



Inspection Report on

Home Service Solutions Ltd.

**Home Service Solutions
Office 3 Sandfields Business Centre
Purcell Avenue
Port Talbot
SA12 7PQ**

Date Inspection Completed

11/04/2024

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About Home Service Solutions Ltd.

Type of care provided	Domiciliary Support Service
Registered Provider	Home Service Solutions Ltd.
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	12 January 2023.
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

People have up to date personal plans that reflect their current needs well. These plans are reviewed routinely and are accompanied with risk assessments. The number of care staff in the service is low, so people are supported by a consistent staff team. Medication practices in the service are poor and people are at risk of medication errors and accidents that could have a detrimental impact on their health and wellbeing. Practices seen are in breach of regulatory requirements as well as the services own medication policy. Care workers are not always recruited appropriately or safely. Appropriate background checks are not in place for all staff. This increases the risk of people receiving a service from a person who is not deemed fit to work in the care sector.

Oversight of the service needs immediate improvement. Failures were seen in providing support and training to care staff. The Responsible Individual (RI) visit reports do not contain feedback from people using the service and evidences limited engagement with staff. Quality of care reviews are not completed appropriately to analyse and evaluate the services performance to drive improvements. The service has not submitted regulatory required notifications to CIW for notifiable events.

Following this inspection, the service has been issued with three Priority Action Notices (non-compliance) as the service is in breach of regulations. These have been raised for failures in the safe management of medication. Failures to ensure fitness of staff prior to employment. As well as providing the service without sufficient care, competence, and skill in regard to the Statement of Purpose (SOP). The provider needs to take urgent action to address these issues to ensure people are not at risk of harm or neglect.

Well-being

People sometimes have a voice and contribute to the development of their personal plan. Personal plans reflect the needs of people well, so care staff can support them appropriately. The RI completes quarterly reports but engagement with people receiving the service was not seen. This needs to be improved to enable people to contribute to the driving of improvements within the service.

People are not always supported appropriately with their health and wellbeing due to poor medication management placing them at risk of harm. The staff team are small and care staff know the people they support well to seek medical advice when needed. There is a robust policy in place for all aspects of medication management. Despite this we found, procedures detailed in the policy are not being followed and those taking place put people at high risk of medication errors. This needs urgent action to minimise the health risk to people and to ensure care staff are safeguarded.

Improvements are required to ensure people are protected from harm and neglect. Satisfactory recruitment procedures are not in place and immediate improvements are required to ensure thorough background checks are carried out. This must include up to date Disclosure and Barring Service (DBS) checks prior to introducing care staff to people receiving the service.

The provider has good and up to date policies and procedures in place for all aspects of the service. These are reviewed routinely. Improvements are needed to ensure the service is provided in accordance with these.

People are not able to receive the service in Welsh if they want it. Care workers employed are non-Welsh speakers. Despite this there is no demand for the service to be delivered in Welsh at present. The provider is aware of the 'active offer' to provide the service in Welsh and will look to address this should the demand change.

Care and Support

People have accurate and up-to-date personal plans in place to detail how their care is to be provided to meet their needs. We looked at one care file and saw information on people's care and support is accurate and up to date. We saw evidence to suggest the person was involved in the completion of the personal plan and reviews. Risk assessments are also in place to ensure care staff know how to support people safely. During this inspection we were unable to obtain feedback from people directly using the service.

Improvements are needed to manage medication in the service to ensure people are supported with their health in a competent manner. We saw no evidence of medication training during the inspection and despite requesting this no further information to confirm staff competencies in medication training has been received. We looked at Medication Administrating Records (MAR) and on additional notes finding that liquid medication was being pre-measured into syringes to then be stored in a safe. This medication is light reactive and should always be stored in the original container until it is ready to be administered. If not this could then lead to the individual needing more medication to resolve symptoms and lead to a potential overdose. Whilst immediate safeguards to stop this practice have been implemented by the manger, the risk to people remains high as care staff have not been deemed competent to support people with medication. 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.

