



Inspection Report on

Aylecare Domiciliary Services

Aylecare Ltd
11 Alexandra Road Gorseinon
Swansea
SA4 4NW

Date Inspection Completed

10/07/2024

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About Aylecare Domiciliary Services

Type of care provided	Domiciliary Support Service
Registered Provider	Aylecare Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	05 February 2024
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

Aylecare Domiciliary Support Service is a small provision covering the West Glamorgan Domiciliary Care area including Swansea and Llanelli. The service is well regarded by those who use the service and their families. The service is managed by an established Responsible Individual (RI) who is also acting as the manager and is registered with Social Care Wales.

People and their relatives told us they are very satisfied with the support they receive, and they feel listened to. Positive risk management and empowerment supports people to achieve their goals and promote independence. The service is proactive and contacts the relevant healthcare professionals to support people's overall well-being. Medication administration is safe and supports people to maintain their health and well-being, although some further oversight would be of benefit.

Improvements have been made since the last inspection, such as reviews of personal plans, and documentary evidence of staff receiving regular supervision and annual appraisals. Staff recruitment records now meet the regulatory requirements. The RI maintains good oversight of the service and has systems in place to engage with people and staff.

Well-being

People have control over their day-to-day lives. People told us they get on well with staff and commented, *“I have a good relationship with staff, we have a laugh”* and another commented *“they know what they are doing.”* Records show people are offered choices to make everyday decisions. The RI told us they regularly speak with people they support and their families about what is important to them and how to best support them. Staff told us they feel valued and supported by the management team and commented, *“I feel the management staff are Fair. We all work well as a team, and it’s a very rewarding job.”* and another commented *“There is lots of training continuously in place for me to do to better myself in my role.”*

People get the right care and support. People and their representatives are involved in reviews. People said their personal plan met their needs and felt care workers include them in the development of their plan. Records reflect referrals are made to a variety of healthcare professionals such as social workers and nurses. This is also confirmed by comments from visiting healthcare professionals who told us they are satisfied with the care at the service. They commented *“In my experience Aylecare are supportive and encourage the clients to participate in activities. They are caring and accommodating.”* Care workers receive appropriate training to support them in their roles.

People told us that care workers support them to do things they need and commented *“The staff are wonderful”* and *“They are exceptional.”* People’s relationships with others are considered during the development and review of their personal plans. These acknowledge the input people’s family and friends have in their care and support. The views of people’s representatives are regularly sought as part of the service’s quality monitoring process.

People are safe and protected from abuse and neglect. The service provider has safeguarding policies and procedures, which are aligned to current legislation and national guidance. Staff demonstrate a sufficient understanding of their role and responsibilities. People are familiar with the care workers supporting them and value the relationships they have developed. Care workers are recruited in a safe way and have a good understanding of safeguarding and whistleblowing procedures. People supported by the service told us they feel safe and secure.

Care and Support

People receiving a service from Aylecare Domiciliary Support service speak very highly of both the management and care staff. Comments from people and their representatives include *"We're over the moon, we can't fault them"* and *"The staff are wonderful."* This is further supported by feedback from family of people receiving a service including *"I would definitely recommend this service"* and *"They never let us down."*

People are provided with the care and support they need by staff who know them well. Personal plans are developed in consultation with people, considering existing care and support plans provided by health and social care commissioners. We discussed with the manager that reviews are mostly completed as required but would benefit from routine auditing to ensure completion is at the frequency required. Records of daily activity are recorded succinctly and accurately. Records show the service provider ensures medical advice and professional help is sought where needed.

People are protected from abuse and neglect. Policy and procedures have been reviewed to make sure they are relevant and up to date. Staff are aware these are in place to guide them and are supported by management in the team meetings facilitated by them. Staff have completed safeguarding training relevant to their role.

There is an appropriate medication policy and procedure in place. Audits are completed by senior staff assisting people with their medication. People supported by the service are assisted to administer their own medication and this is stored appropriately in the person's home. Staff who support individuals to manage their own medication are trained and assessed as competent.

Policy, procedure, and application of hygienic practices are in place to reduce risks of infection. Staff demonstrate an understanding of infection control and the use of personal protective equipment (PPE). Staff wear appropriate PPE when needed and follow correct procedures.

The service provider has extensive oversight of the financial arrangements and investment in the service. The RI assured us the service is financially sustainable to support people to be safe and achieve their personal outcomes. The RI told us *"The majority of our profits are re-invested into the business to allow us to continue to meet the support that is needed by our service users."*

Leadership and Management

People have access to information about the service. There is an accurate and up-to-date Statement of Purpose and a guide to the service so people know what services they can expect to receive. The relevant contact details are available to enable people to enquire about the service, make a compliment/complaint or to contact the relevant regulatory authorities. People tell us they know how to raise any concerns they may have about the service and are confident they will be listened to and concerns addressed appropriately.

Oversight of the quality and performance of the service is demonstrated providing assurance service delivery is safe. The RI, who is also currently the manager, plays an active part in the day to day running of the service. They complete a report every three months including a quality of care review which reflects how they consider the overall performance of the service. Reports show the RI observes engagement between people and staff and speaks with people receiving a service in order to measure outcomes and people's experience.

Staff are valued and have opportunities to develop. Staff told us they are happy in their role, feel supported, valued, and confident in their duties. Comments include, "*I really like the team I work with, I feel a valued member of the team and company,*" and "*Support for the staff is brilliant and there are continuous professional development opportunities.*" Systems to support staff and develop their skills are in place. All staff receive formal supervision on a regular basis. We identified some occasions when supervision is not always completed three monthly; however, the RI assured us this would be a focus of their attention. Annual staff appraisals are undertaken, and team meetings are held regularly. Training records show staff have completed core training and specialist training.

There are suitable selection and vetting arrangements in place to enable the service provider to decide upon the appointment of staff. We found new staff complete an induction programme. Contracts of employment are kept on file. We viewed staff files and found the necessary pre-employment checks have taken place. Employment histories are provided for applicants. DBS records reveal the relevant checks are completed and care staff are registered with SCW or in the process of registration. Identification and references further support the individual fitness of staff to work at the service. This area has shown improvement since our last inspection.

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
36	Reg 36 - Supporting & developing staff. The service provider failed to provide supervision and appraisal at the required frequency in supporting staff to carry out their roles and responsibilities. In addition core and specialist training was not being provided at the required frequency and amount.	Achieved
35	Reg 35 (2) (d) - Staff files did not contain robust work histories and the required references.	Achieved
6	Reg 6 - The service provider has not provided the service in line with it's Statement of Purpose.	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
21	Care and support is not always provided in a way which protects, promotes and maintains the safety of people. Ensure people are provided with the quality of care and support they need through a service designed in consultation with the individual such as reviews of personal plans.	Achieved

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