



Inspection Report on

Elan Specialist Supported Living Service

**Leicester House
Aberfan Road
Merthyr Tydfil
CF48 4QN**

Date Inspection Completed

19/05/2023

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About Elan Specialist Supported Living Service

| | |
|--|---|
| Type of care provided | Domiciliary Support Service |
| Registered Provider | Elan Assisted Living Services Limited |
| Registered places | 0 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 17th May 2022 |
| Does this service provide the Welsh Language active offer? | This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture. |

Summary

Elan Assisted Living Services provides care and support to people living in their own homes in and around the Merthyr Tydfil area. People and their representatives are pleased with the level of care and support they receive and are complimentary of care staff and the management. Personal plans are focused on people's individual needs and provide clear information regarding care delivery to care staff. They contain risk assessments which highlight areas of concern and strategies for keeping people safe.

Care staff receive relevant training to help them meet the needs of the people they support. They also receive regular supervisions and appraisals which helps support them in their roles. There are suitable governance and quality assurance measures in place helping the service run smoothly. The RI regularly meets with supported people and staff and appears to have good oversight of service provision. Improvements are required to the recruitment process to ensure care staff are recruited in line with regulation.

Well-being

People are supported to maintain their health and well-being. The service provides support to people with medication needs ensuring medication is administered safely. Personal plans reflect people's needs. They are clear and easy for care staff to follow. People and their representatives are involved in the production and review of care plans to ensure all the relevant information is captured.

People experience care and support delivered in a dignified respectful manner. The service is able to provide good continuity of care as it can retain care staff. People told us care staff are kind and compassionate. We saw care staff are familiar with people's needs and routines and have positive working relationships with the people they support.

People have access to information explaining what opportunities are available to them. People said there are very good lines of communication, and they know who to contact if they ever had a problem. The electronic care planning system allows people and their representatives to view information relating to people's care delivery. Written information including the statement of purpose and user guide are up to date containing all the required information. At present there are no supported people who require their service to be delivered in the medium of Welsh. However, the manager has indicated they would try to arrange this if the need arose.

The service employs measures to keep people safe. These include risk assessments, staff training, governance and quality assurance measures and a range of policies and procedures aimed to promote safe practice.

Care and Support

People and their representatives provided consistently positive feedback regarding the service they receive. People told us they have good relationships with care staff who are respectful and kind. They said they receive a good level of care and support and communication with the service is very good. One person told us, *“The carers are fantastic, they go above and beyond”*. A relative of a person using the service said, *“Communication is really good. They always keep me up to date with everything”*. We conducted a number of visits to people’s homes and saw care staff interacting with people in a dignified respectful manner. It was clear from our observations care staff know the people they support well and are familiar with their daily routines.

People’s personal plans set out their care and support needs. Personal plans we examined are clear and concise, giving care staff information on the best ways of supporting people to achieve their outcomes. Risks are also considered with assessments highlighting areas of concern and strategies for keeping people safe. Care documentation is person-centred, meaning it is specific to each person’s individual care and support requirements. We saw personal plans are reviewed every three months in consultation with the person and their representatives. This is done to ensure people’s personal plans evolve in line with any changes to their conditions. The service uses an electronic system to store people’s care documentation. Care staff have access to this via an app on their mobile phones. This is a live system with any updates to care documentation being communicated to care staff instantly.

As well as risk assessments there are a raft of measures underpinning safe practice. We examined a selection of policies and procedures such as safeguarding, medication and infection control. The policies contained the most up to date statutory and best practice guidance. Policies are kept under review and updated when necessary. Care staff receive safeguarding training designed to help them recognise the signs of abuse and neglect. Care staff we spoke to are aware of their safeguarding responsibilities and the process for reporting concerns. Medication is administered in line with best practice guidance and regular medication audits ensure any discrepancies are identified and actioned. Infection prevention and control measures reduce the risk of cross contamination. Care workers have access to a good supply of personal protective equipment and receive relevant training including infection control and food hygiene.

Environment

This domain is not considered as part of a domiciliary inspection. The agency offices are suitable for their intended use with secure storage facilities.

Leadership and Management

Care staff speak highly of the management and feel supported in their roles. Care staff we spoke to provided positive feedback regarding the services management team. One said, *“From a personal point of view I have no issues. The management are very supportive. I can’t fault them”*. Other care staff used words like *“approachable”*, *“marvellous”* and *“very good”* to describe the management. Care staff told us they receive regular supervisions and appraisals. Documentation relating to supervision and appraisal confirmed this showing care staff receive the recommended level of formal support. In addition to this the management carry out spot checks to ensure care staff are fulfilling their roles and following procedures.

Care staff have access to an ongoing programme of training and development opportunities, making sure they are sufficiently skilled. Care staff must complete a structured induction and shadow experienced members of the team when they commence employment. Following this, training tailored to meet the needs of supported people is provided to care staff. We were unable to look at the services training matrix on the day of our inspection as the training provider was experiencing technical issues. We did however examine several care staff’s training records and found they were compliant with the services training requirements.

Improvements to the recruitment process are required to ensure care staff are being recruited in line with regulation. We examined a number of personnel files and found pre-employment checks such as Disclosure and Barring Service checks and references from previous employers were present. However, some regulatory required information relating to employee’s previous employment was missing. We explained this was an area for improvement which we will review at our next inspection.

Governance and quality assurance measures promote the smooth running of the service. The Responsible Individual (RI) regularly speaks to people to gather their views about service provision. This helps to inform improvements. On a six-monthly basis the RI conducts a quality-of-care review to identify the services strengths and any areas which can be developed further. People have access to up-to-date information about the service. There is a statement of purpose and user guide available so people can have an understanding of what the service offers.

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

| | | |
|----|--|----------|
| 35 | The provider is not compliant with regulation 35(2)(d). This is because not all information in respect of each of the matters specified in Part 1 of Schedule 1 was available to view on the day of inspection | New |
| 36 | The provider is not compliant with regulation 36(2)(d). This is because not all staff are up to date with their core training requirements | Achieved |

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