



Inspection Report on

Aferiad Recovery North Wales Domiciliary Support Service

**Unit B3
Lakeside Technology Park
Llansamlet
Swansea
SA7 9FE**

Date Inspection Completed

10/06/2024

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About Adferiad Recovery North Wales Domiciliary Support Service

Type of care provided	Domiciliary Support Service
Registered Provider	Adferiad Recovery
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection since RISCA
Does this service promote Welsh language and culture?	This service is making a significant effort to promote the use of the Welsh language and culture or is working towards being a bilingual service.

Summary

People are supported within the service by care staff who know them well. The care provided promotes independence, participation, and choice. Individual needs are assessed to develop personal plans, which are person centred, detailed, and focused on individual need. We spoke with people during our visit who told us they enjoy living within the service, feel supported and feel more confident since moving there. The staff team are consistent and have worked at the service for a long time.

Management is passionate about the service they provide and ensure people receive consistent, and timely care of a high standard. There are well established systems in place, which are pivotal to the smooth running of the care provided. Management's overall oversight is thorough and continuous.

Well-being

People have control over their day to day lives and are central to the planning of their care, which is based on individual need and choice. The people we spoke with told us they feel better since living at the service. Care staff are passionate and enable people to be as independent as possible and to have their say in their daily routines. People's choices and individual routines and preferences are recorded and followed by care staff. Management is effective in overseeing people's care, to ensure they receive the care they need. The environment is homely and is planned around individual needs and choices. People have areas in the kitchen which are allocated to them, including individual personal fridges.

People are assisted to be as healthy independent and active as they can be. Appropriate links are made health professionals when required. People are encouraged to stay in touch with family and friends. We evidenced good communication and record keeping regarding the care people need and receive. The oversight of care is efficient and reliable. The environment is spacious and allows for people to be able to receive consultations with health professionals in private.

People are safeguarded from harm and there are systems in place to manage risk which to protect people from harm. We viewed thorough and detailed risk assessments which are based on individual need. We found these are consistent with personal plans. The training programme shows care staff receive ongoing training in areas such as safeguarding, falls, moving and handling. Care staff have received up to date training in these subject areas. Management responds efficiently when care staff communicate issues. Care Inspectorate Wales (CIW) have found the service to be efficient and timely when responding to any concerns or safeguarding issues.

The support people receive within each service location, supports their wellbeing. Consideration is given to compatibility of people living together and they are involved if a new person wants to move in with them. Staff advocate for and support people to keep their homes safe, clean, well maintained and equipped to promote their independence. Rooms are decorated to their tastes, designed, and planned with them and their families where appropriate.

Care and Support

People have accurate plans for how their support is to be provided which meets their individual needs. We viewed a sample of personal plans which are up to date, detailed, person centred and accurate. We saw peoples' needs are central to the planning and provision of care. The quality of the care records is good and accurate. One-page profiles are completed, and these provide information about what is important to people, their likes and dislikes, things they might find difficult and the support they want to receive. The people we spoke with told us about their needs and we found care records reflect individual need. Care records are set out to ensure people's needs, preferences and wishes are considered.

People are provided with the quality of support they need through a service designed in consultation with them. The care records we viewed demonstrate effective communication and planning of care, in partnership with individuals, their family, advocates and relevant professionals. We spoke with professionals who told us communication from the provider is "*timely, efficient and clear.*" We saw evidence of regular reviews of care needs and saw records are updated or changed if individual care needs change. Staff spend time with people regularly chatting with them about any changes they want to make in their lives. People make plans with staff who support them to have more choice and independence.

People are supported by care staff to understand their rights and responsibilities. They have a tenancy agreement to live in their home and can decide how their environment is set out and planned. Care staff assist them with budgeting, money management shopping, cooking and educational opportunities and travel. Consideration is given to compatibility where people share living accommodation and when people's needs change plans are put in place to help people move and make plans for their future.

Leadership and Management

There are effective and robust governance arrangements in place. This is a key element to the good quality service which is provided. The statement of purpose (SOP) is up to date and is an accurate reflection of the service provided. All policies and procedures are up to date, reviewed and updated when required; these support and inform the training provided for care staff.

The quality of care is overseen regularly and thoroughly. Steps are taken to maintain good quality care via monitoring and ongoing improvement. There are regular staff and resident's meetings where people's views are sought and shared. These are recorded and the samples we viewed of recent meetings demonstrate that people and care staffs' views are taken into consideration to inform any planned improvements or changes to the service.

The responsible individual (RI) and management team gather this information about the quality of care. They speak with people, care staff, professionals, and families. Regular audits take place surrounding specific areas of care, including personal plans.

There are effective measures in place to ensure financial stability of the service, whilst ensuring the service provided is of good quality. Training is provided for care staff. Although the pandemic has had a negative impact on staffing levels, there is and has been ongoing and safe staff recruitment and retention. This was reflected in staffing records and service finance documents. We viewed a sample of audits, which shows effective and efficient financial planning and maintenance.

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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