



## Inspection Report on

**L & R Buchanan Care Services Ltd**

**Canolfan Gorseinon Centre  
Millers Drive  
Swansea  
SA4 4QN**

## **Date Inspection Completed**

09/05/2023

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## About L & R Buchanan Care Services Ltd

|  |   |
|--|---|
| Type of care provided                                      | Domiciliary Support Service   |
| Registered Provider  | L & R Buchanan Care Services Ltd - trading as Habitat Homecare  |
| Registered places  | 0   |
| Language of the service                                    | English   |
| Previous Care Inspectorate Wales inspection                |   |
| 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

L & R Buchanan Care Services Ltd - trading as Habitat Homecare is a domiciliary support service for adults over the age of 18 in the Swansea and Neath, Port Talbot areas. The service provides support with personal care needs in people's own homes. People receive a reliable and consistent service from care staff who are happy and feel supported in their roles.

People are involved in the development of their personal plans from the onset of care provision, these plans are reviewed routinely and reflect their support needs well. People are happy with the quality of care they receive and are very complimentary of the care staff who support them. Care workers receive regular training and feel confident in their roles and are dedicated in providing a good service to people. There is a well-respected manager in post who is supported by the dedicated responsible individual (RI). Both are visible in the office daily. There are good systems in place to maintain successful oversight of the service and regulatory reports and requirements are completed punctually.

## Well-being

People have a voice and can participate in developing and evaluating their care. From the onset of contact with the service, people are involved in the development and review of their personal plans. Peoples likes and dislikes are discussed, and preferences considered as much as possible. Personal plans are written in the first person and give a detailed overview of the person and how to support them to meet their needs. Reviews take place with people routinely and personal plans updated as required.

People are treated with dignity and respect by a care team who are happy and feel valued and supported in their roles. People are provided with support from care workers they trust, one person said, *“they are all 100% respectful to my husband, I can honestly say that I trust them implicitly”*. Care workers receive suitable training and support through regular supervisions annual appraisals and an approachable and flexible management team.

People are protected from the risk of harm and abuse. All care staff have completed safeguarding training and have a good understanding of their responsibilities to report any concerns they have about the people they support. There are policies and procedures in place to ensure care staff support people safely. The provider has robust recruitment procedures in place to ensure care workers are suitable to carry out their roles.

People have comfort in knowing there is good oversight of the service. The manager and RI are visible in the service daily. The RI routinely obtains feedback about the service from people and staff to drive improvements. Good systems are in place to monitor and evaluate the service. Regulatory reports are completed at appropriate timescales. Feedback received about the management team was positive and very complimentary of the manager.

## Care and Support

People are provided with the support they need through a service designed in consultation with them and if appropriate, their representative. We spoke with people receiving the service who confirmed that they have been involved in the planning of their care from the first enquiry with the service. Three care files were viewed which contained up to date information on the support needs of people and personal plans to reflect how these needs can be met. These were easy to read and follow, care workers spoken with confirmed this. We saw that regular reviews take place and people confirmed that they are regularly asked how things are going and if any changes are needed to the service they receive. Overall communication in the service is good and due to having a consistent staff team, people are aware of who and when to expect for their calls most of the time. Feedback from people about the service included: *“they’ve had to alter the care plan a few times for us and adjusted call times to suit us. They have been marvellous”* and *“they really do listen to me and help as much as they can”*.

The provider has mechanisms in place to safeguard people receiving the service. Safeguarding training is mandatory for all staff. Care workers spoken with have completed this and have a good understanding of their responsibilities in reporting concerns and the procedures to follow. There is a safeguarding policy in place that reflects the Wales safeguarding procedures. People confirmed that they feel safe with the care workers who visit them, comments included *“I can honestly say that I trust them implicitly”* and *“They are so professional and gentle to both of us”*. The service strive to maintain continuity where possible so that people are visited by familiar care workers to feel more at ease. One person said, *“they are friends, it’s a joy to see them, they lighten our lives up straight away, they are obviously well trained, they are positive and kind and bright and intelligent people”*.

