



Inspection Report on

Arian Care

**Unit 4a
Enterprise Way
Newport
NP20 2AQ**

Date Inspection Completed

9th & 15th May 2024

22/05/2024

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About Arian Care

| | |
|---|--|
| Type of care provided | Domiciliary Support Service |
| Registered Provider | Arian Care Limited |
| Registered places | 0 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 29/10/2021 Click or tap here to enter text. |
| Does this service promote Welsh language and culture? | The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service. |

Summary

People receive support from a service that is committed to ensuring people's well being through the production of clear, generally person-centred documentation, maintenance of regular care runs and through close monitoring of staff. Staff report a high level of satisfaction working for the organisation and feel supported in their roles, through a thorough induction, regular supervision, ongoing training and through feeling able to make contact with the senior management team if required for support.

A lack of consistency and accuracy in the recording of calls meant that call logs were difficult to follow, and a call being undertaken at the incorrect time caused impact to one person. Improvements are required to the current systems in place. A number of people are supported to have their medication administered. However, improvements are required to ensure a constant supply of medication is maintained and that medication errors are prevented.

Staff are recruited safely and effectively and receive necessary regular training to perform their role. Management show strong leadership and are available in the service on a daily basis. The Responsible Individual has a good oversight of the service and is performing their duties in line with regulations.

Well-being

People receive support from a service that places a strong emphasis on maximising people's well-being. The service has supported people to engage in national events for example sending cards to the Royal family. We saw evidence of care staff knowing people well and of care being provided in a kind, respectful and dignified manner. People consequently feel at ease with care staff and appear to mostly receive regular staff thus enabling staff to get to know people well.

Care is provided in line with documentation that places a positive focus on achieving people's outcomes. Staff visit people prior to care commencing and gain people's views on what support is required. The documentation, whilst detailed, clear and task focused could reflect these discussions more to truly capture people's wishes and goals. Risk assessment documentation is kept up to date and demonstrates the commitment made to providing care in a safe and comfortable manner.

Examination of call times and call logs identified discrepancies in call times which has had some impact on people's well-being. Errors in the recording and administration of medication seen also has the potential to cause significant harm. The service is taking pro active steps to address the concerns identified and to prevent this from reoccurring in the future.

A strong commitment is made to understand and respect Welsh language and culture. Examples could be seen in support plan documentation of consideration given as to whether people would prefer a service through the medium of Welsh. Management ensures this commitment is communicated to staff through encouraging staff to understand basic Welsh phrases and to pursue this further if they wish. In addition to this staff members level of spoken Welsh is recorded on identification badges for the people they are supporting to see.

Care and Support

People are supported by staff that are happy and motivated in their roles. The service has a stable team and good staff retention. We spoke to and received feedback from a number of staff members, many of whom spoke very highly of the support that they receive from the management team. Many made reference to a big difference in the level of support received in comparison to previous care sector employers. One person said, *“I have been working for the organisation for two years, have had the same care run for the last year and have got to know the people that I support”*.

People have access to regular three-monthly supervision by a senior member of the team. This is evidenced through examination of supervision notes, supervision schedule matrix and also supported by what staff told us.

Care is provided by a workforce that is adequately trained to perform their role. Through examination of staff files, we saw evidence of new staff receiving a thorough induction and close monitoring during the first six months of employment. Following that, we saw evidence of monitoring on a three-monthly basis. Staff told us that they have access to training courses and have the opportunity to discuss any training needs during supervision sessions. A training matrix is kept up to date and highlights core training courses and dates for renewal.

Care workers mostly record calls undertaken on mobile phones which enables office staff to review any concerns raised during calls and to follow up on this. Similarly, care workers are required to log in and out of calls to provide both a record of the length of the call and who undertook it. However, call logs do not consistently enable this information to be captured. We saw some double handed calls that did not show both staff members logged into the call, some calls that appeared unrealistically long and some that according to the log did not take place at all. We also identified calls not taking place at the scheduled time, with impact being seen on people's well-being. Some feedback given from staff members also revealed that calls are not always recorded at the time of being undertaken. Improvements are required to the recording system currently in place to ensure the information recorded is accurate and reliable. The service is aware of these issues and is taking steps to improve their systems and to ensure all staff are aware of the importance of accurate and timely recording.

Whilst staff receive medication training prior to undertaking calls regularly through their probationary period, and then regular ongoing monitoring of performance, some improvements are required in relation to the recording and management of people's medication. We saw evidence of medication supply not being maintained due to a lack of

recording of information and of medication being missed, but also not identified by any staff members. The service is taking steps to rectify these issues through further training and through improving recording systems as discussed above.

