



Inspection Report on

Priory Supported Living South Wales

**Suite 6.2
Clarence House
Clarence Place
Newport
NP19 7AA**

Date Inspection Completed

14/02/2022

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About Priory Supported Living South Wales

Type of care provided	Domiciliary Support Service
Registered Provider	CRAEGMOOR SUPPORTING YOU LIMITED
Registered places	
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	Working Towards. The service 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.

Summary

Craegmoor Supporting You Ltd. is registered with Care Inspectorate Wales (CIW) to provide domiciliary support services for adults over the age of 18. The service is well managed by an effective manager and has motivated staff. Feedback from staff, peoples' representatives and other professionals involved is positive and demonstrates people receive a good standard of care and support.

There is information available for staff to understand how to best meet people's care and support needs. Personal plans set out peoples care and support needs and are person-centred, however we identified that not all identified care needs has a care plan. Staff are available in sufficient numbers and mix of skills to adequately provide support to people. Care staff are knowledgeable, respectful and caring. Staff are supported with supervision and appraisal at the required frequency and quantity.

People are protected from harm and neglect. Appropriate health referrals are made in order to promote peoples' health and well-being. The management team have put checks and processes in place to keep service delivery under review. There are systems in place to ensure there is oversight of the quality of care and support delivered.

Improvement is needed to care plan reviews and ensuring that all identified care needs are included in the care plan. Improvement is also needed to bring prescribed cream management in line with current national guidance.

Well-being

People are supported by care workers who are recruited and vetted appropriately with pre-employment checks in place. Care workers feel happy and supported in their roles and feel valued by management.

People's physical, mental and emotional well-being is promoted by a service that encourages choice and independence. A person centred approach to care planning ensures people are at the forefront of the care and support they receive. The service offers good continuity of care due to a stable workforce. Consistently good feedback from people and their representatives suggests care workers treat people with dignity and respect.

People get the right care and support. Risk assessments and management plans identify people's vulnerabilities and promote safe practice. Records show referrals are made to a variety of healthcare professionals. This is also confirmed when we contacted visiting healthcare professionals and commissioners, who told us they are satisfied with the care delivered.

People appear happy and receive support from professional staff who know them well and have good relationships. Care workers and people using the service know each other well. Care workers are familiar with people's needs, wants and routines and know how best to support them to achieve their personal outcomes.

People are protected from harm and neglect. Care workers spoken with are aware of their responsibilities and procedures to report any concerns, and have received safeguarding training. Policies and procedures in place have been reviewed, this includes the safeguarding policy. The service follows procedures set out in the infection control policy, which is updated to reflect current guidance. There are measures in place to minimise risks associated with cross-infection. Care workers have a sufficient supply of personal protective equipment (PPE).

There is sufficient oversight of the service. There is a good organisational structure in place, with all staff having their designated roles and responsibilities. Quarterly reports are produced to monitor the performance of the service. Quality of care reports are completed.

Care and Support

The service provides a good standard of person-centred care and support. This means that people receive a service that is specifically designed to meet their needs. Care workers told us personal plans are easy to follow and contain all the information they need to support the person effectively. People's personal plans set out their care and support needs and provide care workers with clear instructions. Risk assessments highlight people's vulnerabilities and contain information on how to keep them safe. However, we found not all areas of people's personal plans are updated or developed to reflect changes when they occur. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

The service has systems in place for the management of medication. Care workers receive medication training and competency checks are carried out. We saw that there are systems in place to log and monitor medication errors and these are investigated to prevent further occurrence. We noted improvement in the management of medication since our last inspection; however, further attention is required to ensure that prescribed creams are effectively managed. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Safeguarding mechanisms help to protect people from harm and neglect. Policies and procedures support safe practice and contain up-to-date national guidance. Discussions with care workers confirm they are aware of the services safeguarding policy. Care workers receive safeguarding training and are clear about their responsibilities and the procedure to follow if they have any concerns regarding the people they support.

The service promotes hygienic practices and manages risk of infection. There is plenty of stock of personal protective equipment (PPE) available and care workers spoken with confirmed they have adequate supplies. We saw that the Infection control policy has been reviewed and the service are following the recently updated Covid-19 guidance for domiciliary care providers. On the day of our inspection, we saw all care workers were wearing the required level of personal protective equipment (PPE).

Leadership and Management

The service provider has governance arrangements in place to support the smooth operation of the service. Arrangements for the oversight of the service are in place, such as systems for assessment and care planning. The service is provided in line with the objectives of the Statement of Purpose' which is regularly reviewed. Written information documented in the Statement of Purpose and information leaflet outlines the services aims, values and service provision. They are available for people who use the service and their representatives, which contains practical information including how to make a complaint and contact telephone numbers for agencies such as Care Inspectorate Wales.

Care workers are suitably vetted, recruited and trained to meet the needs of people they support. The recruitment process is robust and ensures care workers suitability for the role. Care workers are sufficiently trained and skilled and feel supported in their roles. Care staff told us they were able to speak to someone if they have any concerns in the workplace. The service has policies and procedures that underpin safety and good practice and are accessible to staff. There are sufficient numbers of staff on duty to safely support and care for people. Care workers understand their safeguarding responsibilities and know the process for raising concerns.

There is a visible management team in place who are part of the day-to-day running of the service. Auditing systems are in place but some require some improvement. Oversight of medication is required to ensure safe practice is always followed. Care workers feel confident in who they should approach depending on the nature of their query or concern. Internal systems and processes are in place to ensure the service delivers its aims and objectives effectively. Policies and procedures support the delivery of the service are in place and contain the relevant legislation and local guidance.

There are robust systems in place to ensure there is good oversight of the quality of service delivered. Governance and quality arrangements are good and show the responsible individual (RI) has clear oversight of service provision. The RI quarterly visits are undertaken and a six monthly quality of care report is available.

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
58	Creams not dated when opened.	New
16	When personal plans are reviewed, they are not always amended or developed to reflect changes in individuals' care and support needs and personal	New

	outcomes.	
59	The registered person failed to ensure daily records detailed care provided.	Achieved
60	The registered person failed to ensure all required notifications are sent to CIW in a timely manner.	Achieved

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