



Inspection Report on

St Helens Domiciliary Care Ltd

**Unit 3 Hatherleigh Place
Union Road West
Abergavenny
NP7 7RL**

Date Inspection Completed

01/12/2023

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About St Helens Domiciliary Care Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	St Helens Domiciliary Care Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	26 April 2022
Does this service promote Welsh language and culture?	This is a service that is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People receive very good care and support from St Helen's Domiciliary Care. People are treated with dignity and respect, through a personalised approach to care and support. People are happy with the support and are consulted about their care. People have control over their own lives and can make their own choices as far as possible.

Care staff have up-to-date knowledge of people's needs; detailed individualised personal plans are available to guide staff. There are systems in place for the management and storage of medication. The service ensures the recruitment of staff is safe and effective.

The service is well-managed and care staff feel supported and valued in their role. Care staff receive regular supervision and training. Governance and quality assurance systems are in place. The management team and Responsible Individual (RI) are approachable and visible in the running of the service.

Well-being

People lead lives of their own choosing and do things which matter to them and they enjoy. Care staff build supportive relationships with people and seek their views and preferences on an ongoing basis. Personal plans of care highlight people's likes, dislikes, goals, achievements, and aspirations. Detailed risk assessments are in place to promote people's safety. Staff know people well and respect and actively promote choice. People are encouraged by care staff to have a routine and get involved in activities. Support is provided to access community events, attend social events with family and friends. People's opinions are valued with regular meetings and satisfaction surveys taking place to gain their views.

People are supported to remain as healthy as possible. The service liaises with health professionals to refer any concerns and follows appropriate guidance. People choose their meal options, with care staff promoting healthy choices. People have developed good relationships with care staff whom they know well and this helps to support people's well-being and emotional health. We observed positive, humorous interactions between people and care staff and management. Processes are in place to manage people's medication and ensure they receive all prescribed medication as directed.

There are measures in place to safeguard people. Appropriate risk assessments are in place where required according to individual needs. Identified risks to people or staff are managed and monitored so they are supported to stay safe, and their freedom respected. Policies and procedures support good practice and can assist staff to report a safeguarding concern. Care staff understand their responsibilities around safeguarding procedures and told us they feel confident if they raised an issue with the manager, it would be responded to. Pre-recruitment checks for care staff are robust and regular supervision supports continued professional development. Ongoing training ensures care staff are sufficiently skilled.

This is a service that is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture. Preferable language to receive care and support is asked during assessment. The service has staff members who are fluent Welsh speakers. The provider can offer key documents in Welsh if requested.

Care and Support

The service provides a very good standard of person-centred care and support. This means that people receive a service that is specifically designed to meet their individual needs. People told us “*They help and support me*” and the staff are “*great*”. Care staff are attentive and respond to people’s needs providing appropriate levels of prompting and support, with genuine warmth and compassion. People look relaxed and comfortable in the presence of staff. Feedback from care staff included “*the happiness and well-being of the people we support is always at the forefront of what we do*”.

Each person receiving a service has a detailed personal plan. Providing care staff with up-to-date information and guidance on how to best support people and set out what is important to each person. The service works closely with people’s families and other professionals to ensure they have the correct information to support people. Plans include individual pen portraits, identify support required to meet needs, identify individual aspirations, and show progress and achievements. Risk assessments are in place covering areas specific to the person’s needs. Where there are necessary restrictions in place made in people’s best interests to manage their safety, these appear proportionate. Reviews take place on a regular basis. Daily recordings of the support provided are in place, giving important information about people’s progress and identifying changes in care needs.

People can access the necessary health services to maintain their health and wellbeing. This includes access to GP services. We saw individuals have been referred to other healthcare professionals as and when needed. Staff interact with people in a natural friendly caring and compassionate manner. It is apparent that staff know the people they care for well and notice any changes in their health and well-being quickly. There are systems in place for the management and storage of medication. Medication is stored securely. Staff receive medication training and have their competency to administer checked. Medication Administration Records (MAR) are free from errors. Medication is checked and audited regularly.

Leadership and Management

People can be confident they are supported by a provider that shows commitment to providing quality care and support. We found robust governance arrangements at the service. These help to self-evaluate and identify where improvements are needed. The Statement of Purpose (SoP) clearly states what people can expect from the service and the service reflects its contents.

There have been no complaints recorded in the last 12 months. Reports evidencing regular visits to the service by the RI are available. They show discussions with people receiving a service and care staff and identify any areas for improvement. The RI is a regular presence at services and delivers hands on care and support when required. Policies and procedures, such as for complaints, medication, and safeguarding, are in place. They give guidance to care staff, for example telling them what to do if they needed to raise a safeguarding concern. The service gathers the views of people their representatives and care staff giving the opportunity to influence service delivery.

We found sufficient staff numbers to support people receiving a service. Members of the management team supplement the staff team when necessary and cover shifts. Staff told us that they feel valued and well supported in their roles and spoke positively about their employment. All mentioned how "*well supported*" they felt by the management arrangements in place. Comments from staff included "*teamwork is excellent*" and "*management are approachable and good communication ensures consistency of support.*"

The service ensures the recruitment, induction, support, and training of staff is safe and effective. There are suitable selection and vetting practices to enable the service provider to decide upon the appointment of staff. Staff files contain evidence of necessary pre-employment checks. Employment histories are provided with satisfactory references to further support the individual fitness of staff to work at the service. All staff have up-to-date Disclosure and Barring Service (DBS) checks and proof of identity.

New care staff complete an induction programme. Training records show care staff have up to date training. Supervision records confirm care staff receive regular, individualised supervision. Care staff can attend regular team meetings to discuss the operation of the service and progress of the people they support. All care staff are registered with the workforce regulator, Social Care Wales.

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

N/A	No non-compliance of this type was identified at this inspection	N/A
35	The provider did not ensure all required pre-employment information and documentation was held on staff files.	Achieved
16	The provider failed to ensure that personal plans are kept under review, amended and developed to reflect changes in needs and outcomes for people.	Achieved
58	The provider did not ensure medication administration records were completed accurately.	Achieved

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