



Inspection Report on

For Your Care Services Ltd

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

Date Inspection Completed

21/12/2023

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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	14 October 2021
Does this service promote Welsh language and culture?	This is a service that 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

For Your Care Limited is a domiciliary support service that provides care and support to people in their own homes within Torfaen. People receive good care and support. They are treated with dignity and respect, through a personalised approach to care and support. People are happy with the support and are consulted about their care. Care staff have up-to-date knowledge of people's needs; personal plans are available to guide staff. There are safe systems in place for the administration of medication.

The service does not have a manager. The Responsible Individual (RI) manages the service on a day-to-day basis. The recruitment of staff is safe and effective. Staff feel valued and well supported in their roles. However, staff induction, formal supervision and training requires improvement. Not all staff are registered with the workforce regulator. The RI is well regarded by the staff team, people receiving a service and their representatives.

Well-being

The service is small, providing support to a limited number of people within a small geographical area. Therefore, people know the Responsible Individual (RI) and staff team well. This supports the service to be as personalised and flexible as possible. People and their families have developed good relationships with the RI and care staff employed at the service.

The service tries to encourage people to have as much choice and control as possible. People's likes/dislikes and preferences are included in personal plans. People are encouraged to share their views about the service they receive. Quality of care reviews are completed with people receiving a service. We saw feedback given was positive. People and their families told us they are happy with the care and support they receive. Feedback from people and their representatives suggests care staff treat people with dignity and respect. One person told us *"Staff are very caring and always turn up on time."*

People receive the support they need to maintain their health and well-being. The service assesses people's care and support needs and any associated risks to their health and well-being. These are documented in personal plans and risk assessments, providing guidance for staff on how to support individuals with their needs. A person-centred approach to care planning ensures people are at the forefront of the care and support they receive. The service has systems in place for the oversight of medication administration.

People are safe and risks to their health and well-being is minimised as much as possible. The provider has systems and processes in place to safeguard people. Policies and procedures support safe practice and contain up-to-date national guidance. Accidents and incidents are recorded and monitored, with actions taken to minimise further occurrence. Risk assessments mitigate risks to people and are monitored. Systems are in place to manage complaints. Staff recruitment practices have been strengthened to further safeguard people receiving a service. Staff induction, supervision and training requires improvement. Care workers are passionate about their roles and know people well.

This is a service that is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture. The service has one staff member who is fluent Welsh speaker. The provider can offer all documents in Welsh if requested.

Care and Support

People receiving a service and their representatives are positive about the service provided, *“we could not manage without them, they always turn up”* and *“I have never had to complain about anything”*.

There are systems in place to ensure people’s needs are assessed and can be met by the service, prior to support commencing. Each person receiving a service has a personal plan. Providing care staff with up-to-date information and guidance on how to best support people and set out what is important to each person. Personal plans are now more person centred and include social histories, their preferences, likes and dislikes. Plans are reviewed regularly. Evidence of people’s involvement in reviews and decision-making processes are not always included. Generic personal outcomes are included within peoples’ plans, individual goals and how these can be achieved are missing. On a daily basis staff record the care and support delivered to each person. This can often be task orientated and minimal in content.

There are measures in place to assist people with their medication. A medication policy and procedures are in place that provides clear guidance to staff. Personal plans document the extent to which individuals need support with their medication. We viewed a sample of Medication Administration Records (MAR) and found them to be free from gaps and errors. Medication is checked and audited regularly by the provider.

The service is small, providing support to a limited number of people within a small geographical area. We noted no missed calls, or calls being cut short when we reviewed daily records, which contain call start and end times. We were told that staff are usually on time and if they are running late people would receive a telephone call to explain.

Leadership and Management

The service has an up-to-date statement of purpose (SOP) which details the range and nature of the support available to people. Information contained within the SOP is reflective of the service provided. Quality assurance reports are available. The views of people, their representatives, and care staff are included providing an opportunity to influence service delivery. There have been no complaints recorded in the last 12 months. The RI is a regular presence at the service and delivers hands on care and support when required. The RI currently manages the service on a day-to-day basis. The service does not have an appointed manager. This is an area for improvement, and we expect the provider to take action to rectify this and we will follow this up at our next inspection.

Selection and vetting practices to enable the service provider to decide upon the appointment of staff have improved. Staff files follow a consistent format and contain all required documentation and evidence of necessary pre-employment checks. All staff have up-to-date Disclosure and Barring Service (DBS) checks and proof of identity. Not all care workers are registered with the workforce regulator, Social Care Wales (SCW), as required. This is an area for improvement, and we expect the provider to take action to rectify this and we will follow this up at our next inspection.

Staff told us that they feel valued, enjoy their work and spoke positively about the RI. Care workers are provided with a basic induction. This includes shadowing opportunities with the RI and basic competencies being checked, for example, in safeguarding and medication administration. New staff do not undertake appropriate training before delivering care and support to vulnerable individuals. Staff supervision is in place; however, they do not consistently provide the opportunity to have a face-to-face meeting with line managers to discuss work performance. Care staff have the opportunity to attend team meetings. Staff training is not up to date and refresher training is not completed in a timely manner. Staff induction, training and supervision are areas for improvement, and we expect the provider to take action to rectify this and we will follow this up at our next inspection.

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
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36	Care staff are not registered with the workforce regulator, Social Care Wales.	New
67	The provider has failed to appoint a registered manager.	New
36	Staff do not receive a comprehensive induction, timely access to core and refresher training or regular face to face supervision.	Not Achieved
35	The service provider failed to demonstrate a rigorous staff selection and vetting system.	Achieved
15	The service provider failed to ensure each person receiving a service had a personal plan.	Achieved
16	The service provider failed to ensure regular reviews and amendments to care documentation to reflect changes to peoples needs.	Achieved
80	The service provider did not ensure the auditing and monitoring systems for the service were sufficient to identify any deficits or actions required.	Achieved

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