



Inspection Report on

Safehaven South Wales Ltd

**Unit 8 Ely Business Park
Argyle Way
Ely
Cardiff
CF5 5NJ**

Date Inspection Completed

16/08/2022

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About Safehaven South Wales Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	Safehaven South Wales Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	No. This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people /children who use, or intend to use their service.

Summary

Safehaven South Wales Ltd. provides care and support to people in their own homes in the Cardiff and Vale area.

A small, consistent and passionate team of staff deliver the care. People are happy with the care and support they receive. People know and understand what care and support is available to them, they are listened to and contribute to decisions affecting their lives. Care is taken to ensure people have regular care staff where possible. This is consistently praised by people and their relatives.

Currently the service is operating without a responsible individual (RI) and a manager. The service provider has since made structural changes within the leadership and management of the service to develop and enhance overall oversight. A Director from the organisation is in the process of making an application to become RI. The RI's role is to have oversight of the quality of the service and drive improvements. Another Director is working towards becoming the registered manager with Social Care Wales.

There are a range of monitoring and audit processes in place, however these have failed to identify matters that require addressing. The service is not meeting regulatory requirements around auditing;, people's personal plans;, medication;, notifications;, quality of care review and policies and procedures.

CIW acknowledge the significant pressure the pandemic has placed on the service provider.

Well-being

People have choice and control over their day-to-day lives, and how their care is delivered. People are treated with dignity and respect and staff are willing to go the extra mile to support them. People and their relatives told us that they are happy with the care and support provided and appreciate the friendly nature of the care workers. We found staff to be hard working, caring and responsive to people's needs.

The physical and mental health of people is supported. Care workers we spoke with have a good understanding of people's health conditions and the support they require. They have developed positive relationships with the people they support. This has a positive impact on people's emotional well-being and provides reassurance to family members. People know how to raise concerns if needed and have full confidence matters will be swiftly addressed.

People are supported by a small and consistent staff team. Care workers are sensitive and understanding in the way they support individuals to live as independently as possible. Personal plans give information about people and their care needs; we found care plans were insufficiently detailed and not person centred. We also identified missing risk assessments surrounding individuals care needs.

People are safe and protected from harm. Care workers know the action they are required to take if they suspect a person is at risk of harm or is being abused. They are also confident the service provider would take any concerns seriously to make sure people are properly safeguarded.

Care and Support

People are given information to inform them what to expect from the service. Families told us that people receive good care and support. They do not have any issues with the care delivered. People we spoke with told us *'Everything is superb, I love the carers dearly'* and a relative told us that they are *'the carers are always helpful'*. People benefit from continuity of care and support. Care is provided by a workforce that generally feel happy and supported in their role. We spoke with several staff members who reiterated the continuity that they have for calls which enables them to get to know people and their needs well. We found that people's personal care files did not always contain accurate and current information. As a result, staff are working to basic, incomplete, and absent care plans and risk assessments. People could receive inappropriate care which may compromise their well-being. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

People cannot be fully assured that there are safe arrangements for the management of medicines. We tested the medication systems/processes and identified some failings that must be addressed. This includes Medication Administration Record's (MAR's) not sufficiently completed including gaps for administration,; the management and recording of (PRN) 'when required' medication and the management, administration and recording of prescribed creams including the lack of body maps to direct care staff. Although regular medication audits are taking place, they failed to adequately identify and address these issues. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

People mostly receive calls in a timely manner. Overall, people we spoke to were happy with the call timings and understood if there were exceptional circumstances to prevent the call taking place as planned. People appreciate the service makes them aware when these events occur. We identified a variation between allocated call time and length of calls being delivered. This has meant that some people are not receiving their full call at the time they are meant to be receiving it.

Leadership and Management

People cannot be assured that there is sufficient oversight to closely monitor the service. Currently the service is without a registered Responsible Individual (RI) and a manager. One Director is in the process of making an application to become RI. The RI's role is to have oversight of the quality of the service and drive improvements. Another Director is working towards becoming the manager.

Since the previous RI/manager left numerous areas has been identified that require addressing. This includes internal auditing and quality of care review mechanisms requiring strengthening. The service does not use an electronic call monitoring (ECM) system to monitor care workers arriving and leaving calls or to highlight any issues. Internal audits are done manually when paper documentation is returned to the office. We identified that audits of call times,; call length, daily logs and MAR's charts has not been reviewed for some time. The Quality-of-care report dated March 2022 did not identified areas for improvement or include an action plan with target dates to address these. This is an area for improvement and will be followed up at the next inspection.

Staff protect people from abuse and neglect and are fully aware of their responsibilities to raise concerns. Care workers receive training and support to enable them to provide safe, good quality care. Those spoken with are aware of the reporting procedures to follow if they have any concerns about people they support. There is a safeguarding policy in place however, this does not provide steps for staff to follow; the contact details within the Local Authority and did not reflect the Wales Safeguarding Procedures. The provider has policies, procedures and systems in place for the running of the service. We identified policies are basic in detail, generic and do not always guide staff appropriately. We also noted that the service did not always operate in accordance with their own policies and procedures particularly in relation to medication and falls. This is an area for improvement and will be followed up at the next inspection.

Workers are appointed following a safe and robust recruitment process. Staff files are easy to navigate and contain the information needed. Pre-employment checks take place before new employees start work and include reference checks, photo identification and Disclosure and Barring Service (DBS) checks. Employee records show all care workers are up to date with their essential training. Recruitment and training ensures people get the right care and support, from skilled and knowledgeable care workers. There is a small staff team, which means communication is straightforward. We received positive feedback from staff we spoke with who told us they feel supported. Three-monthly employee supervision records and annual appraisals show all care workers are regularly given the opportunity to discuss any issues they wish to raise with line managers , in a formal setting and have the conversations recorded.

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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80	The quality of care review did not include recommendations for the improvement of the service.	New
58	The service provider must ensure that there are effective arrangements in place for the management and recording of medicines.	New
15	Care plans insufficiently detailed and not person centred. Missing risk assessments around individuals care needs.	New
60	This is because the service provider did not notify the regulator (CIW) in relation to safeguarding referrals.	New
12	The service provider does not ensure that the content of policies and procedures are kept up to date/ reviewed and inline with current legislation	New
6	Internal audits not identifying matters that require addressing.	New
	Full and satisfactory information must be available for all staff (Regulation 35(2)(d)) - this must include verification of the reason a member of staff has left a previous care role, at least two written references and a full employment history with no gaps.	Achieved
	Sufficient processes must be in place for recording the administration of medicines and assessing risks to individuals associated with their medicines (Regulation 58(2)(b)).	Achieved

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