



Inspection Report on

Pleasant Valley Care Shropshire Branch

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

Date Inspection Completed

13/07/2023

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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	21 March 2023
Does this service provide the Welsh Language active offer?	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

People speak positively about care staff who support them. They are described as “*very pleasant*” and “*good*,” one person said, “*I am happy with what they do.*” People have assessments carried out in their home but are not offered the opportunity to be involved in the review process. Not all people have a personal plan so staff can provide them with the right care and support. Personal plans we did see contain some person-centred information, but most are incomplete or contain generic information which is not relevant to the person or their identified needs.

Staff have not completed all the required training and are not appropriately supervised. The provider cannot ensure they have the skills and knowledge to support people effectively and safely. Appropriate checks are not always completed before staff start working at the service to keep people as safe as possible.

The responsible individual (RI) does not have effective oversight of the service. They have failed to identify issues raised as part of the inspection process. Although some improvements have been made since the last inspection, the provider has not demonstrated sufficient progress in addressing the issues identified during the last inspection.

Well-being

Overall, people are happy with the care and support they receive from staff at Pleasant Valley Care. They told us the provider listens when they ask to change the times of their care calls. They have copies of their personal plans, on request. One person told us *“Their support has been vital to my relative’s progress”* as care staff had worked with external professionals to support their rehabilitation. We were told care staff are not always on time to calls but, when this happens, office staff call to let them know. Another person told us *“Their support means I can stay in my own home,”* which they said was very important to them.

People are not always involved in decisions about their care and support. We saw records of some people being involved in the assessment process but they or their representative had not been involved in reviewing their care and support to make sure it continued to meet their needs. Records give basic instruction about how people want to be supported, however some information is generic and not specific to the person or their identified needs. We saw some evidence of risk management, but there was little detail of how to manage the risk if people were assessed as being ‘high risk’. Daily notes are detailed and well written, showing the support people received. People can request copies of these or have a handwritten record in their home if they want to. People told us they would be confident to contact the provider if they had any concerns and have copies of the complaints policy.

Systems in place to keep people safe need improvement. Care staff have completed the All Wales Induction Framework (AWIF) and have applied for registration with Social Care Wales. The AWIF includes safeguarding training. There is a policy to guide staff which includes the All Wales Safeguarding procedures. We spoke to care staff who were able to tell us who they would contact if they had a safeguarding concern. Risk assessments and personal plans do not have sufficient information to inform and instruct staff to provide the right support to people, this places people at risk. Recruitment processes have improved, but inadequate reference checks continue to pose a risk to people.

The service is not delivered in line with the assurances set out in the Statement of Purpose (SOP). People are positive about care staff supporting them but records we saw show staff still do not have all the training needed to carry out their role safely and effectively. Care staff do not receive one to one supervision, meaning people do not receive care from staff who are adequately trained, monitored and supported. Governance systems in place do not demonstrate oversight of all aspects of service delivery and have not identified and addressed the issues found at this inspection.

Care and Support

People are not always involved in all aspects of planning their care and support. We saw some evidence of initial assessments with people and families, but another person told us they had not been involved in the assessment process. The RI told us they carry out a provider assessment within seven days of a person beginning to receive a service to ensure the information remains accurate. However, we were unable to confirm this because there are no records of the assessments.

Personal plans are not reflective of people's needs. The provider uses an electronic care planning system. We found some parts of the plan contain generic information which is not specific to the person or reflective of the fact they live in their own home. Some plans contain inaccurate and conflicting information about people's care needs. Not all records we checked include a personal plan for each person. We saw some evidence people have been asked about their life history and interests, while other sections such as personal information and choices were incomplete or not completed at all. Some plans detail measures staff should take to manage a specific risk. However, where the risk is identified as 'high risk,' there is no specific plan in place for staff to follow to ensure the risk is managed well. Statements in personal plans and information such as how to manage risks are the same across records we looked at, meaning information is not person centred.

People are not involved in reviewing their personal plan to make sure their outcomes are met. We found outcomes to be task based, not about what is important to the person and what steps need to be taken to support the person to achieve this. The RI told us personal plans are reviewed by staff at the head office based in England and by the care co-ordinator for the Powys service. Records we saw had no evidence people or their representatives are given the opportunity to be involved in this process. We found records which had been reviewed were not completed in line with the required frequency of the Regulations. We saw people had a named keyworker; this is a member of staff based at the office in England. This means they do not provide support to or have regular contact with the person. This is still placing people at risk. Where the provider fails to take priority action, we will take enforcement action.

