilities around safeguarding people they support and would report any issues raised. Staff files and training plan confirms this.

People are supported by staff who are recruited and vetted appropriately with employment checks in place. Personal files contain relevant documentation and background checks to ensure staff fitness to work in social care. All staff have a DBS (Disclosure and Barring service) check in place.

People's physical and emotional well-being is supported well, we saw well written support plans and risk assessments supporting people's independence. Families work with the agency to monitor the health and wellbeing of people. When necessary, the service supports people to their medical appointments and feedback to the individual's representative.

There is satisfactory oversight at the service. The provider uses an electronic system to give staff real time access to the information they need. Supporting staff to understand the needs and wishes of people and families they support. Home files are not always in place, which means families cannot easily view information. The RI informed us they do not intend to build on the numbers of people they support or on the hours they provide to an individual in the interest of quality. The RI has systems in place to monitor the quality of the service however this need strengthening.

Care and Support

People receive the care and support they need through a service designed in consultation with them. We looked at people's files and saw they are well written and are easy for staff to follow. Personal plans contain good information on the needs and preferences of people, giving good oversight of the person and what matters to them. Feedback obtained as part of the inspection found people are well supported with timely intervention from the agency with any changes in care need, especially around manual handling.

The provider has mechanisms in place to safeguard the vulnerable people they support. We saw policies and procedures in place to safeguard people. We spoke to staff who confirmed they are aware of the safeguarding process and are confident to raise a concern. One staff member told us; *"Protecting the individual and ensure they have their needs met and not mistreated"*. And *"I would report to my manager if I was worried about anything"*. Staff receive safeguarding training; this was confirmed by staff and the training plan seen on inspection. Staff use an App which provides information about the person including the care plan, risk assessments and access to daily notes. Staff can read and record notes while in the property to support the well-being and outcomes for people. We saw staff noted concerns with people's health and well-being, ensuring support from medical professionals is received in a timely manner.

A good service is provided which supports people's needs, wishes and aspirations of the people they support. Personal plans contain outcome based and person-centred risk assessments to support the wellbeing of people. Staff told us; *"Management and seniors write the care and support plans and risk assessments"*. *"But we get them before we go to meet the people"*. The RI is aware not every individual is given a copy of a home file containing all plans, risk assessments, complaints and any agreements relating to the care and support provided. However, relatives told us they have good relationships with the whole staff team and could contact the RI whenever needed and therefore did not need a home file. The RI ensured us people will have access to a home file in the future.

Leadership and Management

The provider has arrangements in place for the oversight of the service through ongoing quality assurance. The manager ensures the quality of care delivered is monitored and maintained. The RI communicates with people but does not visit them to obtain their feedback of the service to drive improvements. At the time of this inspection regulatory visits and quality of care reports required are not completed as part of the ongoing quality assurance. However, the RI assured us this will be addressed, and CIW templates will be used as a guide for future reporting. There is no negative impact on people, an improvement notice has not been issued on this occasion, but we expect the provider to ensure this is embedded and sustained.

People are supported by a service that meets their needs. There are several long-standing staff within the service, which provides continuity of care and support to people. Staff have the knowledge and skills to support people to meet their individual needs and outcomes. Staff told us; *"I had training and was supported within the homes to make sure I could support each individual's needs"*. And *"I do think I have sufficient training to enable me to support people well"*. A good recruitment process is in place to safeguard people. Enhanced Disclosure Barring Service (DBS) checks are undertaken and updated in line with regulations. Some staff are registered with or working towards registration with Social Care Wales, the workforce regulator. The RI and training manager are aware all staff must be registered with SCW six months following their employment.

We saw staff are supported through regular supervisions and team meetings. Staff told us they felt well supported by the manager and RI. Staff told us; *"Management are very supportive; they make themselves available on the phone or they will come to the service if you need help with something like hoisting"*. And *"We are given a chance to have our say in supervisions and feedback on positives or on any issues we might need to raise"*. The supervisions seen in staff files and the supervision plan supports this. Annual appraisals for staff within the service are not up to date. Whilst this has no impact on the well-being of people receiving the service, annual appraisals are a regulatory requirement. An improvement notice has not been issued on this occasion, but we expect the provider to ensure this is embedded and sustained.

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