



Inspection Report on

PC Cymru Care Ltd

**22 Mandeville Road
Bonnie View
Blackwood
NP12 3PH**

Date Inspection Completed

02/03/2023

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About PC Cymru Care Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	P.C. Cymru Care Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection to the service since registration under The Regulation and Inspection of Social Care (Wales) Act 2016.
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

People using the service are supported to live independent and fulfilled lives. The service enables individuals to live within the community by providing 24-hour support. People are supported by a consistent staff team and have positive relationships with them. People told us they are happy with the support they receive from PC Cymru Ltd. The manager is experienced and long standing. The responsible individual has good oversight of the service as he regularly supports people using the service although, governance systems in place lack robustness. We found a number of areas for improvement are needed in relation to people's personal plans, staff training and development, revision of key documents and quality assurance. We expect the necessary actions to be taken by our next inspection.

Well-being

People are encouraged to make everyday decisions that affect their lives. Staff support individuals with their daily needs such as personal care, domestic tasks, shopping and budgeting their finances. A person using the service told us, *"I like it here the staff are good."* People's personal plans do not always reflect an individual's care and support needs and are not consistently person centred. Staff are dedicated and familiar having worked with people for a number of years. A staff member said, *"we are like family."*

The service supports individuals with their wellbeing. People are supported to attend healthcare appointments to maintain their physical and emotional health. People are encouraged to be healthy and take an active part in their lives. We noted a lack of risk assessments to support individuals with positive risk taking.

People are safe. Staff are trained to report accidents, incidents and concerns. Advocacy support can be accessed for people as needed. Key documents such as the service's statement of purpose (SoP) and safeguarding policy need to be revised to safeguard people. Staff recruitment practices need to be strengthened to robustly demonstrate staff's fitness to work with vulnerable adults.

People are supported to attend work and leisure opportunities. Individuals are encouraged to maintain relationships with their family and friends. People using the service attend voluntary work, social events, day trips and holidays. One person was planning to visit the local cinema for the release of a horror movie.

Care and Support

People's personal plans provide insufficient detail to direct staff how to support them with their needs and personal outcomes. The plans lack a person centred focus as they do not contain any reference to the individuals likes, dislikes or preferences. In addition, the plans fail to identify any personal outcomes for individuals using the service. The service promotes positive risk taking for individuals to encourage greater independence although, we found a lack of individual risk assessments to support people to take an active part in their lives. This information is key to ensuring that care and support delivered is appropriate for people and meets their needs. While no immediate action is required, these are areas for improvement and we expect the provider to take action.

People's personal plans are not reviewed in a timely manner in line with Regulations. We saw no evidence that people or their representatives are involved in reviews of personal plans, in contrast to stated practices in the statement of purpose. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

People receive a flexible and dependable service. Staff are familiar to the individuals they support and know them well. Many of the staff have worked for the service for a number of years. Staff consult with individuals daily about the support they want. People we spoke with were complimentary of the care and support they receive. We saw compliments from relatives and professionals.

The service promotes hygienic practices and manages risks of infection. An infection control policy is in place to inform those working at the service. Staff have received infection control training and hand washes were available. We were told staff have access to sufficient stocks of personal protective clothing.

Environment

This domain is not considered as part of a domiciliary inspection however, we visited the agency offices as this was our first visit to the service since registration. On the day of our inspection there were issues with electricity however, they are suitable for their intended use with secure storage facilities.

Leadership and Management

Governance arrangements to support the running of the service require strengthening. The manager is experienced and registered to carry out the role. The responsible individual is visible as they regularly support people living at the service. People who use and work at the service know the senior managers. Staff told us they felt supported. We considered a sample of documents, the SoP, service user guide and various policies which support staff to meet the aims of the service. We found they require revision as they contain references to former agencies and outdated legislation. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Arrangements in place for the oversight of the service need improvement. The RI conducts the required visits to the service although, we saw no evidence of any engagement with service users, their family, or any professionals. During our visit, examples were given of individual's voices being heard. People who use the service confirmed this. The SoP states an annual satisfaction survey is conducted which is referred to in various reports. We viewed the last Quality of care report dated August 2022 which failed to provide any recommendations of how and where the quality and safety of the service can be improved. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Staff recruitment practices need strengthening. We viewed staff personnel files. The agency is in the process of transferring staff personnel files to electronic storage. We considered three staff files. Only one file contained an application form from the applicant which meant gaps in staff's employment and any reasons for leaving previous employers could not be checked. We found the necessary vetting checks had been completed. Satisfactory references were in place however personal references were not verified. It is expected recruitment arrangements will be made more robust.

Staff training and development needs improvement. Newly appointed staff receive induction which includes working alongside (shadowing) more experienced staff. We noted the range of skills and experience of the staff team most of whom are part time which enables flexibility. We found gaps in individual staff training records which means staff do not hold the required training as set out in the service's SoP. In addition, the responsible individual does not hold any current training despite working closely with individuals receiving services. We received assurance the relevant training events are planned. In addition, staff records showed individual staff are not receiving regular supervision. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

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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15	People's personal plans contain insufficient detail to direct staff how to support them with their needs, outcomes. The plans do not contain any reference to an individuals likes, dislikes or preferences.	New
16	People's personal plans are not reviewed on a three monthly basis. We saw no evidence the service user or others were part of previous reviews of people's personal plans.	New
12	We viewed the agency's infection control and safeguarding policy and found they are not aligned to national policy.	New
36	Staff have not received core training as set out in the SOP. Individual staff members are not receiving regular supervision.	New
80	We found no evidence there are suitable arrangements in place to provide assurance the service promotes the best possible outcomes for people. The six monthly quality of care report was out of date. We saw no evidence of engagement with stakeholders.	New

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