



Inspection Report on

Recovery care ltd

**Cbtc2
Capital Business Park
Cardiff
CF3 2PX**

Date Inspection Completed

10 November 2022

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About Recovery care ltd

| | |
|--|---|
| Type of care provided | Domiciliary Support Service |
| Registered Provider | Recovery Care Ltd |
| Registered places | 0 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 13 October 2021 |
| Does this service provide the Welsh Language active offer? | This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture. |

Summary

The service is committed to supporting people to develop their independent living skills and achieve their personal outcomes. People's personal plans are detailed and keep staff well informed of people's care and support needs. Personal plans document people's progress with their individual outcomes. Daily records are detailed, and person centred. This is an improvement since the last inspection. People told us they feel valued and listened to and know how to raise a concern.

People and staff are kept informed of organisational changes. The provider is proactive, and a new Responsible Individual (RI) has a supportive structure to help them to succeed in the role. Not all staff have completed key training to carry out their role and we expect the provider to have better oversight of this. There are better auditing systems which gives the management team clearer oversight. This is an improvement since the last inspection. Management ensure that care documentation is regularly reviewed, however, records relating to people's medication needs to be improved and we expect the provider to address this.

Well-being

People receive information about their care and support and have access to a Service Guide and Service Agreement. Staff have a good understanding of people's individual outcomes and deliver care and support with the person at the heart of the service.

The provider promotes people's rights and choices, and detailed personal plans inform staff of how people wish to be supported. It is not always evident if people and representatives are involved in the review of their plan, however the provider is making immediate changes to ensure this takes place.

People can take part in house meetings, complete questionnaires and have time with staff to share their views and opinions. People meet with advocates, family, or representatives. People tell us *'I feel listened to and respected'* and *'Staff are responsive to my physical and mental health needs'*. People are included in the decisions relating to their day-to-day care and support. People tell us they are happy and where they live *'Feels like home'*, *'Staff are good'*.

People have access to healthcare services with or without staff support. The provider is sensitive and responsive to people's fluctuating needs and ability to cope with aspects of independent living. Ongoing contact with health and social care professionals ensure people remain as healthy as they can be.

Inspectors found people doing things they are interested in, either independently or with staff. There are good social opportunities for people to get together which they enjoy and look forward to. People feel they belong and told us *'We are a great bunch'* and consider where they live as home. Staff support people to safely engage and access the local communities for those who are unable to go out alone. People can lead independent lives within the terms of the agreement with the provider.

The provider invites the opinions and views of people living in the home when there are plans to change the occupancy. The provider understands the impact on people's well-being when new people are introduced to the service. The provider takes reasonable steps when home life is disruptive to the well-being of people.

Measures are in place for promoting safe practices. Care staff understand their role in protecting people. Staff access policies and procedures for clear guidance on the protection of vulnerable adults. There is a clear managerial structure within the service, communication is effective, and staff understand their roles.

Care and Support

The provider completes a thorough pre-assessment with people and their care team to evaluate if Recovery Care can meet a person's needs. The statement of purpose accurately informs people of the admissions process. People told us they get to meet potential new occupants and their opinions matter. The provider needs to ensure people receive a review of their plan within the first week of moving into a home, and the plan is accessible and available.

The Personal Plan is detailed, and it is evident that the service provider and staff understand people and know what is important to them. Plans are reviewed regularly. The provider is making changes to the documentation to make it clear who attends the review. People's outcomes are met and documented. Personal plans enable people to understand what their on-going support needs are and how staff will support them.

People speak very highly of the staff and management team and describe them as '*Beyond supportive*' '*Incredibly giving and caring*' and '*When staff help me, we make a great team*'. We observed staff providing care and support in a sensitive and respectful way.

The provider considers people's support needs to manage their health and well-being and plans keep staff informed. Access to health care and health services is planned around the individual's ability to access services independently. Staff are responsive to medical emergencies and people can be assured the provider acts promptly. Staff support and encourage people to attend appointments and maintain a good standard of health and well-being. People have access to visiting health professionals.

People are supported to manage their medication as independently as possible. People keep their own medication in lockable cabinets. Staff administer medication when there is an assessed risk to the person. Not all staff are trained in medication administration, and we expect the service provider to address this. We found people's medication records are not of a consistent standard across the organisation. While no immediate action is required, this is an area for improvement, and we expect the provider to take action in a timely manner.

Environment

This theme is not considered for Supported Living. We found people's documentation and confidential paperwork stored appropriately.

Leadership and Management

The service provider communicates with people appropriately about changes to the organisation. The new RI receives support to understand their role and responsibilities. People can be assured the provider maintains oversight and governance of the service. The statement of purpose is reflective of the current organisational changes.

People and staff know and trust the management team and feel confident that concerns will be responded to. The updated Whistleblowing policy is available to staff and contains contact details for the relevant agencies. This is an improvement from the last inspection. The provider is actively updating all policies and procedures to ensure continuity and accuracy across the wider organisation.

We found the management team to be visible and supportive in people's homes and they know people well. People tell us that they feel confident with the provider. Staff tell us they feel supported by the management team. The team are responsive to issues that arise that could cause harm to people.

The provider completes detailed quarterly audits of the service and six-monthly quality care reviews. Auditing has improved since the last inspection. The quality care review identifies what the service does well and any areas of improvement and includes feedback from people and staff. The provider is actively looking at ways to increase feedback from stakeholders to add better value to the report. The management team complete monthly audits in people's homes. Not all people's folders contain accurate information, and the provider is taking immediate steps to address this.

Staff files are well organised, and the provider completes safe recruitment checks. Most staff receive regular supervision however, we found gaps in supervision for staff at key times during induction. Although the provider offers a wide range of training opportunities, key training is not being completed by all staff. We cannot be assured that all staff have the skills, knowledge, and competency for the role. The provider needs to have better oversight of staff training to ensure people are supported by competent, qualified, and well-trained staff. While no immediate action is required, this is an area for improvement, and we expect the provider to take action in a timely manner.

Care staff are passionate about supporting people to achieve their personal outcomes. The provider has a positive attitude towards promoting independence and developing the service to further enhance people's well-being.

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 |
|------------|---------|--------|
|------------|---------|--------|

| | | |
|----|---|----------|
| 36 | People cannot be assured that all staff have received the appropriate training to meet their care and support needs. | New |
| 58 | The service provider must ensure that medication records are accurate, and the policy contains all vital information for staff to follow. | New |
| 6 | The service provider must improve the quality and audit systems in place to review progress and inform the development of the service | Achieved |
| 59 | The service must ensure daily records are accurate up to date | Achieved |
| 60 | The service provider must notify CIW of notifiable events | Achieved |
| 65 | The service must ensure that policies and information in relation to concerns regarding peoples health, safety and well-being include contact details in order to raise a concern | Achieved |

Date Published 21/12/2022