



Inspection Report on

South Wales Community Service - Western Bay

**Glamorgan House Autism Centre
Monastery Road
Neath Abbey
Neath
SA10 7DH**

Date Inspection Completed

16/08/2022

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About South Wales Community Service - Western Bay

Type of care provided	Domiciliary Support Service
Registered Provider	National Autistic Society
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	The Regulation and Inspection of Social Care (Wales) Act 2016.
Does this service provide the Welsh Language active offer?	No. This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people /children who use, or intend to use their service.

Summary

The National Autistic Society domiciliary care service, Western Bay is a good service which strives to meet the well-being outcomes of the people it supports. The service puts the person and their support needs at the centre of its objectives treating people with dignity and respect. People are happy with the service and have voice and control of their lives. People and their families tell us they feel part of the care planning and decision-making processes, working together with the team and other professionals.

The responsible individual and manager have good oversight and regular involvement with the service. There are robust systems in place to support this. The dedicated staff team are recruited appropriately, well trained, and supported in their roles and make a positive difference in the lives of the people they support.

Well-being

People have a voice and are encouraged to be part of the personal planning process as much as possible. There are good means of communication in place with people and their representatives. The provider has a strong philosophy of the individual being placed at the centre of the service and this was evident in care planning documentation and through observations. We saw people and family included in the care planning and review process which was confirmed by families.

People feel safe and are treated with dignity and respect. People supported are very independent with support from staff as and when needed. People are actively engaged within day-to-day life, which was observed and evident in the individuals' choices, behaviour and with the positive approaches of staff. People are encouraged to carry out day to day living tasks including, preparing meals, shopping, and cleaning their rooms.

People feel safe, secure, and protected from abuse and neglect. Risk assessments are in place to mitigate risk to people's wellbeing. Care staff have undertaken safeguarding training and are aware of the procedures to follow if they have any concerns about people they support.

People are encouraged to build good relationships and have a sense of belonging this was evidenced through people's behaviour and within our discussions. It was clear it was their home and people have control over their lives.

People are supported by a care team who are valued and supported. Care workers receive support through formal supervisions and informal catch ups as and when required. This encourages an open and collaborative environment. Positive feedback was received from care workers in relation to the support and feedback they receive.

Care and Support

The provider can meet the needs of the individuals and support them to achieve their personal outcomes. There is a clear assessment and review process involving the relevant people. There are strong family ties to the service. This is maintained by weekly visits and family involvement. A professional with knowledge of the service said, *“All activities are guided by the individuals and promote their wellbeing. Staff work using a person-centred approach, involving the individuals in planning”*. The service is well established with good management support and a strong philosophy of making the individuals the centre of what they do. We saw people led active lives being involved in activities of their choosing.

Through a partnership approach the development and review of personal plans promotes the independence of the individuals within the service. We looked at people’s personal plans and corresponding risk assessments evidencing staff are actively supporting people as and when they need or request support. People, family members and professionals are actively involved in support planning process and six weekly meetings with the service manager. We observed people moving unreservedly around their home with confidence. Staff told us, *“The plans give me a lot of information about the people, their likes and dislikes”*. *“I can reflect on the plans, go back and look over the information again and again if I need to.”*

There are safe systems in place for medication management. Medication records are audited on a regular basis. Medication is stored correctly in a locked cupboard. As and when medication (PRN) is administered in line with the General Practitioners (GP) guidance. Several staff have worked at the service for some time and are able to recognise any signs of ill health and to seek medical advice in a timely way. A professional told us, *“The long serving staff are well known to the individuals; therefore, they are fully understanding of their individual nuances and are able to avoid triggers*

The provider has systems in place to safeguard vulnerable people to whom they provide care and support. We found evidence through training records, risk assessments and through conversations with staff. Care staff told us, *“If I was worried, I would go to my manager first, then to the area manager, and the NAS (National Autistic Society) safeguarding email address to raise a concern”*. Staff have a good understanding of safeguarding policies and processes.

Environment

The quality of environment is not a theme that is applicable to a domiciliary support service. However, the office premises are accessible, with no personal information on display. Most information at the service is stored electronically on password-protected devices with hard copies of files and paperwork stored in locked cupboards. We saw environmental risk assessments take place in people's own homes prior to care staff providing a service to ensure a safe working environment for the care staff.

Leadership and Management

The service provider has good governance arrangements in place to oversee the service. We confirmed policies and procedures in place and reviewed ensuring the people are at the centre of the service. We read the quality monitoring reports produced by the responsible individual (RI), feedback to managers within the reports gives guidance on their role and responsibilities regarding regulatory requirements. The responsible individual has given time scales for any area of improvement, when necessary, which were actioned by the manager. The provider ensures staff have access to, the policies and procedures which support them in their role in achieving the best possible outcomes for individuals.

Care planning documentation for people is accurate and up to date to meet their needs. Although, documentation held in people's files would benefit from a full audit with the aim to remove any unnecessary or historical information that is not needed. This was discussed with the manager and staff who understand the need to read and review documentation.

People are supported by care staff that are recruited appropriately and supported in their roles. We saw staff providing support having received the training as detailed in the Statement of Purpose (SoP). This training includes first aid, manual handling, positive behaviour support (PBS) and autism. This was confirmed by staff and in training records. All staff are registered with Social Care Wales. Staff told us, *"Oh yes constantly doing training. GDPR (General Data Protection Regulation) training, risk assessor training again in November. All good training, I find it does teach you things"*. We saw staff supervision and appraisals are carried out regularly, satisfying regulatory requirements. These documents are stored at a central office and were made available to us during inspection.

The service provider operates a culture of openness honesty and candour this was reflected in the behaviour of staff, people living at the service their families and other professionals.

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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N/A	No non-compliance of this type was identified at this inspection	N/A
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Date Published 13/09/2022