



Inspection Report on

Castlecare Supported Living Limited

**22 Market Street
Dowlais
Merthyr Tydfil
CF48 3HL**

Date Inspection Completed

25/10/2023

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About Castlecare Supported Living Limited

Type of care provided	Domiciliary Support Service
Registered Provider	CASTLECARE SUPPORTED LIVING LIMITED
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection for the Gwent footprint of the service following RISCA registration
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

Castlecare Supported Living provide supported living and domiciliary care to people in Cwm Taf and Gwent regions. This report relates to the care being delivered in the Gwent region.

Overall, people are happy with the care and support they receive. Due to losing some care staff, the manager of the service has recently been providing a high volume of care calls alongside care staff to ensure people's delivery of care remains consistent. People report that their care calls are consistent and reliable because of this. However, the manager has therefore been unable to fulfil aspects of their management role, and a manager from a sister service has been enlisted to support them with this.

Personal plans contain information required to be able to support people in the way they want to be supported, in line with the care plan provided by the Local Authority care manager. People have recently been contacted to discuss any issues with their care packages. Medication is prompted or administered, and recorded, in line with the service provider's medication policy.

Care staff are safely recruited and vetted, and the supporting manager has taken over ensuring training and support for care staff is available and up to date. Audits are being completed and sent to the Responsible Individual (RI) to inform their quality assurance processes. Improvement is required to ensure the manager can fully focus on their management role.

Well-being

Care staff and the manager of the service support people to have as much control over their lives as they can. Although the times of the care calls are set when a package starts, we saw evidence of the supporting manager discussing the time and purpose of someone's care call with them, and making amendments to it where possible. There is information about the nature of the service and what can and cannot be provided, this is recorded in people's care files when the care package starts. The supporting manager has recently confirmed with everyone currently receiving a care package that they are happy with it and to discuss any issues.

There are systems in place to safeguard people from potential harm or abuse. Risk assessments are in place for behaviours that could cause a person to harm themselves or others. Care staff have completed safeguarding training and are aware that any issues or concerns should be raised as soon as possible. The manager is currently visiting people for care calls, and so is very familiar with people's care needs and circumstances. Care staff are able to contact either them or the supporting manager should a concern or an emergency arise. A safeguarding policy is in place to give additional guidance if needed.

People are supported to be as healthy as they can be. People's care plans include information on their physical and mental health conditions and any effect this has on their care needs. We saw an example of a positive behaviour plan, identifying how a person may require support to manage their mental health. Medication is either prompted or administered depending on need. Medication Administration Charts are completed by care staff and checked monthly for errors. The manager and supporting manager both advised that care staff contact them directly with any issues, which they then respond to.

Care and Support

Feedback from people receiving care and support from Castlecare is positive. There is a small group of people using the service at present, and a small staff team, meaning people have consistent care staff with whom they are familiar and have built up rapport with.

People's calls are generally on time, and the staff rota allows for appropriate travel time between calls. Changes to rotas are sent via a secure mobile phone app, as are care staff recording their start time and finish time for each call. At present, this is suitable for the number of people being supported. The manager advised an alternative method of communication would be needed should the service expand. At present, care staff can call the office directly and speak to the supporting manager or send messages via the mobile phone app. Daily notes are written following each call, noting what tasks have been completed and how the person was during the call. The sample of daily notes we viewed showed care was being provided in line with people's care plans.

Care plans contain the required information for care staff to be able to support people in a way that meets their needs and their preferences. Risk assessments identify things that could pose harm to people or care staff and the actions that are needed should harm arise. Involving people in their care plan reviews has not been consistent since the manager has taken on more direct care work. However, they are seeing many people in person and the supporting manager advised they have contacted everyone by phone to ensure there are no current concerns or issues with their care packages. There is a plan to resume more structured care plan reviews as soon as possible.

Leadership and Management

Care staff are recruited safely and are trained and supported in their roles. We saw that the required recruitment information is gathered prior to people starting in their roles. All care staff are working with Disclosure and Barring (DBS) checks, which are currently overseen by the supporting manager to ensure they remain in date. Most training is completed via e-learning, and we saw the supporting manager has worked with care staff to ensure mandatory training is up to date.

Supervision sessions enable care staff to have one-to-one time with their manager to discuss any personal issues and their professional progress and development. At present, the supporting manager is working with care staff to ensure that these sessions are held regularly. The manager also has opportunities to speak with care staff during the direct care work they are currently undertaking. The manager promotes staff wellbeing, both with conversation and with practical support, such as providing fleeces, torches and personal alarms for staff who are out in the community in the winter.

At present, the deployment of staff requires improvement. Due to staffing levels, the manager is currently completing direct care work and a supporting manager from a sister service is helping to maintain the management duties and oversee care staff. The manager is not able to fulfil their duties whilst completing the volume of direct care work seen at the time of this inspection. The RI advised that additional care staff were being recruited and the plan was for the manager to return to their role as soon as possible. This is an area for improvement which we shall follow up on at the next inspection.

There are processes in place to monitor the quality of care being provided and to act on areas that require development. The RI visits the service to complete quality assurance reports as required and uses these to feed into a bi-annual quality of care report. The RI is aware of the changes in the service that have led to its current challenges and is working with the manager and local authority commissioning teams to restore the structure of the staff team without compromising on consistency or quality of care.

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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34	At the time of inspection, the manager had been deployed to direct care work and not fulfilling management duties.	New
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