



## Inspection Report on

**Active Assistance**

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Kent  
TN13 1YL**

**Date Inspection Completed**

05/12/2022

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## About Active Assistance

Type of care provided	Domiciliary Support Service
Registered Provider	Staff Management Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection of this service under the Regulation and Inspection of Social Care (Wales) Act 2014.
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

Active Assistance are a domiciliary support service which operates throughout the United Kingdom. They provide care and support to people with complex needs, in their own homes. People are generally happy with the care and support they receive, and they are supported through a personalised approach to care and support, by happy and motivated staff. The Responsible Individual (RI) currently oversees a variety of services throughout England and Wales and a new manager has recently been appointed to oversee Active Assistance's services in Wales.

Areas for improvement have been identified regarding the services' statement of purpose, care and support, the review of personal plans, medication, notifying Care Inspectorate Wales (CIW) of specific events and the quality-of-care review. Whilst no immediate actions are needed, we expect the provider to take action to address these areas.

Areas of priority action have been identified regarding oversight and governance of the service, safeguarding, and the fitness, supervision, and development of staff. The provider must take immediate action to address these issues. Assurances have been given that the issues raised will be addressed. These issues will be considered at the next inspection.

## Well-being

Overall people are happy with the care and support they receive. People speak positively about their relationships with care staff; “*the staff are nice*”. Care staff treat people with dignity and respect and people receive appropriate, kind and caring support from care staff who are familiar with their needs. Staff told us they are happy and motivated in their work and spoke about people they support in a warm and respectful manner.

People have as much choice and control over their daily lives as possible. A personalised approach is taken by the service. People are involved in the planning of the care they receive and how they wish their support to be provided is clearly documented. We heard the unique voices of people within personal plans.

The service has arrangements in place to safeguard people. However, we found that policies, procedures, and safeguarding training were not aligned with Welsh guidance and legislation, and staff supervision programmes were out of date. Not all staff we spoke with had a good understanding of how to report matters of a safeguarding nature. The safeguarding arrangements are not robust enough to ensure people are appropriately protected and this could impact on the safety and wellbeing of people.

## Care and Support

The process for admitting new people into the service is well planned. A care manager and clinical manager complete suitability assessments with people to assess whether the service can meet their individual needs and a bespoke package of care is created. Staff are then recruited and trained to meet the needs of the individual.

People mostly receive appropriate, kind, and caring support from enthusiastic care staff. Staff are knowledgeable about the people they support. People told us they know what member of care staff is coming to support them. People we spoke with commented positively about the quality of care provided by care staff who they know well and who they have developed good relationships with.

Personal plans are clearly written with people supported by the service. People's wishes of how their support should be provided are clearly documented. Individuals' files contain all the required information including risk assessments and personal plans of care. We saw health professionals routinely check the skills of care staff in carrying out some care activities. The service is moving towards a digital system. However, we saw contradictory and inaccurate information in daily care recordings which lacked detail and we saw gaps in people's records. This could impact on people's care and support, and we cannot be sure care staff are providing care and support in line with people's personal plans. Personal plans are not consistently reviewed at least every three months to ensure they are accurate and up to date as required by Regulation. The reviews do not consider whether people's personal outcomes are being met. While no immediate action is required, these are areas of improvement, and we expect the provider to act.

The service provider's safeguarding policies and procedures do not reference Welsh guidance and legislation. Staff are not clear about the correct safeguarding procedures to keep people in Wales safe. The service providers' arrangements for sharing safeguarding concerns with local safeguarding services are not sufficiently robust. We also noted staff safeguarding training does not focus on Welsh procedures. Staff told us they were not aware of the All-Wales Safeguarding Procedures and not all staff know the correct steps to take if they had a concern. This information is key to ensuring that safeguarding issues are correctly reported at a local level and appropriately managed to keep people safe. This is placing people's health and well-being at risk and therefore we have issued a priority action notice (PAN). The provider must take immediate action to address the issue.

All care staff receive appropriate infection control training. Personal Protective equipment (PPE) is available to staff. Detailed risk assessments give information to care staff on how to undertake tasks appropriately to reduce risk.

Medications are not managed robustly or consistently. Medication recordings are not always completed. We saw that systems in place could not accurately record whether medicines had been administered. While no immediate action is required, this is an area of improvement, and we expect the provider to act.

## Leadership and Management

The statement of purpose (SoP) clearly states what people can expect from the service in Wales, and overall, the service reflects its content. However, the SoP is not specific to the individual services and is not reviewed in a timely manner to provide accurate and up-to-date information.

The Responsible Individual (RI) visits the service and spends time talking with people. However, the RI does not visit in a timely manner to ensure sufficient oversight of the service. The quality-of-care review completed by the RI identifies some areas for the development and improvement of the service. However, it does not use the views and experiences of people using the service to assess, monitor and review the quality and safety of the service to enable people's views to influence ongoing development and improvement. The service responds within timescales to any complaints. However, we saw that the service does not consistently notify Care Inspectorate Wales and other stakeholders of significant events when required. The service does not have sufficient arrangements in place to ensure effective oversight of the Welsh service. This is key to ensuring the best possible outcomes are achieved for individuals. We have therefore issued a priority action notice. The provider must take immediate action to address this issue.

There are a sufficient number of care staff to support people, with agency care staff being used when required. Staff told us the management team are approachable and always there to help and support staff when required.

Disclosure and Barring Security (DBS) checks are in place and current. However, not all staff personnel recruitment records contain all the information required by regulations to ensure they are safe and fit to work at the service. Some staff files did not have full identity checks, full employment histories recorded, reasons for leaving previous employment with vulnerable adults, evidence of qualifications, sufficient references, evidence of satisfactory linguistic ability for the purposes of providing care and support or evidence of Social Care Wales registration applications. Therefore, the service does not have a robust and safe system for recruiting staff. This is placing people's health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address the issue.

Newly appointed care staff complete a thorough induction programme which includes training, shadow shifts and checks to ensure they can perform specific care tasks. Care staff training records indicate care staff have access to a variety of training opportunities, and most care staff have completed a good level of training. However, some staff do not receive timely induction training, the safeguarding training does not reference Welsh

safeguarding guidance and legislation and there are gaps in timely staff supervision and appraisal. The support and development of staff is key to ensuring that quality care and support is consistently provided by staff who work unsupervised in people's homes. This is placing people's health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

A new manager has recently been appointed to oversee the day-to-day running of the services in Wales. The manager is not currently registered with Social Care Wales, though is taking steps towards registration. The manager is in communication with the Responsible Individual (RI) and wider support team and is working to create an action plan to address shortfalls in the service. Time is required for the RI and manager to implement changes.



### 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
26	The service provider is not ensuring that individuals are safe and protected.	New
35	Not all staff personnel records contain all the information required by regulations to ensure they are safe and fit to work at the service.	New
36	The service provider does not ensure that staff receive appropriate safeguarding training, supervision and appraisal.	New
6	The service provider has not ensured the service is provided with sufficient care, competence and skill.	New

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
7	The service provider has not ensured the statement of purpose (SOP) is reviewed in a timely manner, or revised where appropriate.	New
21	The service provider is not ensuring that care and support is provided in a way which protects, promotes and maintains the safety and well-being of individuals.	New
16	The service provider has not ensured that personal plans are reviewed in a timely manner and include a review of how people have been supported to achieve their personal outcomes.	New
58	The service provider has not ensured arrangements for the safe administration of medication.	New
60	The service provider did not ensure the service regulator was notified of specific events.	New
80	The service provider did not ensure suitable arrangements were in place to establish and maintain a system for monitoring, reviewing and improving the service.	New

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