



# Inspection Report on

**Expanding Horizons Ltd**

**Suite 3 Raglan House  
Llantarnam Business Park  
Cwmbran  
NP44 3AB**

## **Date Inspection Completed**

25/01/2024

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## About Expanding Horizons Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	Expanding Horizons Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	14 July 2022
Does this service promote Welsh language and culture?	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

People are complimentary of the agency and the services it provides. We found people have good relationships with the staff who support them. People told us they felt safe and supported by staff who are dedicated to improving their lives. Professionals gave us positive feedback about the care packages they commission for people.

There have been recent changes to the leadership and management of the organisation. A new manager has been appointed who is in the process of being registered with Social Care Wales. We found improvements have been introduced to engage people about how they want services to be provided although, this has yet to be rolled out to everyone. Staff told us they are suitably trained and developed to conduct their roles.

The Responsible Individual (RI) is a visible presence and regularly seeks the views of people to improve services. Quality assurance systems which enable greater oversight of the service have highlighted issues which have not always been fully addressed. Measures are being implemented to ensure regulations are met. Further work to strengthen staff recruitment processes are needed.

## Well-being

People are supported to make decisions that affects their lives. People told us how staff enable them to be as independent as possible. Examples include self-administering medication, learning to drive, shopping, preparing food, cooking meals, and pursuing leisure interests. Staff support people with care, domestic and budgeting needs to maintain their living arrangements. Advocacy support can be accessed for people as needed. People's views and opinions are regularly sought to develop and improve services.

People benefit from positive relationships with staff and others. Staff are familiar and know people well which provides stability and security. Staff know the signs to look out for which may indicate a change in a persons need and or behaviours. This is set out in people's personal plans as well as ways to support the person. People told us how reassuring it is for them that staff are always there to talk. Service user compatibility is considered, and people told us how they liked to spend time with others.

The service supports people with their everyday healthcare needs. Health professionals such as district nurses, GP and hospital services, dentists and opticians have oversight of people's care. Risk assessments support people's health, safety, and participation in daily living skills. People are supported to attend health appointments and routine screening checks. We saw staff promoting heathy lifestyle choices to maintain people's wellbeing.

People are not consistently safeguarded from harm and abuse. Staff are trained to report concerns and respond to incidents. Safeguarding referrals have been made to the relevant agencies. The agency's policies and procedures provide guidance to staff. People have compiled a film to show others who use the agency how to make a complaint if they are unhappy. The agency has improved its processes to ensure staff are registered with Social Care Wales within agreed timescales. Recruitment practises which demonstrate staff's fitness to work with vulnerable people lack robustness.

People are encouraged to attend leisure and training opportunities. Individuals are supported to maintain relationships with their family and friends. The service looks to support people to secure volunteering opportunities. The positive feedback received from people who use the service, staff and professionals shows the agency successfully provides personalised, bespoke packages of care and support.

## Care and Support

People are treated with dignity and respect. A one page profile captures what is important for each individual. People's personal plans set out how they want to be supported. The plans are person centred and include peoples likes and dislikes. The agency has considered ways of improving goal setting for people and have introduced independent plans to support them achieve their individual outcomes. The intention is that progress will be easily recognised. We saw a number of plans in action although they have not been rolled out for everyone in receipt of a service.

Personal plans are reviewed in accordance with the regulations. We saw evidence that people were not always fully involved in the review process. To strengthen people's engagement the agency has introduced a twelve week review meeting for each person receiving a service. Following which, people's plans will be updated to reflect discussions. The RI has acknowledged improvements will need to be sustained to make any difference to people. We will consider this at our next inspection of the agency.

People receive a dependable and consistent service which listens to their views. The service supports positive risk taking for people and by doing so promotes their independence. Individual risk assessments support people to take an active part in their lives. We noted some protective measures put in place to reduce risks are ineffective. We discussed our findings with the RI.

The service adopts safe medicine arrangements. There is a clear medication policy in place which includes a procedure for ordering, storage, and administration of medicines. Staff undertake training to support individuals with their medication. Regular audits ensure staff adhere to the agency's medicine practices. Staff told us they receive sufficient training to perform their duties. The agency has revised PRN "as required" protocols to make directions clearer for staff to administer medications to people.

## Leadership and Management

There are clear lines of management and established systems which support the running of the agency. A new manager has been appointed with a deputy, and other senior staff, all with defined areas of responsibility that play a part in checking the quality of care provided. Managers provide mentoring to senior staff to ensure consistency for example, in people's personal plans and risk assessments. The RI oversees the agency, seeks feedback from people who use the service and completes the necessary quality reports. Action plans have been introduced to address identified shortfalls. Systems ensure the RI has good oversight of the service. The Statement of Purpose (SOP) is to be reviewed in line with the appointment of new manager.

People are kept informed about the services they receive. People have been given the opportunity to rewrite key agency policies as service user friendly documents. Service user representatives have been selected and work has started to provide a suite of documents which will form the future service user guide. The intention being to empower people who use services to have greater understanding of the agency and its policies. We attended a workshop and found people to be happy to be involved in telling others how to make a complaint about the agency.

Vetting processes are not sufficiently robust to demonstrate staff's fitness to work with vulnerable adults. The agency carries out pre employment checks in the form of Disclosure and Barring (DBS) and seeking former employer references. We found references had not always been supplied by the persons previous employer and gaps in employment history are not always explored. In addition, the necessary proof of identity is not always retained. We have identified this as an area for improvement. The RI assured us that improvements have been made in regards to managerial oversight of staff conducting checks.

Staff are trained and developed to conduct their roles. Staff told us they felt fully supported to perform their duties. Newly appointed staff complete a recognised induction programme and are expected to complete a recognised care qualification. Staff can update their skills and knowledge via online training. Specific training is available to enable staff teams meet individual needs. Staff have opportunity for regular supervision.

The agency identified a large number of staff were working without being registered with Social Care Wales, the workforce regulator. The agency took the necessary action to sign staff up within agreed timescales although, in a few instances, staff were prevented from working. The agency has strengthened its processes in regard to staff's fitness in this area.

### 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
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35	Recruitment practices are not sufficiently robust. The service provider must strengthen selection and vetting systems to enable them to make a decision on the appointment or rejection of all staff and volunteer applicants.	New
16	We saw no evidence to show people using the service are engaged in the review process.	Achieved
16	The service user needs to review individuals personal emergency evacuation plans (PEEP's) in line with personal plan and remaining risk assessments.	Achieved
80	The service conducts an annual quality review which exceeds the six monthly time frame set by the regulations.	Achieved



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