



Inspection Report on

All Saints DC Ltd

**H & W Developments
15 Bradenham Place
Penarth
CF64 2AG**

Date Inspection Completed

2nd March 2022

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About All Saints DC Ltd

| | |
|--|--|
| Type of care provided | Domiciliary Support Service |
| Registered Provider | All Saints DC Ltd |
| Registered places | 0 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | This is the first inspection under the Regulation and Inspection of Social Care (Wales) Act 2016 |
| Does this service provide the Welsh Language active offer? | Working Towards. The service 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. |

Summary

The service is passionate about involving people in their care and support. Records provide clear and easily accessible information for care staff. People's information is kept up-to-date by completing regular reviews which include the person or their relative. People and their families praised the service for their level of support and skilled care staff. Care staff are passionate about what they do and find their role rewarding. Care staff receive good levels of support and training from when they start their employment. Appropriate checks are carried out to ensure staff members are fit to work with vulnerable people. Care staff appear confident and knowledgeable within their roles. People and care staff know the management team and Responsible Individual (RI) well and can raise any concerns with them. The RI maintains a very good level of oversight of the service to ensure that quality is maintained.

Well-being

People are extremely happy with the care and support they receive from consistent carers. People are very much included and central to their care. People are involved in regular reviews and have control over their care and support. People are provided with the appropriate documentation and contracts so that they have the information they need to understand and know how the service works. Policies provide clear details on procedures and contact details for people to utilise if required. People told us they are made to feel special and described the service as "*a dream team*".

We saw people's risks are assessed appropriately, and information is provided in a clear way so as easy to use. People have appropriate equipment in place to support them with their mobility and care staff have specific training regarding this. People and their families told us that any issues are dealt with quickly, clearly communicated and passed on to the appropriate people and/or professionals

People told us they felt safe and happy. People and their families can speak openly with their consistent care team. People praised the service and care staff for their support. Care staff receive good levels of training and complete appropriate recruitment checks to ensure they are fit to work with vulnerable people. Training is provided to ensure care staff know what to do following a concern. Care staff are extremely competent in raising concerns internally and externally. Information is provided to people in a format they can understand. Information includes important details and contact numbers such as local safeguarding boards, care inspectorate wales and the ombudsman.

Care and Support

Personal plans are detailed and person centred. A clear checklist ensures that managers can have quick and easy oversight of what information is included within the file or what may be required. We saw detailed risk assessments are in place such as medication and mobility. These clearly identify the risk rating, the person at risk, measures in place to reduce risk and what if any action to take. People have a rating in place, which identifies how vulnerable they are. This supports managers and care staff to understand those who are very vulnerable or may not have family members or any other networks of support. This can help prioritise care during times of crisis. People told us that carers and the service have worked continuously to provide care throughout the Covid-19 pandemic and extreme weather. Information is presented in a clear and user friendly way. This ensures that care staff can access important information regarding any risks to the person effectively.

Care staff complete regular daily records, which provide information about what care has been provided. Care plans are based around and with the individual. One person said *“they always make you feel important”*. Documents show that the service is passionate about involving the individual within their care and their personal plan. Plans are reviewed in line with regulation and reviews are clearly documented and dated. We saw people and their relatives are involved in reviews. People told us they are regularly kept up to date on any changes and have access to their personal plan.

Consistent care staff promote people's independence. People described care staff as *“outstanding”*, *“marvellous”*, *“brilliant”* and *“couldn't get better”*. Detailed plans ensure that care staff know what the person can do themselves and what they require support with. Pre-assessments are completed with the person to ensure the service can meet their needs. The level of support required is made clear and the person is included within this process. We saw people have contracts and terms and conditions in place which outline what they can expect from the service.

Leadership and Management

People are provided with a Service user guide and Statement of Purpose when they start using the service. This information can be provided in English or in Welsh. Policies are informative and detailed. We saw the safeguarding policy includes important contact details making these accessible to care staff and people. Care staff are extremely competent in reporting any concerns they have in relation to safeguarding, internally and externally. People and care staff feel confident raising concerns with the office team and the RI. Care staff know the RI well and trust they will take necessary action and follow-up any concern. Care staff have appropriate recruitment checks to ensure they are fit to work with vulnerable adults and all have a current disclosure and barring service (DBS) check in

place.

Care staff appear passionate about their roles and told us how rewarding it can be. Care staff receive good levels of training, induction and support throughout their employment. We saw that care staff are either working towards or have already achieved level two or higher in Health and social care. Appropriate training is provided, such as medication, fire awareness and food hygiene. Additional and specific training is also provided to care staff such as dementia. Managers have clear systems in place that enable quick quality assurance checks on training and fitness of care staff. A front page document clearly outlines deadlines for supervisions and DBS checks. Carers have a contract and job description which outlines their roles and responsibilities. Carers new to the service are required to also complete shadow shifts, these ensure they are mentored with an experienced member of staff until confident and competent to work alone. Regular spot checks then continue to ensure that care staff maintain their competence and skill level.

Regular supervision and annual appraisals enables carers' time to share any concerns or provide feedback to the service. The service has ensured these support and monitoring systems have continue during the Covid-19 pandemic by providing online training and facilitating supervisions over the phone. Supervisions were adapted to focus on changes and updates regarding Covid-19. This was to ensure staff were competent within this area. Personal protective equipment (PPE) reviews were also put in place during this time as well as additional infection control training.

The RI completes their three monthly visits and a six monthly Quality of care review as required. These documents could be strengthened by including direct feedback and comments from people and care staff. We saw that the RI maintains good levels of oversight of the service. A monthly report covers aspects such as complaints, missed calls, client reviews, staffing, recruitment, supervisions and sickness. The RI analyses such information and provides a report explaining what the service has done well and what they need to improve. An action plans and an annual quality assurance document provides an analysis of the service and any actions required.

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 |

Date Published 04/04/2022