



Inspection Report on

Powys Homecare

**39 Broad Street
Newtown
SY16 2BQ**

Date Inspection Completed

18 November 2021

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About Powys Homecare

Type of care provided	Domiciliary Support Service
Registered Provider	People Support Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	First inspection since registered with Care Inspectorate Wales
Does this service provide the Welsh Language active offer?	The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service.

Summary

People are very happy with the care and support they receive from care staff who are knowledgeable, kind and respectful. People tell us the management and care staff go 'over and above' what is expected of them to provide a good reliable service, which is much appreciated.

Care staff feel supported by the management team who they meet with regularly on a one to one basis. They are provided with suitable training and induction.

There are good quality assurance systems in place to make sure people have a voice and can contribute to the ongoing improvements of the service.

Well-being

People have choice and their individual circumstances are considered. They have information about the service which can be made available in both Welsh and English. People are involved in planning and reviewing the support they receive, and involved in decisions that may affect them. The management team regularly seek people's views on how the service can improve. People say they feel listened to and are confident any issues raised with the care staff or management will be addressed.

People are supported with their physical and mental health. Care staff are familiar to people helping to make sure there is a consistent approach to the support they receive. Good relationships are built up between people, their family, care staff and management. This makes sure people's wishes and preferences are known and changes in care needs identified and the right health professionals informed.

People are protected from abuse and neglect as care staff know what to look out for and how to raise concerns if they think people's well-being is compromised. Policies and procedures are in place to guide care staff. Personal plans have up to date information to support people how they want to be supported. Improvements are being made to the documentation relating to risk management to further protect people.

Care and Support

The responsible individual and manager consider a range of information from people, their family members and professionals before agreeing to provide a service. People spoken with and records viewed confirm this. Pre assessments are completed. Provider assessments will be implemented as a way to continually assess people's needs to make sure information is always current and up to date.

People and their family are involved in compiling and reviewing personal plans. These and other documents relating to care needs are accessible in paper form and via an electronic system. Family members say they find this system very useful and easy to access. It helps them to feel more involved in their relatives care needs and it improves communication between themselves, the care staff and the management. Personal plans are detailed but we found risk assessments are not always completed when a risk is identified for example pressure damage. This was addressed immediately by the provider who is putting measures in place to improve their current documentation relating to risk management. Daily records are detailed and show risk is monitored by care staff.

People received timely support from care staff who are kind, knowledgeable and professional in their approach. People know who is going to support them at each visit providing continuity of care. Family say this is particularly important for people living with dementia and works well. They tell us care staff never rush when providing their support and always treat people with respect. It is evident from talking to people that they like the care staff and have good relationships with them and the management team. Relatives speak very highly of the care staff and consistently tell us the service is reliable and they have confidence the care staff have the right skills and support to provide the right care. There is currently one staff member who speaks Welsh. It would be difficult for people who want it to have their service in Welsh. However the responsible individual (RI) said documentation can be translated into Welsh if people want it.

People are supported to remain as healthy as they can be. Records show referrals are made to relevant agencies in a timely way. Care staff receive training for specific equipment such as hoists to support individual need. Medication training is followed by observation of practice to make sure care staff are competent. This is confirmed by discussion with care staff and the management. Policies and procedures are available to care staff to make sure good infection prevention and control measures are followed. Care staff have infection control and prevention training.

Systems are in place to safeguard vulnerable individuals. Records show care staff have training and access to up to date policies and procedures. They are aware of their responsibilities to raise concerns to ensure the safety and well-being of people.

Leadership and Management

People have access to information about the service including a statement of purpose (SOP) and guide to the service. The RI said this information is available in Welsh if people want it. The SOP should be updated to reflect the level of service people can receive in Welsh and the methods people can have access to their personal plans. Policies and procedures are available to care staff via their telephone as well as other pertinent information. A staff handbook gives them information they need. Plans are in place to provide further support to care staff with the introduction of a staff intranet.

The RI regularly checks people are happy with the service and looks for ways to improve. People we spoke to confirm this. Records are kept of discussions with individuals, their family and health professionals. We saw a report evidencing the quality of the service is reviewed and actions for improvement identified. There is a good quality assurance system in place including regular care staff meetings. Audits take place but are not always recorded including daily records and medication competency assessments. This is being addressed by the RI and manager. People and care staff spoken with are confident in expressing their views and say they are listened to.

Care staff speak positively about working at the agency. They tell us they have good training and regular one to one meetings with the management team. Records confirm this. Without exception, care staff say the management are very supportive and approachable making them feel valued and giving them confidence in their role. They are not asked to do anything they are not confident doing and are given hands on support from RI and manager and extra training if needed. The work allocation means they have a good work life balance.

Recruitment practices need some improvement to keep people as safe as they can be. Gaps in people's employment history are not thoroughly explored and recorded but this was resolved during the inspection with measures put in place to ensure more robust processes are in place. The RI has recently introduced induction for care staff in line with Social Care Wales requirements.

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
N/A	No non-compliance of this type was identified at this	N/A

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