



# Inspection Report on

**Village Support Services**

**Village Support Services  
Tram Road  
Pontllanfraith  
Blackwood  
NP12 2LA**

## **Date Inspection Completed**

5<sup>th</sup> & 11<sup>th</sup> May 2022

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## About Village Support Services

Type of care provided	Domiciliary Support Service
Registered Provider	VILLAGE PEOPLE LIMITED
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	Yes. 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

Village support services is registered to provide domiciliary care in the Gwent region. The service has an effective family management structure that provide good day to day running of the service. A Responsible Individual is in place that generally has good oversight of the service but needs to ensure greater compliance with the regulations in terms of quality assurance requirements. A satisfied workforce is in place, many of whom have worked for the organisation for some time. Improvements are required to ensure staff are formally supported through supervision and that opportunities are made for staff team meetings to take place in line with the regulations. Care is taken to ensure people have regular care staff where possible. This is consistently praised by people and their relatives. Detailed and readily available care documentation is in place that considers people's needs and wishes and effective consideration of risk. Improvements are however required to ensure that documentation is reviewed and updated regularly in line with legal requirements to ensure it accurately portrays peoples needs at any given time.

### Well-being

The service values and takes time to understand people's needs to maintain a high standard of care. It ensures that views and wishes are listened to and reported clearly. This is evidenced with a thorough assessment of needs that we saw both in care files and available in people's homes for care staff to read. Good continuity of care is evident with many people reporting being able to have regular care staff who they know well and can trust. Discussions with the service and examination of rotas also demonstrates the effort that the service make to ensure regular carer runs despite being short staffed at the time of inspection. One person commented *"they are marvellous, the best we've had"*. Whilst another commented *"we have recently moved and only been able to keep some of the regular carers, but it hasn't affected the quality of the service"*. Care documentation outlining people's needs is detailed and easy to read. However, management do not necessarily update or review it in a timely manner. Whilst staff are kept updated of changes using staff mobile phones, it is possible that important changes could be missed without up to date, correct documentation in place.

Care is provided with dignity and respect. Staff have a good rapport with the people that they visit. We saw evidence of care being provided and witnessed staff respecting people's privacy when undertaking personal care tasks, explaining to people what they were doing and clearly putting people at ease around them. This contributes to the general confidence and satisfaction with the service. People can be confident of receiving a service by an organisation that is committed to best practice. We saw evidence within care files of Occupational Therapy assessments and manual handling plans. We spoke with one family member who advised of specific dietary needs being met well by staff and confidence that improvements would be made if they were not happy with something. *"If I noticed something that needed doing, I could give gentle reminders and it improved. If there were new staff members, they always put an experienced person with them"*.

The service demonstrates commitment to keeping people safe through correct use of personal protective equipment. We saw evidence of this and received feedback from people and their families of staff wearing the necessary equipment required at this stage of the Covid-19 pandemic. Staff are also committed to keeping people safe from harm or abuse. Discussions with care staff demonstrates their awareness of safeguarding practices and how they should respond to safeguarding concerns.

## Care and Support

Care is provided by a workforce that generally feel happy and supported in their role. We spoke with several staff members who reiterated the continuity that they have for calls thus enabling them to get to know people and their needs well. Staff also feel that they are given time to read care plan documentation and keep up to date with changes as required. One staff member commented *“they are marvellous, like a family”*. Another commented *“they are very supportive. If I have a problem, they will sort it out”*. An induction training programme is developed in house to prepare staff for their role. Ongoing training is available, and the training matrix demonstrates this. However, several courses are overdue, and staff reported to us that they have been unable to access training regularly during the pandemic. However, a clear emphasis on continuing professional development is evidenced with most staff holding or working towards QCF level 2 qualifications. Management informed us that spot checks of staff competency are undertaken every three months but evidence of this being undertaken regularly could not be seen.

