



Inspection Report on

People Support Limited

**Unit 7
Llys Caer Felin
Felinfach
Swansea
SA5 4HH**

Date Inspection Completed

05/10/2023

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About People Support Limited

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	[Manual Insert] This is the service's first inspection since registering under the Regulation and Inspection of Social Care (Wales) Act 2016 in April 2023.
Does this service promote Welsh language and culture?	This service 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

People are supported in their own homes by a team of staff that know them well and are kind and show respect.

The team of care staff are supported by the manager, Responsible Individual (RI) and the company director. An on-call system is in place so care workers can always access support. Care provided is monitored to ensure people receive the care they need in a timely way whilst ensuring a flexible service is provided to suit individual needs.

Care documentation is outcome focused and reflects what is important to a person. Outcomes are reviewed with people and their representatives at least quarterly. People's opinions are sought as part of their review process and the quality assurance processes. This enables the team to provide an improving service.

Staff are supported with regular supervision and required training is provided. Improvements are required to enable the staff to receive practical manual handling training and assessment prior to providing this element of care and support.

Staff are very positive about their work life balance and are committed to working as a team to provide care and support, enabling people to achieve their outcomes in their own homes.

Well-being

People are provided with choices to ensure their individual circumstances are considered. We saw care workers provide support in a genuinely kind, caring manner. Staff sought consent and do not assume what people's preferences are. People and their family members told us *"Every one of them is kind and considerate and I couldn't ask for any more from them,"* and *"They are absolutely first class – they couldn't be more helpful. They treat X with respect."* Choice is offered around first language preference when the initial assessment is completed and we saw signed agreements of plans of care.

People are treated with dignity and respect whilst their independence is supported in their own homes. We observed staff being non-judgemental and appreciating people's individuality. One care worker told us *"We have equality and diversity training – rights are so important"*. The RI and director ensure that people know they are a provider that supports diversity and equality for those providing and in receipt of the service.

People have information available to them. We saw a service user guide in a person's home. This contains detailed information about the service and how to make a complaint. Care documentation is being introduced that has bilingual headings of Welsh and English and main documents such as the Statement of Purpose are available in Welsh on request.

People receive the right care and support as identified in their assessments and personal plans. Referrals are made to specialist staff such as occupational therapists. Some areas of manual handling knowledge and practice require improvement. The provider is looking at ways of implementing face-to-face manual handling training with opportunities for practice and assessment in a classroom.

All staff spoken to know the processes to follow regarding reporting safeguarding issues. The safeguarding policy is up-to-date and accessible to all staff. All staff have attended safeguarding training. Risk assessments are in place for people being supported in their own home.

Care and Support

Care documentation is person-centred with what is important to the person and their outcomes, central to the personal plan. We saw manual handling plans in place for people who need aids and support with transfers and mobility. Detailed environment risk assessments are in place. Staff demonstrated awareness of individuals' risks and can access information in the personal plans. This detail and how risks can be managed is not always transferred to individuals' risk assessments.

The provider is working with the local authority to provide a flexible service to meet people's changing needs. This means providing care calls within a period of time as opposed to a specific time. So, if someone requires more support or needs a change of time to attend a medical appointment for example, then their care call is changed accordingly. Family and people in receipt of the service told us *"Call times are sometimes a bit erratic"* and *"The times are better now"*. People appreciate the flexibility of their call time and the provider works with them to ensure preferences are met as near to an agreed time as possible. Care workers told us *"We have enough time for calls – if we struggle with time we tell the office to extend"*.

Personal plan reviews are held three monthly or when there are changes and these are held in people's homes with the person and their representative. Detailed, high-quality records of these were seen and allow an opportunity to discuss how people's outcomes can be met and any improvements required. Positive feedback is also reflected on. The RI and manager very much support people having a voice and control around their outcomes. Family members and people receiving the service told us *"Review meetings – yes we definitely have them. Any troubles and problems are sorted"* and *"They are great – they do their best"*.

When visiting people with care workers in the community we saw medication records completed correctly and medication administered as prescribed. Senior staff complete unannounced spot checks of care workers at least six monthly as part of their quality assurance processes. They identify where improvements are required and what is working well. People and their families told us *"They do the best they can"*; *"On the whole they are really pleased with them"* and *"They treat X with dignity and are respectful – X really loves them"*.

Leadership and Management

The service is overseen by a committed and effective management team. The RI visits the office regularly and the company director has day-to-day involvement with the running of the service. We were told the manager is supportive and is part of the on-call team. Care workers told us *“On-call support is always to hand. We can get in touch really easily”*.

Staff feel supported and part of a team. We were told: *“It’s amazing. I really enjoy... the work life balance is good”*; *“They are lovely people to work for”* and *“We are a really good team – everyone’s a team player”*. Supervision is provided at least quarterly with team meetings held every couple of months. These meetings are informative and detailed records show a two-way process where staff and their line manager can discuss priorities. New care workers receive an induction which includes shadowing staff for a period of two days (or more if required). They complete training including national wellbeing outcomes (held face to face by the RI), online infection control training and a two-day medication course. Whilst staff do have theory training around manual handling and observe practice during their initial shadow period, they do not receive classroom manual handling training that allows practice and assessments to take place. Over the past few months, the manager has reflected in team meetings on some improvements required to manual handling practice. This was discussed as part of the inspection and the RI has made progress with arranging face-to-face training for staff. Whilst no immediate action is required, this is an area for improvement and we expect the provider to take action.

Policies are available, up-to-date and specific to the service provided. These are available to all staff. Records of complaints and incidents are kept and disciplinary processes followed as required. The provider is open and transparent and reports to agencies as required.

There are systems in place to ensure that people experience a quality service that is developing and improving. This includes a call monitoring system and visit reports. These are used to review the timeliness of calls, the amount of care delivered and how this is provided. A quality care review report has been completed since the registration of the service. The manager told us *“We are always looking to improve, to do better..... Getting it right is a big thing”*. The RI makes regular visits to the office and this includes gathering feedback from staff and visiting people who receive the service. The RI told us *“Staff well-being is important.....If we have happy staff we have happy people accessing the service”*.

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	The provider does not arrange practical manual handling training that includes observation, practice and assessment of manoeuvres for care workers prior to them providing manual handling support to people. Practical training and assessments are to be completed prior to care workers assisting/implementing manual handling manoeuvres.	New
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