



Inspection Report on

Independent User Bespoke Support Service (IUBSS)

**Bronwylfa Hall
Wrexham
LL14 4LD**

Date Inspection Completed

25 October 2022 & 11 November 2022

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About Independent User Bespoke Support Service (IUBSS)

Type of care provided	Domiciliary Support Service
Registered Provider	INDEPENDENT USER HW - BESPOKE SUPPORT SERVICE LIMITED
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	17 January 2019
Does this service provide the Welsh Language active offer?	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 are happy with the care and support they receive from Independent User Bespoke Support Service Ltd (IUBSS). People we spoke with told us they feel the support they receive is person centred and tailored to their needs. Staff consult with people when they develop and review their care and support needs. Personal plans are very detailed and inform staff on how people's needs are to be met. Risk assessments are in place and are clear as to how the risks can be mitigated.

Staff are enthusiastic about working at the service and have a strong focus on supporting people to achieve their goals. Staff are supported in their role and spoke highly of the support they receive from the registered manager, who is also the Responsible Individual (RI). Staff are supported in their development and receive regular one-to-one supervisions.

The service is well-led by the RI, who has excellent oversight of the service. The RI actively seeks the views of the staff and people who use the service and is keen to help people achieve their personal outcomes.

Well-being

People have control over their day-to-day lives and are able to choose how support is provided. People told us staff treat them with dignity and respect and are kind and caring towards them.

The service provider supports people to maintain their physical health, mental health and emotional well-being. The service provider actively supports people to access health care services; we found people are supported to attend medical appointments and medical correspondence is clearly documented. People are supported to do what matters to them, including attending local activities and accessing the local community.

The service provider is proactive in offering the Welsh Language Active Offer. There are currently no Welsh speaking people using the service. Prior to the care and support commencing, the provider seeks confirmation from the person if they would like the service to be offered in Welsh.

People are protected from abuse and neglect; the service provider has effective mechanisms to identify, report and record incidents. Staff receive regular safeguarding training and are familiar with the relevant policies and procedures.

Care and Support

People are provided with high quality care and support, from a service which is designed in consultation with the person. The service provider considers people's views and wishes in the development of the person's care and support planning. Prior to the support starting, the provider ensures a meeting is held with the person and the relevant information is obtained, with a strong focus on the person's needs and wishes. Personal plans are person centred and promote independence and positive risk taking, to encourage the person to be as independent as possible. Daily records are written in a person-centred way and are reflective of the personal plans.

People we spoke with told us the service meets their needs. One person we spoke with told us the provider is accommodating when extra support is requested; including supporting the person to attend medical appointments. A relative of a person, who receives the support from the service, said "*We may need to increase the support in the future. I feel quite confident they can meet my relative's needs*". People spoke positively about the consistency of the staff who provide the support. People told us they are introduced to new members of staff before they support the person. People told us the staff understand their needs and always treat them with dignity and respect.

Care staff work from personal plans which are highly detailed and clearly inform care staff on how the person is to be supported and how best to communicate with the person. Relevant, specific, risk assessments are in place, which detail how the risks can be mitigated. The provider has effective positive behavioural support plans in place; these are detailed and identify the person's behavioural support needs and how best to support them.

We reviewed a sample of care files. We found one person's personal plan and risk assessments are being reviewed around every six months, the provider has assured us this will be increased to at least every three months, as per the regulations. Currently, this is not having a negative impact on the person's care and support and the support provided is reflective of the person's needs. People are involved in the reviewing of their care and support, we saw signed documentation from the person receiving the support, evidencing their involvement.

The service promotes good hygienic practices and manages the risk of infection. Staff we spoke with told us the service has ample Personal Protective Equipment (PPE) and this was consistently provided throughout the Covid-19 pandemic. The service has infection control policies and procedures in place which are in line with current national guidance. Staff receive regular infection control training and are familiar with the policies and procedures.

Environment

As the service is a domiciliary support service, this section relates to the service provider's premises. The service provider has facilities available for one-to-one supervisions, staff meetings and training sessions. Service user files and staff files are stored securely and are kept in line with data protection legislation.

Leadership and Management

The RI has extensive governance in place to support the smooth operation of the service. The RI ensures there is a sound basis for providing high quality care and support for people who use the service, in order to support people to achieve their personal outcomes. The RI completes regulatory visits every three months and evidences seeking feedback from staff, people who use the service and the reviewing of the relevant documentation. Feedback is sought from all people who use the service, using methods which are appropriate for the person's individual communication needs.

The service provider has highly effective quality assurance systems in place; care files are audited on a monthly basis. The service provider then uses the information obtained to highlight any changes which may have occurred, in order to update the relevant documentation. The service provider ensures people have the appropriate care time as directed by the personal plans.

Staff we spoke with told us they enjoy working for the service. Feedback from staff we spoke to included *"I love working here, it is such a different ethos and it feels very inclusive"*. Staff told us the personal plans are detailed and support them to meet the needs of the people who use the service. The service provider offers extensive training, including specific training to meet the needs of the people using the service. Staff feel able to approach the management and RI with any concerns and are familiar with the service's own policies and procedures.

The service provider undertakes robust recruitment checks prior to commencing employment, this includes identification checks, seeking appropriate references and Disclosure and Barring Service (DBS) checks. We found all staff have up to date DBS checks and are registered with Social Care Wales (SCW).

The service provider has oversight of financial arrangements to ensure the service is financially sustainable, in order to support people to meet their personal goals. There are contingency plans in the event of an emergency. The service provider operates an out of hours on-call system which staff and people using the service can contact if they have an emergency.

Staff are provided with regular, formal, one-to-one supervisions and annual appraisals to support them in their role. We found these provide staff with the opportunity to reflect on their practice, identify any training and development needs and to discuss their hours worked. We saw staff are supported to gain further qualifications. Staff are also tested on their understanding of the policies and procedures, to ensure they are competent in their role. The service provider holds regular team meetings, and these give staff the opportunity to discuss any concerns and share relevant information.

Feedback from professionals we spoke with included the staff at the service are very attentive to people using the service and work well with external agencies.

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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Date Published 13/12/2022