Improvements have been made for people to access their records. The provider offers people the opportunity to have a rota of their planned care calls so they know who will be supporting them. People are also offered paper copies of their personal plans, the statement of purpose and guide to the service. People can have records of the care provided in paper form so they can see what is written about them.

Leadership and Management

People have information about the service. People told us they have received paper copies of the statement of purpose and guide to the service. Both documents have information about who to contact within the organisation if they have a concern, as well as external contacts. The statement of purpose specifies people cannot have a service in Welsh. Improvements have been made to the guide to the service and the statement of purpose, but the provider has not ensured the service is run in line with the assurances set out within these documents. This is still placing people at risk. Where the provider fails to take priority action, we will take enforcement action.

Systems are in place to manage complaints and concerns. The RI was able to tell us about any complaints received and showed us where this was recorded on the electronic system. We saw evidence of action taken and responses to this, as well as a written response to the complainant. The RI showed us where concerns are raised, records are not closed until they receive confirmation from the complainant the issue is resolved. We reviewed the whistleblowing policy and found it to contain contact details of external agencies for people to contact if needed. People told us they had been given a paper copy of the complaints policy.

Staff do not receive appropriate support or training to carry out their role effectively. Staff have their competency to deliver care checked via spot checks. No formal one-to-one supervision meetings between staff and their line manager have taken place since the service started. Both the RI and staff we spoke with confirmed this. There has been one staff meeting held since the service started in January 2023. This is not in line with the requirements specified within the Regulations and means staff do not have the opportunity to discuss the service and be made aware of any important information. We looked at a training matrix provided by the RI and training certificates for three members of staff. We saw care staff had completed induction training covering a range of subjects including the All Wales Induction Framework but had not completed dementia training or first aid training. This means staff do not have the knowledge to support people with a diagnosis of dementia or to deliver first aid in a medical emergency. This is still placing both people and care staff at risk. Where the provider fails to take priority action, we will take enforcement action.

Recruitment practices do not ensure people are safe. At the last inspection we found all the information required as part of staff suitability checks is not obtained about staff before they start working at the agency. At this inspection, we found all staff now have the appropriate Disclosure and Barring Service (DBS) checks in place. But we found references to be inadequate and not in line with requirements of the Regulations. Not all care staff had two references and, where required, we could not see references had been verified by the provider. Some references were dated after people had started working for the service. The provider has not ensured staff are suitable to work with adults at risk. This is still placing

people at risk. Where the provider fails to take priority action, we will take enforcement action.

Processes to monitor the quality of the service do not promote good outcomes for people. We saw some evidence of processes in place to check the quality of the service. This includes records of the RIs one-to-one meeting with each person receiving a service. This shows people are given the opportunity to feed back about the service and make suggestions or raise any issues. We saw where people had made requests for paper records and call rotas, these had been actioned. We reviewed the incident and accident record and found no reference to two incidents which we would expect to have been recorded. The RI told us they were not on this record as they did not involve people using the service and were recorded separately. We requested a record of the incidents, but the RI did not provide this. The RI told us audits of personal plans are completed by staff at the office based in England; we requested audit records, but the RI did not provide these. The RI told us staff have been made aware of the Welsh requirements, however they have failed to address issues which breach regulations that we identified at this inspection. The provider has an effective audit for medication management in place which is carried out by the care co-ordinator at the service. 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 of the issues we identified at this inspection.

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. This is specifically around the support, learning and development of staff, safe recruitment of staff, the statement of purpose and appropriate care planning and risk management. The RI has not ensured the service is run in line with their own assurances to meet the requirements of the Regulations and so people using the service cannot be assured of its quality, safety, and effectiveness. The RI has not demonstrated they have effective oversight of the service and has not supervised the management of the service sufficiently. These issues are 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
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.	Not Achieved
35	The provider does not complete recruitment checks to make sure staff are suitable before they start work.	Not 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.	Not Achieved
6	The provider has not ensured the service is provided with sufficient, care, competence and skill having regard to the statement of purpose.	Not 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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