Care plan documentation is undertaken in a clear and comprehensive manner that includes an initial face to face assessment with people to capture their needs and wishes. Evidence of this could be seen stored both electronically in people’s files and available at people’s homes for staff to access as required. If a person has mobility needs, a safer handling plan is completed. Evidence of this could be seen. A general risk assessment document is created which again is available both within people’s files and within people’s homes. This however does not provide any detailed information about specific risks and if a risk is identified, referrals are made to external professionals for review. Whilst care plan documentation is comprehensive and easy to read, from both discussion with management and review of the documentation, this is not being reviewed on a regular basis and therefore it cannot be assured that the documentation accurately reflects people’s needs at any given time. For example, we saw evidence of one care plan which referred to catheter care but from discussion with the person it was clear that they had not had a catheter for several months. Similarly, we saw no evidence that if a specific risk is identified that a care plan would be updated promptly. We however did not see this having an impact on the people being supported by the service.

## Leadership and Management

An established family management team is in place that includes a manager registered with Social Care Wales. The manager is supported by a client and staff manager and a planning manager. A Responsible Individual has oversight of the service. The team structure is evidenced within the Statement of Purpose which was available at the time of inspection. The management team are generally office based but are qualified to provide care and did so during the pandemic when staff members were isolating. This helped to maintain continuity of care through unprecedented times.

Robust recruitment procedures are in place to ensure a safe and trusted workforce. Examination of several staff files including both experienced and relatively new members of staff evidence a signed contract, photographic identification and appropriate references being sought. Disclosure and barring service (DBS) authorisation is requested prior to commencing employment and a system is in place to alert management when a DBS is due for renewal thus demonstrating a commitment to maintaining a safe workforce for the people they support. Informal support from the organisation seems to be evident. Staff clearly feel able to contact management for support, however formal staff supervision is not taking place as required. Review of the supervision matrix does not tally with the supervision documentation contained on staff files and improvement is required by the management of the service to ensure staff are provided with three monthly documented one to one supervision with a line manager. The service also appears to rely on a very informal arrangement when it comes to staff meetings. We saw no evidence of opportunities given to the team to meet and discuss issues collectively or allow the team to be kept formally updated of changes taking place. Although it is acknowledged that staff are kept informed of changes informally through the use of company mobile phones. Improvements are required to ensure formal recorded team meetings take place a minimum of six times per year in line with regulations. We did not however evidence this having an impact on the service. A satisfied, reliable, and productive workforce appears to be in place at the service.

The Responsible Individual generally maintains good oversight of the service and keeps in regular contact with the management team. Two quality assurance reports examined demonstrate a detailed overview of the service including consultation with service users and staff and highlights areas for improvement. Whilst the reports are comprehensive, they do not reflect regular documented overview of the service as they are dated two years apart, not six monthly as required by The Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA). Similarly, examination of reports undertaken by the Responsible Individual visiting the service are thorough but are taking place approximately six monthly, not three monthly as required by RISCA. It was also noted that the service is not notifying

the regulator appropriately as required and therefore the service's Statement of Purpose, although updated, was not available to the regulator prior to inspection. Improvements are required to ensure the responsible Individual fulfils their legal duties under RISCA and thus ensures any quality assurance issues are dealt with in a timely manner.

### 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
16	The provider needs to ensure that care plan documentation and risk assessment documentation is reviewed every three months in line with regulations.	New



73	The reports from the last three visits undertaken by the responsible Individual were examined and these were undertaken every 6-8 months, not three monthly as required.	New
38	The service do not have formal minuted team meetings.	New
84	At the time of the inspection, the provider was not set up with CIW online to provide notifications as required in the regulations. As a result of this, the provider had not submitted the up to date statement of purpose to CIW. However at inspection, it was evident that this had been completed and was available to view at inspection.	New
80	The last two quality of care reports were examined as part of the inspection. These were approximately two years apart not six monthly as required in the regulations.	New
36	From discussion with management, analysis of supervision matrix and review of staff files, it was advised that company policy is for staff supervision to be every six months. This is not consistently completed every six months and records of consistent six monthly supervision could not be seen for all staff, Regulations state that supervision should be every three months.	New

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