



## Inspection Report on

**Pro Care & Support Services Ltd**

**Modplan  
Imperial Building  
Bridge Street  
Newport  
NP11 4SB**

**Date Inspection Completed**

30/07/2024

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## About Pro Care & Support Services Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	Pro Care & Support Services Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	30 March 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

Pro Care & Support services is a domiciliary support service operating in Gwent providing support to people in supported living accommodation.

People have good opportunities to learn and develop skills in a service that actively promotes their participation. They are supported to access their local community, engage in activities of interest to them and develop their daily living skills. Personal plans are in place, and these are reviewed on a regular basis. Assessments of people's capacity needs attention to ensure support arrangements fully consider the relevant authority required.

Staff are experienced, knowledgeable, and responsive to people's support needs. They are well supported and valued. The Responsible Individual (RI) who is also the manager has a regular presence at the service, engages with people and reviews support delivery. Service literature, including the options available to people needs to be more clearly defined and transparent. Safeguarding and recruitment systems are in place but require strengthening in some areas to ensure processes are consistently safe.

## Well-being

People are supported to achieve their personal well-being outcomes. Detailed personal plans are in place and people are supported with dignity and respect. Plans reflect the goals important to the individual. People are involved in their local community and arrangements are in place to empower their contribution in society. One person commented, *"I have goals in my care plan and in there are things I want to achieve in the future."* People told us they have choices and staff are kind and caring. A professional involved in someone's support arrangements was very complimentary and told us the service has gone above and beyond.

The service promotes people's physical, mental, and emotional well-being. People are empowered and supported to access professional support and advice in a proactive, preventative way. A review of support documentation shows personal plans and health records are co-produced with individuals, these include essential aspects of people's physical health and well-being. The service makes timely referrals to relevant health and social care professionals when people's needs change. Staff are trained and understand people's needs well. They understand their responsibilities and are confident in their role. Support mechanisms are in place, including regular staff supervision and team meetings.

People are safeguarded, although some mechanisms in place require attention. Care staff have completed safeguarding training. Staff we spoke with have a general understanding of how to report matters of a safeguarding nature, but we found the safeguarding policy requires updating. We saw people are relaxed and comfortable in the presence of staff. Disclosure and Barring Service (DBS) checks have been completed although these require further enhancement. These checks are important as they identify the suitability of people to work with vulnerable adults/children. Records and assessments are not always completed fully for people identified as potentially lacking mental capacity. Recruitment practices require improvement to ensure these are consistently safe.

The service has a well-defined management structure, and the RI maintains oversight of the service. Quality assurance systems in place allow for people's views to be sought on how satisfied they are with the service and how things could be improved. The Welsh language 'Active Offer' is included in service documentation, but we were told no person currently requires a Welsh language service. The RI told us the 'active offer' is something the provider will work towards, although this has not been explored in great detail. Written guides are available, however documentation relevant to the service delivery such as service user guides and service agreements need to be more well-defined. Information is not always clear in order for people to make informed choices.

## Care and Support

People have positive relationships with care staff and their individual circumstances are considered. Feedback from people indicates the support provided is personalised and they are able to do what matters to them. People told us they are supported to go to college, access the gym and to go on weekend breaks. We saw records of meetings where people discussed their up and coming holiday. They appeared relaxed enjoying a meal together and it was clear they value their friendships. There is good continuity of support from regular staff, which enables people to build good and trusting relationships. Records clearly indicate people are achieving outcomes of importance to them.

Personal plans in place set out how care and support needs will be met. Plans evidence people are being supported to improve their well-being and achieve their goals. Daily logs of care delivery reflect the care and support people receive as outlined in their care documentation. Personal plan reviews take place; however, three monthly reviews do not always reflect how people are achieving their well-being outcomes.

Provider assessments are completed in detail. However, there is a lack of evidence of assessments to record decisions made in someone's best interest, including where high levels of intervention and support is required. Documentation needs to be maintained and reflect people are fully involved in the decision making process. Assessments need to demonstrate the relevant lawful authority processes have been considered. The service provider assured us this would be acted on.

Records show links are made with health and social care professionals to ensure people have the right support when they need it. We visited someone in their own home and saw equipment in place to support them with their mobility. Staff have training to help support people to manage their medication. Records seen confirm this. Medication administration records mostly reflect people are supported to take their medication as prescribed. This process is supported by routine auditing of records addressing the effectiveness of medication processes in place. We spoke with one social care professional who told us, *'The communication is good, and the service provides updates to us and involve families.'*

## Leadership and Management

The service provider maintains oversight over the quality of care, considering the views of people using the service. There is a clear management structure and lines of delegation. We viewed visit reports completed by the RI. The reports show the quality of the service is reviewed and people and care staff have been consulted with. The RI has made provision for the quality of care to be reviewed with a report reflecting a detailed overview of the service, including how people have been supported to achieve their outcomes. They have also considered stakeholder engagement in reviewing the quality of care at the service.

Reporting and recording processes are in place. This includes reporting matters of a safeguarding nature to the relevant authorities when required. Care staff we spoke with have a general understanding of when and who to report matters of a safeguarding nature. A safeguarding policy is available, but this requires review to ensure this is in line with national and local guidance.

Service literature needs to outline and accurately describe the service being provided. The statement of purpose is fundamental to the vision of the service. This document refers to the accommodation, for example, '*your home*', and '*the environment*.' The service provider does not provide accommodation, this is the legal responsibility of the landlord of the property. We requested information about the service including 'written guides' and 'service user agreements.' We found information and options for people receiving a service are not always clear. Consultation with individuals, and their advocates where necessary, is not always recorded to show options are discussed. We raised these issues with the RI who gave assurance this would be acted on. We will follow this up at the next inspection.

Supervision and staff development arrangements are in place; however, selection and vetting arrangements require improvements. Training records show care staff complete most core training, and they are supported to register with Social Care Wales. We did note mental capacity and equality and diversity training is not offered to staff. The RI told us this would be followed up. Regular staff supervision, observation and team meetings take place, and care staff told us they feel supported and valued.

We reviewed recruitment records for two staff employed across the services. All the required information was not always kept on file. This includes references, full employment histories and verifying reasons for leaving previous employment with vulnerable people. Records reveal DBS checks are completed although we found checks do not include all vulnerable groups as required. This is an area for improvement, and we expect the service provider to take action to address this and we will follow this up at the next inspection.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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.

### Area(s) for Improvement

Regulation	Summary	Status
35	Ensure full and satisfactory information or documentation in respect of each matter specified in	New

	Part 1 of Schedule 1, including the relevant DBS checks is available for all persons working in the service.	
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