



Inspection Report on

Pembrokeshire Care Ltd

**First Floor (suite 19b)
Cedar Court
Milford Haven
SA73 3LS**

Date Inspection Completed

14/04/2023

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About Pembrokeshire Care Ltd

| | |
|--|---|
| Type of care provided | Domiciliary Support Service |
| Registered Provider | Pembrokeshire Care Ltd |
| Registered places | 0 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | [Manual Insert] 29 th March 2022 |
| Does this service provide the Welsh Language active offer? | No. The service does not provide an 'Active Offer' of the Welsh language because there is no demand for it currently. |

Summary

Pembrokeshire Care Ltd provides support to people enabling them to remain living in their own home for as long as possible. Care is provided by staff who are committed and strive to provide the best possible outcomes for people, respecting their choice and dignity and promoting their independence.

People are happy with the care they receive and have the opportunity to have their voice heard.

Care staff feel supported by management who make them feel appreciated and valued. The provider ensures staff have opportunities to develop and further their careers and instil a culture of openness and transparency.

The Responsible individual (RI) has governance arrangements in place to monitor and review the quality of care being provided and is involved with the service on a day to day basis. The RI and managers make themselves available to both those providing and receiving care and support.

Well-being

People and their representatives are happy with the care and support they receive. One person we spoke with told us “*They (care staff) are lovely, the best in the country*”, another person told us, ‘*They are wonderful*’.

Rotas ensure continuity of care staff as much as possible so that they are able to build positive working relationships with those they support. Care staff get to know people well and notice any changes in their needs. Records show that timely referrals are made to other health and social care professionals to ensure people’s health and well being is optimised and people receive the support they need.

Detailed Personal plans ensure care staff know what and how support is to be delivered with people’s preferences clearly recorded. People and their representatives are consulted and are involved in developing and reviewing personal plans to ensure their likes and dislikes are known. People feel respected and safe with the care staff that provide support.

People are protected from abuse and neglect through robust recruitment processes, staff training and clear policies and procedures. Staff are aware of safeguarding policies and procedures and how to report any concerns they may have.

Senior members of staff undertake monitoring visits to ensure care staff are meeting people’s needs and are upholding their rights and preferences. The Responsible Individual also undertakes quarterly visits to people to monitor the quality of care that is being provided.

The provider does not provide an ‘Active offer’ of the Welsh language; that is being proactive in providing a service in Welsh without people having to ask for it, as there is no current demand. However, there are a few Welsh speaking staff and if the need arose the provider would endeavour to meet this need.

Care and Support

Detailed personal plans ensure that people receive the care that they require. Most people that receive support are initially assessed and funded by the Local Authority and referred to the service. The provider will then initiate their own assessment and personal plan with people and/or their representative in their own home to ensure their views and choices are recorded and that their needs can be met.

Care staff work in smaller teams according to geographical areas to ensure people receive support from those they are familiar with. Care staff will highlight any changes in needs to a team leader who will then arrange a review of care needs and an increase/decrease in calls if required. We saw evidence of prompt referrals to other health and social care professionals in the personal plans we looked at. A computerised system is used for all care records and care staff are able to input information during calls via an app on their phone. Care staff are also able to check any information on personal plans quickly and efficiently.

Each person's needs are discussed at weekly management meetings. Personal plans are reviewed quarterly or more often if the need arises. Any changes are flagged and dated and the system will highlight the change in need in a different colour making it clear to care staff. The computerised system ensures that up to date information is shared between managers and care staff in a timely manner and promotes effective communication between staff.

Individual Risk assessments are undertaken to minimise risks whilst promoting and maintaining independence. Infection Control policies and procedures are in place to keep people as safe as possible.

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

The provider strives to improve outcomes for those that receive support and for staff. One staff member told us, *'They (RI and manager) have raised everyone's standard'*. People and their representatives are happy with the care and support they receive, and most people spoken with know who to contact if they have any concerns. The provider ensures people who receive care and support have the information available to them should they wish to raise any concerns or to make a complaint. Care staff spoken with feel respected and appreciated. One staff member told us, *'I have never felt so supported. They (RI and manager) are keen to support us to develop and progress'*.

People can feel confident that they are supported by care staff who have undergone robust recruitment checks including Disclosure and Barring Service (DBS) and Identity checks. References and a full employment history is also obtained and any gaps in employment are thoroughly explored. Staff receive a thorough induction and mandatory training on commencement and have shadowing opportunities until they feel confident and are competent to undertake their role. Training is ongoing and recently the provider has changed to a different training system. Overall training is up to date and care staff have booked onto any outstanding training which will be completed in the next few weeks. The provider has supported staff to prioritise their training to ensure they are up to date with any mandatory training. Additional training on topics such as Epilepsy is also offered to staff.

Staff receive regular one to one supervision sessions to reflect on their practice and to have the opportunity to discuss any issues or ideas with a senior staff member. Staff meetings are conducted however attendance has been low, the manager is looking at ways to improve this. Information is shared with all staff via an app and this provides a platform to update staff on any team issues including links such as Wellbeing support services for staff. Staff are also able to send instant messages to the RI/Manager and it is an effective form of communication.

The RI has good oversight of the service and has governance arrangements in place to monitor the quality of service being provided. Quarterly visits are undertaken to people receiving support or phone calls if the risk of infection is high. Visits have been undertaken by the RI recently following a drop in infectious illnesses in the area. We looked at some key policies and saw they are regularly reviewed and are up to date.

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 |
| 73 | The management team meet every Monday to discuss priorities for the coming week. However, the Responsible Individual does not meet with people and their relatives or members of the staff team to check on the overall quality of support being offered, instead relying on other members of the management team for updates. | Achieved |
| 36 | Employee training records evidence that not all staff are up to date with their training. The RI is aware and has plans to rectify. | Achieved |

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