



Inspection Report on

Aylecare Domiciliary Services

**Aylecare Ltd
11 Alexandra Road Gorseinon
Swansea
SA4 4NW**

Date Inspection Completed

13/04/2023

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About Aylecare Domiciliary Services

Type of care provided	Domiciliary Support Service
Registered Provider	Aylecare Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	[Manual Insert]
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

People are happy with the care and support they receive from Aylecare Domiciliary Support Service. The service is well managed by an effective management team and has motivated staff. There is improving information available for staff to understand how to best meet people's care and support needs.

Staff are available in sufficient numbers and mix of skills to provide support to people. Support staff are knowledgeable, respectful, and caring. Specialist equipment is in place where needed and health referrals are made to promote peoples' health and well-being.

The service provider has developed good systems to enable them to capture people's views and has systems to develop person-centred information but this could be strengthened. The management team have put checks and processes in place to keep service delivery under review with quality assurance measures. There is a manager in place who is registered with Social Care Wales who is also the Responsible Individual (RI).

Priority action is needed with providing the service in line with its Statement of Purpose (SoP), this relates to staff recruitment and supporting and developing staff with regular supervision and appraisal.

Improvement is needed with review of personal plans, risk assessments and person centred information.

Well-being

People have control over their day-to-day lives. People told us they get on well with staff. Records show people are offered choices to make everyday decisions. People told us *“The staff are wonderful, I get on well with all of them”* and another commented *“staff treat me like a friend and support me as I want, not as a disabled person.”* The RI told us they regularly speak with people they support and their families about what is important to them and how to best support them. Staff told us they feel well supported by the management team and commented, *“it’s a good place to work and you are supported by the office staff where needed”* and another commented *“it’s a rewarding career and it fits around my family life.”*

People get the right care and support. Records reflect referrals are made to a variety of healthcare professionals such as social workers and nurses. This is also confirmed by comments from visiting healthcare professionals who told us they are satisfied with the care from the service. Care workers mostly receive appropriate training to support them in their roles. People are happy and receive support from staff who know them well and have good genuine relationships. People who use the service told us they were happy with the support they receive with one person commenting *“I’d be lost without them, I was trapped in hospital until I got support from Aylecare”* and another said *“Brilliant, I can’t fault them.”* However, improvement is needed with the review of personal plans, risk assessments and person centred information in care files.

People are safe and protected from abuse and neglect. The service provider has safeguarding policies and procedures, which are aligned to current legislation and national guidance. Staff demonstrate a sufficient understanding of their role and responsibilities. People are familiar with the care workers supporting them and value the relationships they have developed. The manager regularly monitors care workers’ practice to ensure they are providing safe, appropriate care. People supported by the service told us they feel safe and secure.

Priority action is required with supporting and developing staff through formal supervision and appraisal and also staff recruitment as pre-employment checks are not robustly completed prior to employment commencing. These checks are important as they determine a person’s suitability to work with vulnerable people.

Care and Support

Policy, procedure, and application of hygienic practices are in place to reduce risks of infection. Staff demonstrate an understanding of infection control and the use of personal protective equipment (PPE). Staff wear appropriate PPE when needed and follow correct procedures. Staff maintain appropriate standards of hygiene.

Improvement is needed with the frequency of personal plan reviews, the development of risk assessments and person centred information contained in people's records. We examined a sample of care files, which contain initial assessments and personal plans but the frequency of personal plan reviews was not sufficient. Risk assessments are not completed sufficiently in the sample viewed and all files lacked any in depth information on the person. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

There is an appropriate medication policy and procedure in place. Audits are in place completed by senior staff assisting people with their medication. People supported by the service are assisted to administer their medication. Medication is stored securely in the person's home. Staff who support individuals to manage their own medication are trained and assessed as competent.

Environment

The quality of the environment is not inspected as part of a domiciliary support service inspection, as care is provided in the in the persons own homes. However, we made the following observations.

The office is well established and suitably equipped for the purposes of the day-to-day operation and management of the service. People using the service and employees can have confidence that their personal information is stored securely.

Premises visited were in a good state of repair and very welcoming for people visiting the office.

Leadership and Management

The service provider has governance arrangements in place to support the smooth operation of the service. Arrangements for the oversight of the service are in place, such as systems for auditing of medication and health and safety. The service is provided in line with the objectives of the Statement of Purpose which is regularly reviewed. Policies and procedures are in place but some policies require updating such as the complaints policy, others require dates when last reviewed. The Guide to service also needs to be updated to ensure the correct details are included.

People can be assured that the service provider and management team monitor the quality of the service they receive. The RI visits the service to meet with people and staff. We looked at documentation that confirmed the RI conducts quarterly visits to the service for quality assurance monitoring. The RI produces the six-monthly quality of care report. We saw evidence the RI has good oversight of the service. There are systems in place to assess the quality of the service in relation to outcomes for people, which includes feedback from people using the service and their representatives. Records show the service provider ensures oversight and auditing of care and support activities is conducted regularly.

The service provider has oversight of the financial arrangements and invests in the service. The RI assured us the service is financially sustainable to support people to be safe and achieve their personal outcomes. The RI told us of plans to *“improve the experience of our service users, such as we are currently looking into purchasing more training equipment for our training room so carers can be trained on more aspects of care.”*

Priority action is needed with staff recruitment as pre-employment checks are not always completed prior to employment commencing. These checks are important as they determine a person’s suitability to work with vulnerable people. This has previously been issued as an area for improvement and has now been escalated because this had not improved since the previous inspection. This is placing people’s health and well-being at risk, we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

Priority action is needed with supporting and developing staff with supervision, appraisal and training. This has previously been issued as an area for improvement and has now been escalated because this had not improved since the previous inspection. This is placing people’s health and well-being at risk, we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

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
36	Reg 36 - Supporting & developing staff. The service provider failed to provide supervision and appraisal at the required frequency in supporting staff to carry out their roles and responsibilities. In addition core and specialist training was not being provided at the required frequency and amount.	Not Achieved
35	Reg 35 (2) (d) - Staff files did not contain robust work histories and the required references.	Not Achieved
6	Reg 6 - The service provider has not provided the service in line with it's Statement of Purpose.	Not Achieved

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
21	Care and support is not always provided in a way which protects, promotes and maintains the safety of people. Ensure people are provided with the quality of care and support they need through a service designed in consultation with the individual such as reviews of personal plans, risk assessments and person centred information.	New
80	Reg 80 - Quality of care review and report was not completed at the required frequency and in the timescales required.	Achieved
73	Reg 73 - RI visits to the service in person to monitor the performance.	Achieved
58	Reg 58 (2) (c) - Medicines management audits were not sufficient.	Achieved

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