



# Inspection Report on

**Resolution Care Services Ltd**

**Ground Floor Offices  
1 Heol Mostyn Village Farm Industrial Estate  
Pyle  
Bridgend  
CF33 6BJ**

## **Date Inspection Completed**

18/04/2024

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## About Resolution Care Services Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	Resolution Care Services Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">1 December 2022</a>
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 receiving support from Resolution Care Services have plans detailing their individual support needs and personal outcomes. Personal plans are reviewed regularly, and involve people and others involved in their care. People and their representatives are very complimentary about the positive relationships they have with support staff and the management team. Staff feel well supported, confident and happy in their roles. Regular one to one supervision, monitoring, and training is provided for staff across the service. There are good systems in place for monitoring and reviewing the quality of the service. The responsible individual (RI) visits the service regularly and carries out their regulatory duties.

## Well-being

People have choice about the care and support they receive. Staff develop personal plans fully involving the individual and their representatives. People provide feedback face to face or through service satisfaction surveys, which contribute to the quality assurance of the service and show consistently very good/excellent feedback. One person said, *“The girls are very easy to deal with, they never complain, I enjoy afternoons out, they dont patronize me, all-in all an excellent service.”* A relative also stated *“Resolution care have been excellent from day 1, I am very pleased with the care and attention provided by all their staff.”*

There are excellent quality assurance measures in place such as comprehensive and meaningful audits of care and staff files. This ensures people receive a consistent and high quality service.

The service is responsive to changes in support needs and people’s personal outcomes, with regular care plan and separate personal goal progress reviews carried out at the service. Staff document people’s support needs and risks to their safety and well-being, in personalised risk assessments. An electronic care monitoring system is used, which allows support staff to log in and out of calls, view rotas, care plans, risk assessments, and information about people. This enables people to achieve personal outcomes such as participating in chosen social activities, maintaining positive relationships and widening networks, health and wellbeing. The service values are clear with a ‘co-production’ ethos promoted at the service. This includes people who use the service participating in training for staff such as a recent Braille session.

People’s language and communication needs are considered, which was evident during the recent Braille session. People described this as extremely positive for both them and the staff. The service is also working towards the Welsh language active offer, with information such as the statement of purpose and written guide, available in both English and the Welsh language on request. There is a Welsh Language policy, and the service currently has some Welsh speaking staff.

Staff help protect people from potential harm or abuse. They receive safeguarding training and demonstrate a sound knowledge of the procedure to report any concerns they have. Effective safeguarding and whistleblowing policies are in place, which are reviewed regularly.

People can have assistance with their medication if required. Medication policies and procedures are in place. Staff have training and ‘spot checks’ to ensure they can safely and appropriately carry out this task.

## Care and Support

People and their families have very positive relationships with staff and the management team at the service. Staff are familiar and know people well. People told us communication with the staff is good. The provider ensures people receive information about the service promptly. Effective tools are in place for communication between management and support staff such as the care monitoring application.

Feedback from people and their families is positive. People said, *“They’re like brother and sisters”* and *“They bend over backwards to support and accommodate me.”* A relative said of the care staff *“The girls are excellent, good relationship, I can hear them laughing, happy and enjoys them coming.”*

Care plans consider people’s personal outcomes, as well as the practical care and support they may require. These are personalised, detailed, and clear. Care plans are reviewed regularly across the service, and involve people, their families, and other professionals such as care managers and health colleagues. The service has good working relationships with local authority and health colleagues, that supports people’s health and wellbeing.

There are suitable measures in place for assisting people with their medication, if needed. A medication policy and procedures are in place that provide clear guidance to staff. They have medication training, and the management team check support workers’ competence in helping people with medication through observations and ‘spot checks’.

The service aims to protect people from potential harm and abuse. Staff receive safeguarding training and there are policies in place informing them how to report abuse. Staff told us they can easily approach management with any issues.

There are infection control measures in place. Staff receive training in this area and there is a clear policy and procedure. During our site visits, we saw there are plentiful supplies of Personal Protective Equipment (PPE) such as masks, gloves, aprons, and hand sanitiser. People receiving support told us that staff still use PPE when necessary, in their homes.

## Leadership and Management

Staff are knowledgeable in their roles and responsibilities and feel extremely well supported by the management team. They told us they have time to gain the knowledge and

experience they need before visiting people on their own. There is a thorough induction process in place, which includes training and shadowing other experienced workers. Staff told us they are happy, and feel confident, knowledgeable, and skilled in their roles. There is a mix of online and face to face training which is appropriate to the service being provided and is kept up to date. Staff told us they receive rotas in good time via a care monitoring application and are promptly advised of any changes.

Staff have regular supervision which includes one-to-one discussions with their line managers regarding their wellbeing and professional development. Observations and 'spot checks' are also carried out. Team meetings are held regularly, which staff told us they found really beneficial. There is also an excellent wellbeing/business support manager to support staff, the management team, and people using the service. The Management Team felt a recent 'Conscious communication' session has helped them to work with and better support and empower staff. The care staff also feel they benefit from this support and other sessions such as a recent relaxation session and getting a better 'work-life balance'.

The leadership and management team are innovative in devising exciting and worthwhile programmes to support staff wellbeing, such as access to the wellbeing support coach, a Health Assured application, and other incentives. This helps support staff retention and continuity of care and support for people. One worker said, "*I love it, so rewarding.*" And of the management team "*Very supportive, really flexible.*"

Robust recruitment and vetting processes are in place. All staff have up to date Disclosure and Barring Service (DBS) checks, and are registered or in the process of being registered with Social Care Wales (SCW). There is a stable cohort of staff at the service with a low turnover, but recruitment remains ongoing as the service continues to expand.

There are very good monitoring and auditing processes in place to maintain the quality of the service. Regular audits are carried out by the management team. The RI visits the service regularly, visits people at home, attends team meetings, and has oversight of day-to-day occurrences with staff and people receiving care. Quality of care reviews are completed, and development plans are constantly reviewed through weekly and monthly operational meetings. A recent move to alternative premises has gone ahead since the last inspection, with plans for groups with people and staff such as gaming and wellbeing sessions being trialled at the time of the inspection. Further plans include some structural work to create a sensory room and more accessibility to people using the service. A record of complaints/compliments and reportable incidents is kept. A complaints policy is in place, although there have been no complaints received at the service since our last inspection. People receiving support provide feedback on the service through daily interactions, reviews, and satisfaction survey questionnaires. They told us they can address any issues or queries with the staff or the management team.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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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N/A	No non-compliance of this type was identified at this inspection	N/A
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