Improvements are needed to safeguard individuals receiving the service. The provider has an updated safeguarding policy in place which reflects the Wales Safeguarding procedures. Care staff are not currently recruited appropriately to be deemed fit to work in the care sector- this is discussed further below. We have been unable to determine if care staff have received training in safeguarding vulnerable adults. This is because we have not received the training records or any responses from care staff prior to the inspection conclusion. This evidence forms part of two further priority action notices detailed below.

Leadership and Management

Improvements are needed to ensure care workers are suitably vetted and recruited to meet the needs of people. We looked at five personnel files. Three of the staff files checked did not have completed DBS checks in place. We saw these had been applied for within the date of notification of inspection. On checking care documents, we saw care staff awaiting their DBS check had been writing notes and signing MAR charts and care records for several months evidencing that they were working with people. This is a regulatory breach and needs to be addressed immediately. This is having an impact on people's safety and well-being and placing them at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

A third Priority action notice has been issued to the service provider due to consistent improvements needed to ensure the service is provided with sufficient care, competence and skill having regard to the statement of purpose. Improvements are needed to ensure there is clear oversight of the service. There is a care documentation software package in place which is being used by the provider to complete regulatory reports. The RI reports are all conducted in the office premises and not with people. These reports did not evidence any feedback from people or staff, only meetings with the manager. We saw a range of inaccurate information within these reports. Two of these RI visit reports were forwarded as bi-annual quality of care review forms, which did not contain the requirements of a quality-of-care review. Whilst this may not be impacting the well-being of people at this time, combined with other improvements there is a risk of further failings that could cause an impact.

Improvements are needed to ensure Care workers are suitably trained and supported to carry out their roles. Whilst looking through personnel files we saw that quarterly supervision is not taking place. This suggests care workers are not fully supported in their roles. We were unable to verify if staff receive appropriate training as no evidence of staff training has been received. The manager and RI told us that all care staff undertake multiple online training courses, and most were up to date. We have not been able to verify this. This forms part of the priority action notice and we expect the provider to take action.

Improvements in transparency are needed to ensure notifiable incidents are notified to statutory agencies as per regulatory requirements. During this inspection we saw there have been conduct issues with staff since the last inspection no notifications have been submitted. The provider has been made aware of the requirement to submit notifications of such events in previous inspections and this is still not taking place. As this is also a regulatory breach, this has formed part of the priority action notice.

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
58	Care workers have not received competency training in supporting people with medication and are using unsafe handling and storing procedures, with schedule 2 medications that can become ineffective when exposed to light and not stored in original darkened glass bottles. Schedule 2 medications have a high potential for abuse as they are also considered dangerous. However, they have some accepted medical uses, with significant restrictions. The distribution and use of these drugs are strictly regulated by the Misuse of Drugs Act.	New
35	Care workers providing support and assistance with personal care and medication and have not completed a satisfactory enhanced Disclosure & Barring (DBS) check as per regulatory requirements. All care staff need to have an satisfactory enhanced DBS check in place prior to commencement of	New

	employment..	
6	There are several areas in need of improvement to ensure that the service is delivered safely and in accordance with the Statement of Purpose (SoP). Staff development is not prioritised, supervision, appraisals and training need to be completed regularly. Evidence of management audits are not in place to ensure systems and documents are accurate and up to date. Regulatory requirements to notify CIW of incidents is not in place as required. Regulatory reports are not completed in a transparent way and lack detail. The RI and manager need to ensure that regulatory requirements to support staff, and oversee the service are prioritised to ensure the service is delivered in accordance with the SoP.	New

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
N/A	No non-compliance of this type was identified at this inspection	N/A
60	The service provider has not notified the service regulator in a timely manner of events as specified in Parts 1 and 2 of Schedule 3.	Achieved

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