



# Inspection Report on

**Perthyn (West Wales)**

**Perthyn  
Vivian Court  
Llys Felin Newydd  
Swansea  
SA7 9FG**

**Date Inspection Completed**

12/05/2023

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## About Perthyn (West Wales)

Type of care provided	Domiciliary Support Service
Registered Provider	Perthyn
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">[Manual Insert]</a> 17 <sup>th</sup> March 2022
Does this service provide the Welsh Language active offer?	This is a service that is working towards providing an 'Active Offer'.

### Summary

Perthyn is a charitable company and registered to provide a domiciliary support service in the West Wales regional partnership. It also operates in other regional partnership areas across Wales.

People have choice and control over their day to day lives and are happy with the care and support they receive. Care staff know people well and promote their independence and inclusion. People are encouraged and supported to do what matters to them and care staff are flexible and enabling in their approach.

The Responsible Individual (RI) and senior management team are committed to monitoring and reviewing the service and actively strive to improve outcomes for people. Key Documents are available in several formats ensuring they are accessible to everyone. Care staff feel supported and appreciated by senior management and there are opportunities to progress in their career within the service.

## Well-being

People and their representatives are happy with the care and support they receive. They have choice and control over their day to day lives and are encouraged to do what matters to them. One person, when discussing choices available to them told us *"We certainly do have here, I just decide what to do and that's it, I just tell them"*. People are supported with activities such as shopping, gardening, bowling, going out for a meal, going to the cinema and may also be supported to go on holiday. People can choose to undertake activities individually or as part of a group.

Mental and emotional well-being is monitored and promoted. Relationships with friends and family are supported and care staff know who is important in people's lives. Risk assessments enable people to maintain these relationships safely in the community if they choose.

Records show that care staff listen to people and respect their decisions, and plans can change depending on what people wish to do on the day. There is an enabling ethos and one staff member told us *"We look at what people can do and what adaptations we can make rather than saying no"*.

People are protected from abuse and neglect through thorough recruitment processes, staff training and clear policies and procedures. Care staff undergo relevant checks such as Identity checks, Disclosure and Barring Service checks (DBS) and references from previous employers prior to commencing. They receive Safeguarding training and are aware of the procedure to follow if they have any concerns and would not hesitate to report through the appropriate channels.

Inclusion is promoted and there are systems in place for people to actively participate in the recruitment of care staff and recruitment open days where potential care staff are able to ask people about the support they receive. Interview processes for new staff involve the people they will be supporting where possible so that people have a say in who will provide their support. There are also new plans to invite people to actively participate in reviewing the care and support they and others receive by accompanying management on monitoring visits.

## Care and Support

People receive care from a small team of established care workers according to geographical areas. Care staff know people well and have developed positive working relationships with them. We saw positive interactions between people and care staff and people's body language and facial expressions show that they are happy and have trusting relationships with staff.

Care and support focuses on person centred care and the provider's ethos and aims are to "Support people to live a full and valued life within the community". This was evident during the inspection through discussions with people, their representatives, care staff and care records looked at. Personal goals are regularly reviewed and adapted as people achieve their outcomes or change their mind on what they would like to do.

A thorough assessment process ensures people's needs can be met prior to commencing care, and support and information is gathered from people and those involved in their care planning. Detailed personal plans demonstrate that people have been consulted and include pertinent information. A section "A little bit about me" provides background information and personal interests and preferences including social and family history to help care staff have a better understanding of people's needs.

An electronic system is being implemented throughout the service and is designed to make a more inclusive form of recording information. Care staff commented how those they support are able to sit with them and participate in recording the care and support they have received and update records. Visual and pictorial aids ensure that people are able to participate in reviewing their care and support plan and other key documents.

Documentation is continually being reviewed and updated to provide more user friendly accessible records and some documents are now available in audio version and can be offered in Welsh.

Infection Prevention and Control policies and procedures are in place to keep people as safe as possible and there are systems in place to ensure the safe management and administering of medication.

## **Environment**

The quality of the environment is not a theme that is applicable to domiciliary support services as people are cared for in their own homes.

## Leadership and Management

There are strong governance arrangements in place and the RI and senior management have a system in place for monitoring and reviewing the quality of care and support that is being provided. In addition to six monthly Quality of Care reviews, a three year strategic plan ensures that the service continually strives to improve outcomes for people with a clear plan and goals. The RI and other heads of services undertake monitoring visits to complete audits to ensure compliance in all areas and continual development of the service.

Care staff are complimentary of the support they receive from Management and feel that managers are approachable. They also feel appreciated and one staff member said *“They (Area manager) always make time for you and will go out of their way to make you feel appreciated”*. Another staff member told us *“They (manager) are always thanking us individually and it boosts our morale”*. Care staff are also appreciative of the opportunities available to them for career progression within the service. Staff receive regular one to one supervision sessions which provides an opportunity to reflect on their practice and to identify areas for training and support. Annual appraisals are also undertaken with all care staff.

A central Human Resources team ensures that there is a robust recruitment system in place to ensure that all pre-employment checks are completed and staff receive an in-depth induction and probation period. Mandatory training is undertaken before the probation period ends and can be extended if required.

In addition to mandatory training more specialised training is provided according to the needs of the people being supported. Positive Behaviour Support training is also provided to support people where appropriate, resulting in better outcomes for people. Not all care staff are up to date with their mandatory training and although no immediate action is required, we expect the provider to act in due course. This will be followed up at the next inspection. This has been discussed with the RI who confirmed that this is already being addressed and action is being taken to ensure all staff receive the relevant training in a timely manner.

Policies and information on the service are reviewed and have the correct up to date information for staff and people using the service. Certain key documents are available in user friendly and audio formats with some available in both English and Welsh to ensure information is accessible to everyone.

### 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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36	During the inspection we found gaps in staff training, whilst some were due to staff long term sickness and other issues some staff had a history of non attendance and had been escalated to the HR department. The provider is required to ensure staff are supported to complete Core training and other training deemed appropriate by the provider in order to fulfil the requirements of their role and to meet the needs of individuals using the service.	New
36	Not all staff members received a 3-monthly supervision and an annual appraisal. Ensure all staff receive regular supervision and annual appraisals.	Achieved

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