



# Inspection Report on

**Cartref Ni Supported Living Service**

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## **Description of the service**

Cartref Ni is a registered charity and limited company registered with Care Inspectorate Wales (CIW) to provide domiciliary support services and their Statement of Purpose states they provide services for people with learning or physical disabilities, sensory loss or ill health who are aged over 18 years. Support is provided to people living in Conwy, Denbighshire and Flintshire, within the North Wales partnership area.

The company has nominated Neil Ryder to be the responsible individual (RI) and there is a manager in post who is registered with Social Care Wales (SCW).

## **Summary of our findings**

### **1. Overall assessment**

People receive a good service from Cartref Ni. People using the service look well cared for and happy and were able to have support in the way they wanted. Staff feel well supported and were well trained. The leadership and management are committed to driving continuous improvement and to upholding people's human rights, ensuring people were able to voice how they felt about the service or to raise any concerns.

### **2. Improvements**

This was the first registration inspection since the service was re-registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).

### **3. Requirements and recommendations**

Section Five of this report sets out the requirements and recommendations to improve the service. These include improvements to care planning, policies and procedures and the frequency of quality of care reviews.

## 1. Well-being

People are supported with their physical, mental health, emotional and social wellbeing. We saw people's individual plans detailed activities they liked to do, and weekly planners and diary notes evidenced that they were supported to do them. We saw records that evidenced people were supported to see a wide range of healthcare professionals, and personal plans included guidance from professionals so people could feel assured they were getting the right support with their health needs. For example, we saw records for one person that evidenced they were encouraged to undertake walks and to eat healthily to try and support them with weight loss. For other people the guidance from healthcare professionals was incorporated in to how to support them to eat and drink safely. Staff were aware of people's health needs and how to support them. One family member said '*A consistent team and they genuinely care devotedly for A...*' People are supported to be healthy and active.

People are protected from abuse and neglect. People were clear about how to raise concerns, felt confident they would be listened to and appropriate actions would be taken. There is an easy to read support guide for people, which provides clear information about how to make complaints. People know how to raise concerns and are safeguarded from abuse by a well trained staff group.

People have control over their day-to-day lives. Individuals and their relatives knew what to expect from the service, had been involved in assessments and contributed to their personal plans, particularly their service delivery plans. Care was taken to plan a person's care and get to know them by care teams prior to the commencement of support. We saw the service strived to build relationships with people's relatives so they could work as team to ensure people are supported in the way they want. People know and understand what care and support is available to them, they are listened to and contribute to decisions affecting their lives.

## 2. Care and Development

People have detailed personal plans to help staff support them in the way they want. There was a comprehensive range of highly person centred documents to help staff know a person's needs and to support them in a consistent manner. These included a one-page profile, and an easy to read service delivery plan, which identified people's aims and desired outcomes and described their perfect day and not so perfect day. These were supported by protocols, which gave detailed instructions on how to support individuals with each aspect of their care and support needs and an outcome reminder calendar. These included a wide range of needs, from how to support with different aspects of personal care, communication, support to maintain their home and how to access different activities, both in the community and within their homes. Staff told us that they had time to read the information provided and it really helped to provide the individualised support that each person needed. We noted that for some people more protocols were needed to ensure care was consistently provided in all areas, and were reassured by the manager that this would be addressed. We also noted that there was nowhere for people or their representatives to sign to show they had been involved in the development or review of personal plans, and the management team agreed to consider how this can best be achieved. We reminded the service that reviews of personal plans are required every three months, as we had observed a variation of practice between different teams. People can be confident that staff have access to accurate and up to date plans for how their care is to be provided to meet their individual needs.

People are provided with support which meets their wishes. There was evidence that people were supported to meet all their personal outcomes, for example in relation to personal care, physical health and recreational needs. In the three people's care documents we considered, there was a wide range of personalised activities people were supported with, taking into consideration people's different preferences and stages in life. We saw that when needed, people were supported to access the correct medical support, including hospital appointments and speech and language therapies. There was also good liaison with community nurses and psychiatrists when appropriate. We noted the service assessed the risks that people could be affected by and documented ways of reducing these. We saw that some people may be at risk of falling, and recommended the use of a falls risk assessment, used for one individual, be considered across the service for all people at risk of falls. The care we observed being provided was consistent with people's plans, and delivered with warmth by staff. We were told by a healthcare professional they had recently had a concern raised about the care in one service, but they felt that would be dealt with satisfactorily by the managers. There was evidence that people were encouraged and supported to be as independent as possible, and that people were supported to develop and maintain life skills. In one person's care file, there was a booklet describing how best to understand how they communicated, and we recommended to the provider that they share this good practice within their organisation. Whilst there is not a full active offer of Welsh at the moment, the service are developing this aspect of their service. Currently, there is one person who would benefit from a full service in Welsh, and the staff who support that person were undertaking Welsh courses to support this need. People are provided with the quality of care and support they need in line with their personal wishes.

