



# Inspection Report on

**Calon Lan Support Limited**

**L3 Hornbeam Suite  
Mamhilad House  
Mamhilad Park Estate  
Pontypool  
NP4 0HZ**

## **Date Inspection Completed**

16/05/2024

**Welsh Government © Crown copyright 2024.**

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk)*  
*You must reproduce our material accurately and not use it in a misleading context.*

## About Calon Lan Support Limited

Type of care provided	Domiciliary Support Service
Registered Provider	Calon Lan Support Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	12 January 2023
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrate efforts to promote the use of the Welsh language and culture.

### Summary

Calon Lan is a domiciliary support service operating in Gwent that provides support to people in supported living accommodation.

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.

Staff are safely recruited and receive the relevant training and support which ensures they have appropriate skills and knowledge to carry out their roles effectively. Safeguarding processes are well managed. The Responsible Individual (RI) is also the manager of the service, and they are registered with Social Care Wales (SCW). SCW maintain the register of all social care workers in Wales. The RI maintains good oversight of the service and has systems in place to engage with people and staff. The service is well-run, supported by a clear management structure and governance arrangements.

## Well-being

People are supported to grow, be independent and achieve their personal well-being outcomes. People develop their own personal 'outcome plan.' Plans reflect the goals important to the individual and celebrate outcomes achieved. People are involved in their local community and arrangements are in place to empower and encourage people's contribution in society. Feedback from one relative on the service included, *"They are supported to learn new skills and contribute to their social life and can be with the people they choose. All the staff members go over and above to provide outstanding care, giving them an opportunity to live an independent life to their fullest potential."*

There are arrangements in place to support people to do things that matter to them. We observed people preparing their evening meal and we were told how they are supported to be involved in their interests and hobbies, such as gardening and attending social groups. They engage in 'tenant' meetings and discuss things of importance to them. During a recent meeting people requested to be involved in first aid training. We saw photographs of people enjoying this training event, developing their knowledge and skills. People's communication needs and preferences are considered. We were told no one currently requires a Welsh language service, although the Welsh culture is recognised, and the Welsh 'word of the week' is a feature of the service.

People feel safe. Assessments are completed for people identified as potentially lacking mental capacity. Risk management strategies are co-produced and support people to keep themselves safe and develop to their full potential. We saw how people are relaxed and comfortable in the presence of staff. Staff have completed safeguarding training. The safeguarding policy is very comprehensive but would benefit from some more concise information for staff to follow if the need arose. Staff support and empower people to manage their medication safely. The safety of individuals is supported by robust recruitment practices. The provider has completed Disclosure and Barring Service (DBS) checks on staff. The DBS helps employers maintain safety within the service.

The service provider has systems in place promoting people to voice their opinions, so they feel listened to. People are consulted and fully involved regarding the support they receive. We were told consistently people are central to the service provided. The service provider uses satisfaction surveys to gather opinions and suggestions on how to improve the service. The RI has robust systems in place to engage with people and their relatives on a regular basis.

## Care and Support

People value their relationships with staff and their individual circumstances are considered. Feedback from people and their relatives indicate the support provided is personalised and staff go above and beyond encouraging independence. Comments include, *“I feel confident that (X) will be supported to be as independent as they are able, they will have a voice but more importantly be heard,”* and *“(Y) has been living their best life. They have options and support to make decisions in life to live it to their full potential.”* We saw evidence of people accessing the community together for the first time, and how others are supported to manage their own finances. Records clearly indicate people are achieving outcomes of importance to them.

Personal plans reflect people are involved in the support planning process. Feedback from people and their relatives indicates the service provider fully involves them in the care and support arrangements. Personal outcome plans are developed by the person receiving support. Plans clearly describe how people want to be supported and are reviewed on a regular basis. We were told people are involved in the three-monthly review process although records do not clearly reflect this. People get good continuity of support from regular staff, which enables them to build good positive, trusting relationships.

Mechanisms are in place to support people’s health and well-being. The service makes timely referrals to relevant health and social care professionals when people require specialist intervention. One relative told us, *“They have been able to find support for (Z) by signposting to specialist teams something we have been unable to do.”* This support promotes people’s overall sense of worth and well-being. Risk assessments identify the level of support people require and people are actively involved in this process. One visiting professional told us, *“I feel the staff do an excellent job of supporting those they work with and are very good at varying their approach and style based on people’s individual needs.”*

Arrangements are in place to support people with their medication. Medication guidance is in place for staff alongside medication training. The service provider reviews staff medication practices and competency. Medication safety is overseen by an auditing process completed by senior staff. We completed a partial review of the service provider’s medication records and found some discrepancies in recording. CIW have been assured by the provider that auditing practices would be reviewed to ensure some administrative errors would be highlighted and addressed in a timely manner.

## Leadership and Management

Oversight of the quality and performance of the service is demonstrated providing assurance service delivery is safe. The RI, who is also 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. They also include examples of how the Welsh language and Welsh culture is taken into consideration in the service. CIW are notified of events as required.

The statement of purpose (SOP) is fundamental in reflecting the vision for the service. The SOP is up to date, clearly outlining the service provided. Information about the service including 'written guides' and 'service user agreements,' are more accessible to people using the service. This area has shown improvement since our last inspection.

Staff are valued and have opportunities to develop. Feedback from staff told us they are happy in their role, feel supported, valued, and confident in their duties. Comments include, *"We have a very supportive management team that helps you whenever it is needed,"* and *"The service overall performs outstandingly for both the support staff and service users."* 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 attention. Annual staff appraisals are undertaken, and team meetings are held regularly. Training records show staff have completed core training and some 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 have been completed and care staff are registered with SCW. 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
<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
------------	---------	--------

N/A	No non-compliance of this type was identified at this inspection	N/A
7	Ensure the service is provided in accordance with the statement of purpose	Achieved
31	Ensure where high levels of support, supervision and control measures are in place that the relevant assessments and lawful authority is considered in accordance with the Mental Capacity Act 2005 and Code of Practice for Deprivation of Liberty Safeguards	Achieved
20	Ensure every individual receiving support is given a signed copy of the service agreement, and individuals receive support as is necessary to enable them to understand the information in the service agreement	Achieved
35	Ensure all staff provide full and satisfactory information and documentation in respect of each of the matters specified in Part 1 of Schedule 1	Achieved
17	Ensure personal plans are reviewed three monthly and the outcome of the review is kept at the service	Achieved
60	Ensure notifications of event are submitted to CIW as and when required	Achieved



### **Was this report helpful?**

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

**Date Published** 02/07/2024