Leadership and Management

Robust recruitment procedures are in place that ensure the safe and efficient employment of staff. We reviewed three staff files and saw consistent evidence of photographic identification, application forms and contracts on file, full employment history given including gaps in employment being explained and references sought in a timely manner. Systems are in place to both document and prompt the renewal of disclosure and barring service (DBS) checks. The service has a strong commitment to monitoring the ongoing performance of its staff. Evidence could be seen of 'spot checks' of care workers which monitors their practice and is undertaken by a senior member of staff on a three-monthly basis. These are recorded and any areas for improvement highlighted.

The manager of the service is experienced and has a good, detailed working knowledge of the service. Staff feel supported by the manager and feel able to raise concerns. The Responsible Individual has good oversight of the service and is present at the service on a regular basis. They undertake regular visits to the service as required within Regulation and Inspection of Social Care Wales Act (RISCA) 2016 regulations. Evidence could be seen of the subsequent reports written demonstrating consultation with both people and staff members and providing good analysis of the service. We reviewed a staff quality assurance report completed in 2023, which highlighted both good staff satisfaction and retention. The service shows a commitment to staff well-being by providing a comfortable space where staff can meet together for refreshments, where successes can be celebrated and where personal issues or concerns can be discussed in privacy. Staff also have the opportunity to visit the office on particular days to spend time with the managers dog with information on the benefits of pet therapy being clearly visible within the office. The office is also used to encourage staff to practice basic Welsh phrases with this being visible for all to see. The service also includes people's level of spoken Welsh on their identification badges thus demonstrating commitment to promoting Welsh culture and language.

The day to day running of the service is underpinned by detailed and updated policies that inform practice. Evidence could be seen of these being adequately stored for reference as required. A commitment is seen to keeping staff members informed of any updates and changes taking place through regular face to face team meetings that take place every two months. Documented evidence could be seen of this including a list of attendees to enable management to feedback information to any absent colleagues. It is recommended that formal meeting minutes are produced following each meeting to both assist absent staff and also for future reference should there be any challenges around what was discussed at the time.

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 |
|------------|---------|--------|
|------------|---------|--------|

| | | |
|----|--|----------|
| 58 | The service has identified a staff member failing to administer medication but also not realising and taking any action following this missed medication. The service has also failed to ensure one person's medication supply continues and did not notify anyone and instead did not administer medication. Improvements are required by the next inspection through retraining of staff in medication administration procedures and training of staff around the importance of reporting any changes/ concerns around medication. | New |
| 21 | A call undertaken 1.5 hours earlier than scheduled time resulted in a negative impact on the well being of one person. Care plan documentation clearly states the need to evenly spaced out calls for pressure relief. Service is required to ensure all staff are aware of the need to undertake calls in line with the scheduled time and provide retraining as necessary by the next inspection. | New |
| 59 | Call records are not consistently accurate or consistently a true reflection of the times and lengths of calls undertaken. Double handed calls are not consistently being recorded accurately. A call that resulted in impact to one person was not recorded at all but later found to be undertaken 1.5 hours earlier than the scheduled time. | New |
| 41 | Three out of six care workers spoken with told us they did not have sufficient time for travelling between all visits. Examination of a selection of care worker call schedules showed many calls did not have travel time between them. | Achieved |
| 60 | (1) During the inspection the provider advised of an incident in September 2021 involving alleged staff misconduct (regarding financial concerns & professional boundaries) which was reported to the Police and safeguarding, but not notified to CIW. (2) The provider failed to notify CIW of three staff and two service users who tested positive for COVID-19 up to the time of inspection. The RI was unaware it needed to submit such notifications to CIW. | Achieved |
| 56 | At the visit to the service's office on 29 October 2021, the RI, manager and other staff present were seen not to be wearing face masks whilst using communal areas. Whilst the RI indicated two staff | Achieved |

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|----|---|----------|
| | <p>were medically exempt, other staff present who were not exempt were not wearing face masks in line with current requirements. The service's infection control policy indicates staff should comply with current Covid-19 requirements.</p> | |
| 35 | <p>Full and satisfactory information and/or documentation was not in place in respect of all care workers. Gaps relate to only one employment reference on file at the inspection visit for one care worker and a lack of fully documentation information relating to employment histories for two staff.</p> | Achieved |
| 42 | <p>Four out of six care workers spoken with who were on non-guaranteed hours contracts and who said they had been employed with the service in excess of 6 months said they had not received regular offers regarding an alternative contract. All said that they would consider a guaranteed hours contract if it was offered to them. There was a lack of documentary evidence to show that all care workers on non-guaranteed hours contract who meet the relevant criteria were regularly offered a choice of alternative employment contracts.</p> | Achieved |

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