



Inspection Report on

Safehaven South Wales Ltd

**Unit 8 Ely Business Park
Argyle Way
Ely
Cardiff
CF5 5NJ**

Date Inspection Completed

28/03/2024

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About Safehaven South Wales Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	Safehaven South Wales Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	29 June 2022
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

There is a new Responsible Individual (RI) who is also the current manager. Some improvements have been made to the service since the last inspection. Medication systems have improved, new policies and procedures are being developed and an electronic system is being purchased to aid in oversight and quality systems. People are happy with the care and support they receive from trained care staff. People told us they have good relationships with the care staff. Care staff are described as “*Marvellous.*” Personal plans and risk assessments are missing essential pieces of information regarding the person and their needs. This is placing their health and well-being at risk. The RI took immediate action and has started to develop new documents to address this. Care staff feel well supported by the service and can always share issues with the management team. Care staff told us they enjoy their roles and are safely recruited. Governance systems in place need to be improved to enable the service to have better oversight and drive improvement.

Well-being

People are happy with the care and support they receive and describe care staff as “*Exceptional*.” People told us they feel comfortable talking with care staff and have developed good relationships. Some people told us they felt their personal plans are reflective of their needs. We heard care staff speak to people with dignity and respect and appear to know them well. People and their representatives are sometimes involved in their reviews. The service need to improve methods to gather feedback from people.

People’s physical, mental and emotional well-being is mostly supported. Some people told us their care needs are met. Personal plans need to be improved to include important personal information as well as identified risks. Work is required to ensure people get the care and support they require at the agreed time.

People feel safe at the service and can raise any concerns with care staff or the management team. People have a service user guide which provides some basic information regarding the service. Care staff are safely recruited and trained. Care staff know how to raise concerns with management. Managers submit appropriate referrals when required and inform Care Inspectorate Wales (CIW) of most notifiable matters. The RI is developing multiple systems to improve oversight of the service in order to improve the overall quality.

Care and Support

People told us they like the care staff who support them. People and their representatives describe care staff as “*Exceptional,*” and “*Observant.*” One relative said some care staff “*Go above and beyond.*” We heard care staff speak to people with dignity and respect and appear to know them well. Daily records are completed, and some reviews have taken place. Reviews ensure plans are up to date and reflective of the person’s needs, some of these have been completed with the person or their representative. People told us that their plans are reflective of their care needs. The manager has devised a plan to ensure that people have an allocated worker to complete regular reviews with the person in line with regulation.

Personal plans are task focused and do not include important, person-centred information about the individual and their care needs. These documents fail to clearly identify people’s likes, dislikes, communication, history, medical needs, cultural and religious beliefs. Important risk factors are not appropriately documented and fail to include measures that reduce the risk. Monitoring forms required for diet, fluid intake and skin integrity are not in place in line with personal plans. This is placing people’s health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue. The RI has started to create ‘service user profiles’ to include important information about the person. This will support care staff to understand the person they support and ensure that personal outcomes can be clearly identified and met.

We found medication systems have improved since the previous inspection. Medication Administration Records (MAR) charts are completed with minimal gaps and include some important information. There are now audits in place which identify most errors and advise the action taken. The RI assured us action would be taken to improve the administration and recording of prescribed creams.

Leadership and Management

The recently appointed RI has started to make several improvements to the service. New policies and procedures are being introduced, these include more detail and links to current guidance and regulation. The RI has prioritised meeting everyone supported by the service. People and relatives told us they know the RI and can raise a concern with them. People receive a service user guide which has some important information about the service. The RI plans to develop service agreements which will include information about care fees and cancellation.

Clear arrangements are required to enable better oversight and governance of the service to improve the overall quality. Several records show care call times are inconsistent and not at the time agreed. People told us they understand that things can change and appreciate the care staff are sometimes *“Very tight with their calls,”* and sometimes *“In a hurry to catch up.”* We discussed with the RI the need to allocate appropriate travel time. Records need to be improved to evidence how the provider regularly gains feedback from people, relatives, and care staff. Quality and audit systems need to be improved to enable the RI to identify improvements. While no immediate action is required, this is an area for improvement, and we expect the provider to take action. The RI told us a new electronic system is being purchased and will enable better oversight to help identify improvements to enhance the overall quality of the service.

The RI is aware of their responsibilities and has completed a Quality of Care review report. We discussed the importance of this document and how it should identify what the service does well and what needs to be improved. The RI is raising awareness of what notifications CIW require in line with regulations with others in the service. Care staff told us they feel well supported by the RI and most praised the responsiveness of the wider management team and on-call system in place. The RI has developed a plan in order to complete their visits and gain staff and people’s feedback on the service in line with regulation.

Care staff are safely recruited, and all have an up-to-date Disclosure and Barring Service (DBS) in place. Supervisions are completed and meetings held. The service needs to ensure these are consistently completed three monthly in line with regulation. Care staff receive training, and the RI is implementing a system to ensure care staff are regularly assessed as competent in their roles and to administer medication. All care staff know how to report concerns to the manager. Care staff told us they have developed meaningful relationships with the people they support. People and relatives describe care staff as *“Delightful”*.

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
15	Personal plans do not provide sufficient detail and are not person centred. There are missing risk assessments around individual care needs.	Not Achieved

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
6	There are a lack of clear arrangements in place which provide oversight and governance to ensure personal outcomes can be met	Not Achieved
80	The quality of care review did not include recommendations for the improvement of the service.	Achieved
58	The service provider must ensure that there are effective arrangements in place for the management and recording of medicines.	Achieved
60	This is because the service provider did not notify the regulator (CIW) in relation to safeguarding referrals.	Achieved
12	The service provider does not ensure that the content of policies and procedures are kept up to date/ reviewed and inline with current legislation	Achieved

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