



Inspection Report on

Walsingham Support Domiciliary Care - Swansea Bay

**Forge Fach Community Resource Centre
Hebron Road Clydach
Swansea
SA6 5EJ**

Date Inspection Completed

08/01/2024

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About Walsingham Support Domiciliary Care - Swansea Bay

Type of care provided	Domiciliary Support Service
Registered Provider	Walsingham Support
Language of the service	English
Previous Care Inspectorate Wales inspection	27 October 2022
Does this service promote Welsh language and culture?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies, and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

People generally receive a good standard of care and support. Improvement is needed in relation to the levels and impact of agency staff in some supported living settings. This is improving as recruitment to permanent care worker posts is increasing and internal processes are strengthened. The provider has made some changes to service manager roles following staff feedback. A new process for auditing and documenting people's achievements and progress is being introduced shortly. The provider has also introduced a new staff on-call regional system. There are robust and safe staff recruitment and employment checks in the service. The management team and Responsible Individual (RI) take an active role in ensuring service delivery is of a good standard. There are robust and thorough governance and quality assurance procedures in place. There are good processes and procedures in place regarding support planning, risk planning, monitoring and reviewing.

Well-being

People contribute to decisions that affect them and participation, choice and inclusion is actively promoted and upheld by the provider. We saw a good standard of documentation across the service. This includes people's support plans, risk assessments, health information, reviews and record keeping. We saw records clearly evidencing people's achievement of their personal outcomes. The provider is looking to further strengthen this by introducing a new system for documenting and recording people's progress and achievement of goals. People and relatives gave us consistently positive feedback about the quality of care and support provided.

There are experienced, knowledgeable and well trained care staff working in the service. We saw well-ordered staff files evidencing good compliance with regulation in respect of required checks. Care workers receive a wide range of core and specialist training to ensure they can carry out their work roles effectively and to a good standard. Nearly all care workers receive regular planned supervisions and appraisals. Care workers gave us positive feedback about the training received and support from managers. Care workers understand the importance of maintaining and developing people's skills and abilities. Some care workers told us they feel the use of agency staff can have a negative impact on people supported. We saw evidence of the impact of this in relation to some safeguarding concerns, now resolved. The manager told us recruitment is improving across the region, agency staff are still used although levels are reducing.

There is good oversight of the quality of service provided. The manager and RI are active and present in the service. We saw RI reports and quality of care reviews that include discussion with people supported, care workers, managers and service information with associated actions. Since the last inspection there have been further management and on-call changes. These were actioned following consultation with staff. All care workers spoken with told us they have a positive working relationship with their manager's feeling supported and listened to.

People are protected from abuse and neglect as care staff know what to look out for and how to raise concerns if they suspect someone's wellbeing is at risk. Care workers receive regular and updated training in safeguarding and have access to clear and detailed policies and procedures to guide them. There are very robust risk management assessments and plans in place to keep people safe and promote independence as far as possible.

Care and Support

We visited three supported living settings and spoke to people, relatives, managers and care workers. We requested information regarding a service in the Swansea area to help inform inspection findings. We also read Swansea and Neath Port Talbot social services recent monitoring reports. All feedback received is positive about the standard of care and support provided. A person told us; *“everything is fine here and I am happy with everything.”* A relative stated; *“care is excellent and my relative is doing very well.”* The manager told us recruitment is improving but the service has been reliant on agency staff to fill rota gaps in many services over the previous year. We saw some negative impacts on people as a result of this. In one particular service there has been a higher level of medication errors and these have all been attributed to errors by agency staff. The provider has addressed these matters and introduced additional medication audits and staff competency checks as a result. A care worker told us; *“a full permanent team would make such a difference to people’s lives.”* While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Each person has an accurate, up to date support plan which is regularly reviewed and is complimented by detailed and thorough health, risk assessment and good record keeping. We completed an audit of five support files across different supported living settings. We found good evidence of person centred planning, participation and inclusion. We found that where able, people are involved and consulted in relation to support planning and choice. Where we saw people’s ability to be fully involved is compromised we saw consideration of best interest planning and the Mental Capacity Act (2005) principles are followed. We saw that some legal process and authorisations are out of date. The manager told us they are writing to the appropriate agencies to request updates. We read ‘easy read’, photographic and ‘picture symbol’ records. This helps enhance people’s ability to understand written documentation. The manager told us of plans to further strengthen person centred planning by introducing a new specialist audit and review process this year. We saw separate healthcare files with extremely detailed and thorough information regarding people’s health needs. These include specialist assessments where necessary such as epilepsy profiles, hospital admission information and behavioural support plans. We also saw recordings detailing health appointments, outcomes and actions. People are supported to participate in a wide variety of activities both in their homes and the community.

People are safe and risks to their health and wellbeing minimised as far as possible. There are detailed and thorough safeguarding and whistleblowing policies that are kept under review. We saw evidence of discussion and learning from safeguarding investigations documented in quality reports by management and discussed regularly at board meetings. All care workers spoken to told us that they had received safeguarding training and this is updated annually. We saw that information and reporting details regarding safeguarding and whistleblowing are held in each of the supported living settings. Care workers spoken to have good knowledge regarding the importance of safeguarding and their responsibilities.

Leadership and Management

There are good oversight and governance arrangements in the service. Since the last inspection a new manager has been appointed in the service. The RI and manager have a strong presence in the operation and running of the service. They are supported by a team of area and service managers. There have also been changes introduced regarding the service manager roles. This has meant service managers now have more time to focus on management duties whilst continuing to work alongside care workers. The provider has also changed staff on-call arrangements and has introduced a more regionalised approach. These changes were introduced following staff feedback. This shows the provider regularly consults and listens to staff. The RI completes three monthly checks of the service provision and six monthly detailed quality of care reports. The most recent three monthly check completed by the RI includes discussions with; people using the service, care workers, operational and senior managers, safeguarding audit information and external commissioners and regulators. An easy read version is available for people who use the service. Copies are also available for all staff. Safeguarding referrals are analysed at quarterly board meetings. Managers complete detailed monthly audit checks in areas such as staff absence, training and supervision. We read the latest Statement of Purpose (SoP) and found it aligns with service delivery and outcomes.

The provider ensures care workers are suitably fit and have the required knowledge, skills, competency and qualifications to provide a high standard of care and support. The manager told us staff recruitment arrangements have changed and have been brought in-house as they were previously outsourced. The manager is anticipating this will improve staff recruitment arrangements in the service. We viewed an overall staff training plan and saw nearly all training for care workers is current and in date. We spoke directly with eight care workers who all confirmed their training is current and covers a broad range of core and specialist areas. We looked at ten staff files and all recruitment documentation is in place including Disclosure and Barring (DBS) checks, which are all current. Nearly all care workers are now in the process of or registered with Social Care Wales (SCW). We saw care workers receive documented regular supervisions and appraisals. Care workers gave us consistently positive feedback about the support they receive. A care worker told us; *“manager is really good, get regular supervision and support.”* Another care worker stated; *“brilliant the manager is so approachable. Door is always open and they will always make time for you.”*

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
21	A full inspection took place on 5th and 11th December 2023. As part of this we spoke to care workers, managers and the RI. We also completed an audit of safeguarding incidents and staffing arrangements. These show the negative impact of agency staff in some service settings on people supported. The provider needs to continue recruiting permanent care workers to adequately cover staffing needs in service settings.	New
36	A staff file audit and overall matrix provided by the service shows not all care workers have received an annual appraisal.	Achieved

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