



Inspection Report on

All Saints DC Ltd

**15 Bradenham Place
Penarth
CF64 2AG**

Date Inspection Completed

03/05/2024

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About All Saints DC Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	All Saints DC Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	2nd March 2022
Does this service promote Welsh language and culture?	<i>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.</i>

Summary

People praised the service for the care they receive. Consistent, passionate care staff know people well and are described as “*Fantastic.*” People and their relatives told us they are kept up to date and are involved in their care. Person centred plans provide a good level of information on what care and support is needed. There are good systems in place to maintain oversight of the service and to ensure it runs smoothly. Care staff are appropriately recruited and receive regular support such as supervision and training. Care staff told us they feel well supported and are listened to by the service. A committed Responsible Individual (RI) is also the manager and maintains good oversight of the service. The RI is quick to embed changes which improve quality.

Well-being

People have control over their day-to-day life. Most people told us they are regularly involved in reviews and are kept up to date on changes. The service provides information so people can understand important matters regarding the service. Communication between the service and people is good and people have developed good relationships with care staff. One person told us *“We always have a laugh and a giggle.”*

Information can be provided in different ways to meet people’s individual needs, such as braille, large font and in Welsh. We saw consistent care staff approach people with dignity and respect. One relative said care staff know their loved one well and provide *“Good and loving care.”* The RI regularly speaks and gains feedback from people to help identify personal outcomes.

People told us care staff are quick to respond to their health needs and any concerns. We saw professionals are involved in people’s care when required. People and their loved ones told us they are very happy with the service. Systems are in place to ensure people receive the right care at the right time. The service utilise information received from professionals to ensure risks are well managed.

People told us they feel safe and said care staff are *“Competent”* and *“Always quick to respond.”* Care staff are appropriately recruited and receive regular training, supervision and spot checks to ensure their skills remain current. The manager maintains regular oversight of safeguarding matters and complaints. People are given information on how to make their concerns known.

Care and Support

People's plans are person centred and include detailed and important information about how care and support needs to be provided. People told us care staff are "*Competent*" and "*Knowledgeable*." A useful fact sheet includes important information regarding the person's health, care staff told us this is a useful document. An electronic system provides further information for care staff and provides regular updates and informs them of changes to ensure they are up to date. The system alerts care staff to any missing tasks, this ensures all care and support has been delivered. People and their loved ones told us care staff are "*Reliable*." The provider told us they are developing the system so people and their loved ones have access to this. Risk assessments are in place and the provider has taken swift action to include further detail following the inspection.

Care staff are quick to identify changes in people's health. People and their relatives told us care staff are observant and communicate any concerns. Health professionals are involved when required. The RI told us the service often liaise with professionals such as pharmacists, occupational therapists and social workers. We saw professional's records are kept in people's plans to provide important information for care staff to understand, such as moving and handling and the use of specialist equipment. People sometimes require support with medication. Care staff are trained in medication and are observed regularly to ensure their practice remains of good quality. There are Medication Administration Records (MAR) and the service is working with the local pharmacies and the Local Authority to improve how they record the administration of medication. The RI assured us action would be taken to improve how care staff currently record the administration of medication.

People and/or their representative are involved in the reviews of their plans. Detailed telephone and face to face reviews are completed. People are asked to provide feedback via surveys to improve the quality of the service and their experience. We saw feedback is responded to and action taken to improve people's well-being and promote positive outcomes. Documents such as the Statement of Purpose (SoP), service user guide and people's contracts provide important information regarding the service and can be provided in braille, large print and other languages on request. The service has some Welsh speaking staff who are matched with Welsh speaking people.

Leadership and Management

The RI is committed to driving improvement at the service. We found the RI to be extremely responsive and proactive in making changes to improve the quality and people's experience. The RI maintains good oversight of the service, through auditing, completing analysis, conducting reviews and feedback. The RI regularly speaks with people and care staff to complete feedback visits. These visits are of very good quality and evidence the level of oversight the RI has on a regular basis. An annual quality report is completed where feedback is analysed. We discussed with the RI the need to ensure these documents are reflected in a Quality of Care Review as required by regulation.

There are systems in place to ensure overall quality and compliance is monitored. A tracker shows complaints are well managed. A safeguarding log shows referrals are made following any concerns and referred to the appropriate professional. The service has implemented internal training to ensure office staff understand when and how to raise notifications with Care Inspectorate Wales (CIW). The provider listens to feedback and is quick to make amendments in order to improve and enhance the quality of the service.

Care staff told us the office staff and the RI are supportive and there is a good on-call system in place for advice and emergencies. Care staff are appropriately recruited to ensure they are safe to work with vulnerable adults. Care staff receive regular training, supervisions, meetings and spot checks. We found these documents to be of good quality and in line with regulation. The service is flexible to meet individual's personal needs and consider care staffs' well-being. Rotas are sent out to care staff and these include travel time to ensure people receive their care at the right time. The RI told us they would review systems in place to ensure people know who is attending prior to their support call. Care staff told us they enjoy their roles and have built positive relationships with the people they support. People describe care staff as "*First class.*"

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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