



# Inspection Report on

**Pro Care & Support Services Ltd**

**Modplan  
Imperial Building  
Bridge Street  
Newport  
NP11 4SB**

## **Date Inspection Completed**

17<sup>th</sup> & 30<sup>th</sup> March 2022

**Welsh Government © Crown copyright 2022.**

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk)*  
*You must reproduce our material accurately and not use it in a misleading context.*

## About Pro Care & Support Services Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	Pro Care & Support Services Ltd
Language of the service	English
Previous Care Inspectorate Wales inspection	
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

People are supported by a service that places a strong emphasis on well-being, giving people choice and engaging directly with people to determine their short term and long term outcomes. Person centred activities are available for those that wish to take part. A suitably trained and happy workforce who know people well supports this. Care documentation is thorough and informative and supports existing as well as new members of staff to care for and meet people's needs. Care documentation is not being reviewed as required and therefore it cannot be assured that up to date needs are being captured. A secure management structure is in place that adequately supports the workforce and ensures fair and safe recruitment of staff. The requirements of the responsible individual in review and quality assurance is not made clear on the service's statement of purpose despite evidence seen that these visits are taking place.

## Well-being

People have control over their lives and are actively encouraged to make choices around the activities that they undertake. It is clear that the service values the importance of social interaction for people. This is evident from the 'weekly planner under Covid restrictions' found in people's files which demonstrates the ability of the service to adapt during difficult times to ensure people were still engaged and not impacted too severely from a complete change in their routine. Peoples important routines have returned following the lifting of restrictions including attendance at college, sport based activities and informal activities within the house such as gardening and visiting café's. We saw someone being supported to water and take care of plants that they had grown. We also saw a person drawing with positive encouragement and engagement from staff members. People are encouraged to voice their opinions and take responsibility for daily chores. This is evident in the minutes of regular house meetings and a house rota to encourage people to collectively choose meals for the week and take it in turns to shop for this with support from staff members. People appear relaxed within their home and it is clear that staff have both a very good rapport with people, know them well and demonstrate effective communication strategies with people that do not communicate verbally. Effort has been made to reflect people's interests in both the décor of the homes and with activities available in communal areas. This is evident through pictures on the wall and games available within the lounge area.

Discussion with friends and family members provided generally positive feedback of the service. One commented about the value placed on facilitating visits during the pandemic, stating that once restrictions began to be lifted the service facilitated family visits in an outside office enabling social distancing and thus minimising the risk to other people at the house. One family member stated "*the care is exceptional, I don't believe they've been happier anywhere*". However, no recorded system is in place to provide regular feedback to family members of changes taking place which may be beneficial particularly for people who are unable to verbally communicate or see their family or friends on a regular basis.

People can be assured that their physical and mental health needs are well cared for. We saw detailed documentation within care plans of people's health needs which is also considered through rigorous risk assessment. We saw someone at high risk of choking. It was clear to see this documented on both care plan and risk assessments, there was evidence of consultation with speech and language therapy services (SALT) together with a meal time management plan in place. ABC behaviour management charts are utilised as well as a 'worry monster' to help support people when feeling anxious.

## Care and Support

A consistently thorough system is in place to document people's needs within care files and in daily notes. We reviewed five care files and saw evidence of a care plan along with service user guidelines which enables staff to see exactly how a person would like their care to be provided. Care plan documentation is outcome focused and makes reference to people's short term as well as long term outcomes together with detailed information about people's interests and hobbies. We saw evidence of an informative 'about me' section and engagement with people around their care needs. An example we saw of this is the service ensuring each person is consulted about having their photograph included in files and other documentation as well as ensuring people's interests and hobbies are considered. In addition to care plan documentation, risk assessments on file effectively consider and manage the identified risks. Whilst we saw some evidence of care documentation reviews, this does not appear to take place on a three monthly basis as required.

Robust systems are in place for the administration and management of people's medication. This is evidenced by an up to date detailed medication policy and trained staff administering medication. The service user guide and care plan documentation states that medication is stored in a locked cabinet in peoples bedrooms. This was witnessed during our visit to the service. A monthly booking in system is in place when medication is delivered which is signed for. From reviews of three medication files, evidence could be seen of on the whole correct recording on Medication Administration Record (MAR) sheets. Medication is stored in original packaging, but no system is in place to alert staff to expiry dates on medication.

Care is provided by staff that are generally happy in their role and feel supported by management of the service. One stated "*the house is nice and relaxed and we are able to offer activities to people*". Another added "*management are prepared to listen to you and the experience that you have*". Staff are able to access regular training and are up to date with training outlined within the service's training matrix. Staff are adequately skilled with the majority holding or working towards Qualification and Credit Frame (QCF) qualifications. The staff ratio to people outlined in the statement of purpose could be seen during our visit to the service.

## Leadership and Management

The management have good oversight of the service and in line with regulations monitor the quality of the service on a regular basis. A Quality assurance report evidenced consultation with people, their families and staff members as well as an acknowledgement of areas for improvement. We saw evidence that the Responsible Individual visits and consults with people on at least a three monthly basis and completes necessary checks of the service. Staff meetings take place on a monthly basis, providing the opportunity for any concerns to be raised. We saw evidence of three months of meeting minutes which further demonstrate a generally happy and satisfied workforce. Meetings are also held regularly for people supported by the service. We saw evidence of minutes from these meetings, which demonstrates people's ability to raise concerns and have action taken to resolve this. Incidents and accidents are recorded appropriately and action and referrals to other agencies or professions is clear. In addition to team meetings, staff are provided with individual supervision from management which is generally on at least a three monthly basis. The management of the service however do not receive the individual supervision or induction into their role that other staff members do. The statement of purpose which outlines to the public what the service provides did not at the time of inspection have up to date information of the management team or the requirements of the responsible individual in relation to visits to the service and quality assurance oversight.

Rigorous processes are in place for staff recruitment from the point of application through to the induction and training of staff to their role. Suitably qualified staff are recruited to the role and consideration given to any gaps in employment. Whilst two types of photographic identification is seen for the majority of staff, this is not always the case. Employment contracts are not on file for some staff including the manager of the service. Staff receive a one month induction programme which is overseen by management. This is signed off by senior members of staff prior to staff members commencing work with people by themselves. The induction programme makes reference to medication competency observations. However no evidence of this is available on people's files or any demonstration that this is completed on an ongoing basis. However as mentioned previously, peoples medication appears to be managed and administered correctly.

The service ensures a safe workforce is in place showing a commitment to ensuring staff have a valid disclosure and barring service (DBS) in place. Evidence is available in staff files of certificates or DBS numbers/ expiry dates. However no system is in place to alert management when renewal is required.



### 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
N/A	No non-compliance of this type was identified at this inspection	N/A



**Date Published** 08/06/2022