



Inspection Report on

For Your Care Services Ltd

**Imperial House
New Road
Pontypool
NP4 0TL**

Date Inspection Completed

14/10/2021

14 October 2021

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About For Your Care Services Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	For Your Care Services Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	This was the first inspection since the service was re-registered under The Regulation and Inspection of Social Care (Wales) Act.
Does this service provide the Welsh Language active offer?	This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people who use, or intend to use their service. We recommend that the service provider considers Welsh Government's ' <i>More Than Just Words follow on strategic guidance for Welsh language in social care</i> '.

Summary

For Your Care Limited is a domiciliary support service that provides care and support to people in their own homes within Torfaen. We undertook an announced inspection comprising of a physical visit to the registered office with other aspects of the inspection done on a virtual basis.

All the people we spoke to are complimentary about the service they receive, the care staff and the Responsible Individual (RI). Care staff and management know the people they support and genuinely care. Staff feel valued and well supported in their roles, but supervision and training require development. Staff recruitment is not sufficiently robust. Improvements in care documentation is required to ensure staff have the information they need and people receive a service in line with their needs and wishes. Personal plans are not in place; care needs and risk assessments are not fully reviewed on a regular basis or as individual needs change. Internal audit systems are not as robust as they could be. The RI produces the required quality assurance reports and is a regular presence at the service. The RI is well regarded by the staff team, people receiving a service and their representatives.

Well-being

All of the people receiving a service and their representatives we spoke to are complimentary about the quality of care and support they receive. People told us care staff have a *“Caring and kind attitude”*, *“We look forward to them coming”* and *“The service is well led and run fantastically”*. Feedback provided indicates the RI fosters positive relationships with people and their representatives. People are confident that the RI has oversight of the service and will listen to their concerns or suggestions.

People are encouraged and assisted by care staff to be as healthy as they can be. People told us *“care staff are proactive and monitor any changes in health needs and will let the family know”*. Another person said, *“Her health needs have changed and staff have adapted”*. Records show discussions with family members and referrals made to health professionals. Care records not consistently updated to reflect these changes.

People receiving a service are protected from harm and abuse. Staff are familiar about the types and indicators of abuse and know how to report abuse should it occur. However, there are some gaps in the annual safeguarding training. The provider has a comprehensive safeguarding policy and procedure for staff to follow. There are systems in place to record accidents and incidents. Management undertake spot checks of care staff working in the community as part of quality assurance processes. Staff complete medication training, and a policy supports staff in their practice so they understand the principles of safe practices. Management do not assess staff's medication competency, which ensures staff performance and helps to identify issues before they affect care.

Care and Support

We did not observe interactions between people receiving a service and care staff to judge the quality of care provided. People receiving a service, their family and / or representatives are positive about the care and support they receive. One person receiving care told us *“I like all the staff, they know me and listen to me”* and *“I like the banter and fun we have”*. Relatives told us *“I feel fortunate to have such a good bunch of staff”*, *“The relationship with the carers is great”* and *“Staff are professional and very caring and will do the very best for her”*. People also spoke positively about the RI, her ability to manage the service, but also to provide direct care and build relationships with people receiving a service.

From discussions with care staff, it is evident they understand the needs of the people they support and deliver care in a respectful and dignified way. Care documentation is not sufficient or person centred. For example, personal plans are not available for each person. Care needs assessment documentation is available, but has not been developed into a personal plan. This would provide a more person centred approach, detailing people’s likes, dislikes and preferences, their social histories. Personal plans should reflect the person being cared for and be regularly reviewed to assist staff in meeting and identifying any change in people’s needs. For example, we saw changes to one person’s medication had not been updated on documentation in a timely manner, which could result in a medication error. Care needs and risk assessment records do not consistently include staff signatures or the date of completion as part of good record keeping practices. Personal plans and care documentation is an area for improvement and we expect action to be taken to rectify this and we will follow this up at the next inspection.

Leadership and Management

People have access to accurate information about the service and records related to how the service is delivered. A statement of purpose is available, so people know what care and services they can expect to receive. Additionally, each person is provided with a guide to the service, which they can refer to and contains information to support people to raise concerns should they need to complain.

Improvements in quality assurance systems are required. Internal reviews and audits of care delivery are not sufficiently robust. For example, audits of daily records and medication administration does not identify missing information to explain why medication is not given. Did not identify a pattern to calls being less than the commissioned amount of time. The RI has a regular presence at the service and is currently providing hands on care and support to people. The RI completes the required quality of care reports. Notifications are submitted to Care Inspectorate Wales (CIW) and the RI is open and transparent in their dealings with the regulator. There are relevant policies in place, which are kept under review to ensure they reflect current legislation. Better systems to record complaints, accidents and incidents is required so management can clearly evidence actions taken and outcomes for people. We expect action to be taken to rectify the above issues and we will follow this up at the next inspection.

The provider is having difficulty recruiting new care staff, a common problem at this time across social care sector. The recruitment process is not sufficiently rigorous to keep people safe. The staff files we examined identified significant gaps in the required screening and safety checks. We examined three staff files and saw missing documentation in each. We saw each person had the required Disclosure and Barring Security (DBS) checks in place. Missing documentation included references, proof of identity and full employment histories. There is a basic induction process in place, which new staff undertake; on commencement of their employment, this requires improvement. Core training and refresher training also requires improvement. Staff confirmed, *“Training is lacking”*. We saw not all staff have completed basic first aid, food safety training and there are gaps in staff’s refresher training for infection prevention and control, medication and safeguarding. Records show staff receive regular formal supervision, which staff also confirm. Supervision records require improvement to fully evidence discussions, actions and outcomes. Staff meetings are held minutes do not evidence the date held they are held or staff’s attendance. The above areas for improvement require action and we will follow this up at the next inspection.

Staff we spoke to are very complimentary about working for the provider stating, *“Love my job”*, *“Absolutely love working there”* and *“Great company to work for, approachable management who provide help and support when needed”*.

Areas for improvement and action at, or since, the previous inspection. Achieved**Areas for improvement and action at, or since, the previous inspection. Not Achieved**

None

Areas where priority action is required

None

Areas where improvement is required

The service provider failed to demonstrate a rigorous staff selection and vetting system.	Regulation 35(2)(a)
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The service provider failed to ensure staff receive a comprehensive induction, timely access to core training and accurate records of staff supervision.	Regulation 36(2)(a) Regulation 36(2)(c) Regulation 36(2)(d)
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The service provider failed to ensure each person receiving a service had a personal plan.	Regulation 15(1)
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The service provider failed to ensure regular reviews and amendments to care documentation to reflect changes to peoples needs.	Regulation 16(1)
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The service provider did not ensure the auditing and monitoring systems for the service were sufficient to identify any deficits or actions required.	Regulation 80(1)
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The area(s) identified above require improvement but we have not issued a priority action notice on this occasion. This is because there is no immediate or significant risk for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection.

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