



Inspection Report on

Reable Ltd

**50a High Street
Swansea
SA6 5LH**

Date Inspection Completed

8 June 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
You must reproduce our material accurately and not use it in a misleading context.

About Reable Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	Reable Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	
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 who use, or intend to use their service.

Summary

Reable Ltd is a domiciliary support service for adults in supported living schemes over the age of 18 in the Western Bay area, which consists of the counties of Swansea and Neath Port Talbot. People receive a consistently supportive service from care workers who know them well. Feedback from people and their relatives about the service and the care team is excellent. Electronic care plans give care workers good information about people and their support needs and are kept up to date. Dedicated care workers are supported and trained to deliver high quality care to people and feel happy and valued in their roles. The manager is available on a day-to-day basis and the responsible individual (RI) visits people routinely to monitor the service received. There are updated policies and procedures in place to support the running of the service and good overall oversight to monitor the quality of the service and drive improvements.

Well-being

People have a voice and are involved in developing the content of their personal plans. People have named keyworkers who work closely with them to ensure that the service is doing all they can to meet their individual needs. Personal plans are written to reflect these needs and are updated routinely. We saw that people are encouraged to sign to say that they are in agreement with the content of their personal plans. People are very complimentary of the care workers who support them and know them well.

People are protected from the risk of harm and abuse. Care workers are up to date with safeguarding training and those spoken with have a good knowledge of the procedures to follow if they have any concerns about the people they support. There are good procedures in place to minimise the risks associated with infectious diseases in the service with good supplies of personal protective equipment (PPE) available. Policies and procedures are in place for safeguarding and infection control which have been reviewed and updated to reflect recent changes and government guidelines. However, a reference to the Wales safeguarding procedures is required in the safeguarding policy.

People are encouraged to maintain good relationships with family and friends. We saw that people are encouraged and supported to visit friends and family and attend communal events with each other. The consistent staff team and named key workers encourage good relationships with people. The care team know people they support well and can recognise if they are having any difficulties and support them accordingly. Key workers also encourage people to set their own goals and ambitions and encourage them to participate in activities to help them achieve these goals.

There is good oversight of the service. The responsible individual (RI) routinely visits people to obtain their feedback about the service and a quarterly report is written to reflect the feedback received. We saw the most recent quality of care report and the manager is aware that these should be completed bi-annually. The manager ensures that people and care staff provide feedback on the service to drive improvements. The statement of purpose (SOP) and service user guide are updated routinely and accurately reflect the service that is provided.

Care and Support

People are provided with the quality of care and support they need through a service designed in consultation with them. People have a voice and are encouraged to participate in monthly meetings with their named keyworker to update their personal plans and reassess their goals and ambitions. We saw minutes of monthly keyworker meetings logged on the electronic system along with the personal plans which are written from the person's perspective and signed by the individual to confirm accuracy. We looked at two personal plans which give care workers a good oversight of the person's current care needs and what matters to them. Keyworker documentation detailing any personal plan changes are signed by the individual and the keyworker to confirm their accuracy.

People are supported with their personal development. We saw that people are supported to fulfil their ambitions and develop their independence skills. Where possible people are encouraged to seek voluntary work and are encouraged to develop their independence skills. People told us *"I go to work two times a week as a volunteer, and I love it."* A relative of another person also confirmed this: *"the staff and management are awesome, X is now very independent, and has learnt so much, been given so many opportunities and is enjoying the freedom they have now got"*. And, *"they get opportunities to do things and go places and are doing so well."*

There are mechanisms in place to safeguard people within the service. The training matrix was seen, and care workers are up to date with safeguarding training. Those spoken with are aware of their responsibilities and the procedures to follow if they have any concerns to report. The policy in place for safeguarding has been reviewed, however there should be reference to the Wales safeguarding procedures. The service promotes hygienic practices and manages risk of infection. We saw that care workers have access to personal protective equipment (PPE), and they also confirmed they always have adequate supplies of this. There is an up-to-date infection control policy in place and the service follows the updated Covid-19 guidance.

The service has safe systems in place for medication management and responds promptly to any deterioration in people's health. Care workers complete medication training and competency checks prior to assisting with medication which minimises the risk of any errors. Where possible people are supported to manage their own medication. The consistent care team in place know the people they support well and can recognise quickly if there are any concerns about people's health and well-being and seek appropriate medical support.

Environment

The quality of environment is not a theme which is applicable to a domiciliary support service. However, during the office visit, we saw the premises are clean with information stored securely in locked cupboards. Care documentation is stored electronically on password encrypted devices within the supported living schemes and accessible on care workers' phones through a secure app. People are supported to maintain their homes within the supported living schemes. Risk assessments are in place to ensure properties are safe and maintained appropriately to support people safely. The provider and care workers support people to maintain the cleanliness of their homes and with any maintenance requirements and correspondence with the landlord

Leadership and Management

The service provider has governance arrangements in place to support the smooth operation of the service. We saw that the provider has policies and procedures in place, and these are reviewed routinely. The service's Statement of Purpose (SOP) has also been updated and accurately reflects the service. We noted that the updated SOP has not been submitted to the CIW online portal at the time of the inspection as required by the regulations. The manager advised that this will be submitted and is aware of all notifiable actions for future reference. The manager routinely visits the supported living schemes to ensure all is well and check if there are any issues. This was confirmed by people spoken with and care staff. The manager is able to audit care files remotely due to the electronic filing system in place.

There are robust procedures in place to ensure that care workers are suitably vetted, recruited and trained to meet the needs of people they support. We looked at two personnel files and saw that most required documents for safe recruitment and background checks are in place, including up-to-date DBS checks. A reference was missing for one staff member. The manager was aware of this as the individual has not had previous employment and intends to obtain an educational reference. We saw the training matrix for all staff which showed that most care workers are up to date with the mandatory training as detailed in the service's Statement of purpose (SOP). Care workers are in the process of registering with Social Care Wales (SCW) and are being supported to do so. Care workers receive regular quarterly supervision and annual appraisals. Care staff spoken with feel valued and are complimentary of the service. Comments included: *"we have fun here and we all get on really well like friends and we work well together"* and *"I enjoy working for them, to be fair and feel quite supported"*.

The provider has arrangements in place for the effective oversight of the service through ongoing quality assurance. We saw that the RI and manager of the service routinely engage with people, their families and care workers to obtain feedback about the quality of the service received. This is detailed in the quarterly report by the RI. We saw the last two reports for May and February and noted that audits of files and documents forms part of this process. Feedback obtained is summarised in the bi-annual quality of care report which was last completed in April 2022. This report details what the service is doing well, and improvements required to maintain a high quality service to people.

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

Date Published 02/08/2022