



# Inspection Report on

**Dyffryn Support Agency**

**Dyffryn Care  
The Grange  
Grange Road  
Rhyl  
LL18 4BY**

**Date Inspection Completed**

26/01/2024

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## About Dyffryn Support Agency

Type of care provided	Domiciliary Support Service
Registered Provider	Dyffryn Support Agency limited
Language of the service	English
Previous Care Inspectorate Wales inspection	23 November 2021
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

People can be certain they will be consulted, and their wishes and feelings considered, by support staff who know them well. People are enabled to maintain their independence as far as possible and can access activities they enjoy.

House managers are employed to coordinate each house and its staff team. Support staff told us they work in a good team and have confidence in their house managers. Support staff enjoy their jobs and are dedicated to supporting people.

House managers complete a quarterly report for each house, reviewing people's outcomes, what is working well, and areas for improvement. The responsible individual (RI) visits the houses and is in regular contact with staff. However, the RI is not currently recording their own three-monthly visits in line with regulation. They are aware this needs to be addressed and recognise this is an area for improvement.

## Well-being

Support staff listen to people and acknowledge their wishes and feelings. They take time to get to know and understand them. As a result, they are clear about people's aspirations, including those who have communication difficulties. The service provider carefully considers how people can be supported to achieve their outcomes.

People are supported to do things which make them happy. People engage in a variety of different activities, such as discos and clubs as well as enjoying walks and trips to local shops. We saw photos of people enjoying activities in the local community. People can be supported to go on holiday if they wish, and some enjoy several holidays each year. One family member told us their relative struggled to go out at all before they started receiving support from the service. Now they have a "*busy schedule*" and ask to go out and try new things with their support staff. People are supported to be independent, and for some people their independence has significantly increased since they have received this service. A family member told us "*X has everything they want – independence*".

People are supported and encouraged to be part of their local community, including accessing voluntary work if they wish. We saw some people had assisted in completing a Christmas audit for the service. They visited another house to find out what celebrations had taken place and whether the people living there had enjoyed them. The manager hopes to create more opportunities to involve people in reviewing the service.

Support staff take time to communicate with people and use different communication aids and methods. We saw effective communication between people and staff using touch signs. Some people speak Welsh and have access to Welsh speaking staff they can communicate with. There are plans to translate the service user guide and personal plan into Welsh.

Support staff understand how to keep people safe and receive regular safeguarding training. We saw clear plans in place to support people when they are feeling agitated or upset which will keep them safe from harm. We found the RI has not been completing three monthly visits to review the quality of care. This means people cannot be assured the RI has effective oversight of the service, in line with regulation.

## Care and Support

People's wishes are clear in their personal plans and they record the outcomes they wish to achieve. They contain a clear description of what matters to each individual. The plans are clear and easy to understand, meaning staff are clear about how people wish to be supported. The manager intends to introduce a new format to improve personal plans and make them more person centred.

Support staff complete detailed daily notes, meaning there is a clear history of the support delivered, each day. Support staff and their managers aim to make continuous improvements for people. A new health monitoring system has been introduced which is less intrusive for people. Support staff identify triggers for behaviour that challenge and consider how these can be minimised. We saw care staff support people with kindness and compassion.

Support staff meet people's health and specialist needs. They receive specialist training where this is required and there are records of regular health appointments. We spoke to a professional who told us there is effective communication from the support staff and describing them as "*very engaging*", "*proactive*" and "*good to work with*". We saw evidence of support staff seeking advice from professionals appropriately. Health monitoring and medication administration records (MARs) are thoroughly completed.

Care staff and house managers ensure risks are managed. Risk assessments are reviewed when incidents occur. People are supported through positive risk taking when this is appropriate and supports them to achieve their personal outcomes. They can continue with activities they enjoy with additional measures put in place to keep them safe.

People are safe from the risk of infection. Support staff receive regular training in infection control. The houses we visited were clean and tidy throughout. We saw people supported by care staff with daily routines to keep their home clean and tidy.

## Leadership and Management

Support staff are suitably qualified for their roles. We saw appropriate recruitment checks are completed for new staff to ensure they are of good character and have suitable experience. Management ensures support staff receive regular training. Support staff have access to online courses as well as face to face training. Specialist training is also provided as required.

There are plenty of staff to meet people's needs. During our visits we could see there were enough support staff for people to access the local community as and when they wanted to. Support staff told us they enjoy their roles, and some have worked for the service for several years.

The provider ensures the service is sustainable and can continue to develop. There are plans to put in new systems to improve record keeping. The service has a facility people can access called 'the pod' and a sensory room. This has not been used much since the pandemic, however there are plans to develop this with more planned activities arranged for people.

House managers review the quality of care and support people receive regularly. They complete three-monthly reports detailing how people are achieving outcomes, the training staff have received and any issues or concerns in their homes. There is a new auditing system being implemented by the manager and this is picking up areas for improvement. There are clearly recorded actions in the audits which the service is working towards. The RI has regular contact with people and staff. We saw warm interactions between people and the RI, who was reassuring. The RI acknowledges they have not been completing three monthly visits to the service to formally record the views of people and staff, and to review how the service is progressing. They intend to restart these visits as soon as possible. This is an area for improvement, and we will follow up at our next inspection.

### 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
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73	Three monthly visits are not being formally completed and recorded by the responsible individual. Ensure responsible individual visits are completed at least every three months and evidence speaking to a selection of people and staff.	New
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