There are good systems in place for the management of medication in the service. Care workers are required to undertake medication training and competency tests prior to assisting people with medication. We saw that this was up to date in staff files. We viewed Medication administration records (MAR) in people’s homes and found these were completed correctly. The manager told us that these are audited by the senior care team frequently and are further checked by the local authority medication management team after they are returned to them. There are procedure in place to report any discrepancies and these are investigated and reported to the local authority straight away. Care workers know the people they support well and can seek medical or other support if they notice any changes in their health or well-being.

## Environment

The environment is not a theme that is inspected in Domiciliary Support Service due to provision taking place in people's own home. Despite this, the service has an office base in Gorseinon which is accessible on the ground floor with ample parking. The office is well thought out, bright and welcoming. There is no confidential information on display. All documentation is stored electronically on password encrypted devices, however hard paper copies are stored in locked cupboards appropriately. Environmental risk assessments take place in people's home as part of the initial assessment process to ensure a safe working environment for care staff and to minimise any identified risks to people.

The service promotes hygienic practices and manages risk of infection. The service continues to have a good stock of personal protective equipment (PPE) for care staff to use as required. There is an infection control policy in place that is updated to reflect any changes in the guidance or legislation.

## **Leadership and Management**

The provider has good governance arrangements in place to support the smooth operation of the service. There are policies and procedures in place that are accessible to care staff

to enable them to deliver the service effectively. These policies are reviewed and updated routinely. All registered services have a Statement of Purpose (SOP) document to describe what the service does and how. We viewed this and it accurately reflects the service. Care coordinators in place oversee the electronic call monitoring system to ensure that care staff arrive to their calls safely and monitor what is going on in the community in real time by the touch of a button, all records are input onto the electronic system. Any issues are followed up promptly which minimises late calls and prevents missed calls.

People are supported by a care team who are suitably vetted, recruited, and trained to meet their needs. We looked at three personnel files and all documentation for safe recruitment and background checks are in place. This includes previous employer reference checks, identification documents, Disclosure and Barring Service (DBS) checks which are updated as required. Care workers are supported in their roles and receive regular supervision and annual appraisals to support them in their development. The provider promotes career development wherever possible. Spot checks are carried out during care worker visits to monitor the quality of care delivered. Many of the workforce are registered with Social Care Wales (SCW) – the workforce regulator and those who are not, are working towards registration. Feedback from care staff was positive and comments included: *“I would recommend them to others for work and for the service itself as they do really care about people and their staff team”* and *“They are really flexible to work for and have given me excellent support”*.

There are good systems in place for the effective oversight of the service through ongoing quality assurance. The RI is present in the office regularly to support the management of the service. The service stores all correspondence electronically and has numerous systems in place to record and oversee aspects of the service. We saw details of feedback from people and staff and any action required and taken. We also saw logs of accidents, incidents, compliments, and complaints which are monitored and evaluated to drive improvements in the service. Routine audits take place including care worker recordings, these are evaluated, and any issues discussed with care staff. The RI routinely visits people to understand their experience of the service and to seek their recommendations for improvements. Quality of care reviews are produced bi-annually as required by the regulations and contain information on what the service is doing well, and improvements identified to enhance the service further.

### Summary of Non-Compliance

| Status              | What each means   |
|---------------------|---|
| <b>New</b>          | This non-compliance was identified at this inspection.  |
| <b>Reviewed</b>     | 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. |
| <b>Not Achieved</b> | Compliance was tested at this inspection and was not achieved.  |
| <b>Achieved</b>     | 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      |
| 36  | although supervisions and spot checks were seen, these did not fall into the regulatory frequency of quaterly.          | Achieved |
| 80  | The quality of care report was seen however this was an annual report not bi-annual as required by the recommendations. | Achieved |

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