



Inspection Report on

Pleasant Valley Care Shropshire Branch

**The Fort
Artillery Business Park
Garrison Avenue
Oswestry
SY11 4AD**

Date Inspection Completed

13/11/2023

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About Pleasant Valley Care Shropshire Branch

Type of care provided	Domiciliary Support Service
Registered Provider	Pleasant Valley Care Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	5 July 2023
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

This inspection was to consider any improvements made by the provider in relation to the Priority Action Notices which were first issued in March 2023.

Changes to the operation of the service mean that we are unable to consider all areas of service provision. This is because the service does not currently provide support to people living in Powys and has no care staff employed to deliver care.

The responsible individual (RI) does not have effective oversight of the service and has failed to ensure the service is delivered in line with the requirements of the Regulations.

Well-being

At the time of this inspection, the provider is not currently providing care and support to people. We have therefore been unable to test this theme.

Care and Support

At this inspection we saw some improvements to documentation. Some personal plans of people previously supported had been amended to accurately reflect information about them.

However, we found some areas remained inaccurate and incomplete. The provider had begun delivering a new package of care but there was no personal plan or risk assessments in place for the duration of the care package. The provider told us they had not carried out a provider assessment within 7 days of the person beginning to receive care and support. This assessment ensures the personal plan, and any risk assessments are still up to date and accurate of the care which needs to be delivered.

We found personal plans and risk assessments have not been reviewed on a regular basis and people or their representatives have not been involved in this process.

Leadership and Management

Since the last inspection, the provider has updated the statement of purpose, to be an accurate reflection of the service currently being provided. The provider has included information about how they plan to deliver care and support to people.

At this inspection we found all staff previously employed had received a supervision. This is a one-to-one meeting with their line manager. Care staff commented they find the supervision process to be valuable and like being listened to. Team leaders had carried out spot checks with care staff to observe their practice and provide feedback. We were provided with minutes of the last two staff meetings which show discussions about the operation of the service and any other important information. Staff meetings were well attended.

The provider has carried out an audit of the HR records and created an action plan which has started to be implemented. Improvements have been made to the storing and access of recruitment records, meaning they can all be accessed in one location. We found since the last inspection; the provider has ensured all previously employed staff have the required references in place. Care staff all have a Disclosure and Barring Service (DBS) check in place and have been supported to register with Social Care Wales. These processes are important in safeguarding people and ensuring care staff are suitable to work with adults at risk.

The RI has put some governance processes in place, but they do not demonstrate oversight of all areas of the service provision and have not identified all the issues we identified at this and previous inspections.

At the last inspection, we issued six priority action notices. Whilst the RI has made some improvements, we have identified the RI has failed to make enough progress in relation to all the non-compliance. The RI has not shown they have effective oversight of the service and has not supervised the management of the service sufficiently. The RI has not ensured the service is delivered in line with all the requirements of the Regulations. This is still placing people at risk. Where the provider fails to take priority action, we will take enforcement action.

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
66	The responsible Individual does not supervise the management of the service in line with the regulations.	Not Achieved
15	Personal plans and risk assessments are not fully complete and in place before people start receiving a service, meaning care staff do not have the information about people's needs and preferences to deliver care safely in a person-centred way.	Not Achieved
6	The provider has not ensured the service is provided with regard to the requirements of the Regulations.	Not Achieved
36	The provider does not ensure staff are provided with necessary or specialist training to enable them to fulfil their role or that they receive appropriate supervision to support their well-being and development.	Achieved

35	The provider does not complete recruitment checks to make sure staff are suitable before they start work.	Achieved
7	The statement of purpose does not include all the required information and the service provided is not in line with assurances given within this document.	Achieved

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 inspection	N/A

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