People are protected from abuse. There was a policy in place advising all staff how to deal with safeguarding issues. Staff told us they were aware of this, received safeguarding training on it within their induction and knew what to do if they had any concerns. Records evidenced that safeguarding training was provided and followed up with refresher training every three years. Staff also said the management team were approachable and listened and they would feel comfortable raising any concerns. Where there had been safeguarding issues, we saw that the agency had taken appropriate actions to safeguard individuals, and were making changes to policies to reduce risks for all. We saw where concerns had been raised directly by people using the service or their representatives, action was taken and people were communicated with well, by face to face meetings or by letter or email. We spoke to a social care professional who told us they had confidence that any issues raised with the management team would be addressed. The provider has systems in place to safeguard vulnerable people from abuse and to support them to raise concerns.

### **3. Leadership and Management**

People are supported by appropriate numbers of staff who have a range of skills and qualifications to meet individual's needs. The Statement of Purpose included information on the numbers of staff employed, their roles and qualifications. We saw evidence that staff were safely recruited, including Disclosure and Barring Scheme (DBS) checks, and receipt of two references, prior to commencement of employment. From rotas and discussions with staff we found that individuals benefitted from being supported by a consistent staff team. Staff received a thorough induction based on the Social Care Wales induction framework as well as shadowing more experienced staff. We saw training records that evidenced staff received regular training and refresher courses on a range of topics, including medication, nutrition, autism, dementia, food safety, health and safety and active support and were supported to carry out nationally recognised care qualifications. The organisation placed great emphasis on staff training to ensure the best outcome for people. They have recently recruited a Learning and Development manager, who had designed a Learning and Development Prospectus for staff to see what training opportunities are available to them. They had also sourced new training providers so they can provide training course that have been previously difficult to source, for example, personal safety and breakaway, des-escalation and zero restraint. Staff we spoke with told us they felt well trained and well supported by management and would recommend working for Cartref Ni. The manager told us they were already supporting staff to register with Social Care Wales, a requirement that will come into effect from April 2020. We saw supervision records that demonstrated that staff receive regular and meaningful supervision, and clearly dealt with issues that would help improve support for people. We saw that staff had annual appraisals to identify what was working well and any training needs. Currently the service holds an Investors in People silver award, this sets a framework to improve leading staff practices and employee conditions required to create outperforming teams. The management team are hoping in the next assessment to maintain or improve to gold standard. This demonstrated their commitment to supporting their staff to develop and provide the best care possible. People are supported by staff who are suitably fit and have the knowledge, skills and qualifications to carry out their roles.

People receive care from a service that ensures there are systems in place to support the smooth running of operation. There was a strong management structure in place to oversee the day-to-day operation of the service; this now includes a recently appointed Learning and Development Manager and a Quality Assurance and Compliance Manager. There was a comprehensive range of policies which gave staff guidance on all aspects of the service, but we have recommended to the RI these be revised to show all current practices. We viewed a Quality Assurance report, dated 2018. This contained the views of people using the service, their families and staff and where issues had been identified as requiring improvement. It also included an action plan and recorded developments and things still for development. We reminded the RI that a quality of care review is required at least every six months under the new regulations, and they should consider the CIW guidance on what should be included in the report. We saw evidence that the manager had undertaken comprehensive audits, visiting different peoples' homes to check on the quality of care. We were told this will be further developed with the Quality Assurance and Compliance Manager. The RI had evidenced that he had contact with staff as required, but the frequency of visits with people who use the service should be increased to ensure compliance with the regulations of every three months. We saw a sample of Operational

reports produced for the board of trustees, and they contained good summaries of activities within the service. We saw minutes of staff/team meetings for group houses and were told of the annual staff conference that all staff had an opportunity to attend, which contained topics to increase staff knowledge and share good practice. People can feel confident that Cartref Ni is a provider that is working to drive improvement in their service and have robust management processes in place.



#### **4. Environment**

This theme is not applicable to domiciliary support services. However, we noted records were kept secure, and staff could access management support in a suitable environment. The service provided care and support documentation for people which was stored in their own homes, this was also held in the office so could be accessed by office staff. The location, design and size of the office is suitable for the service and in a central location to the area's they support.

The organisation have relocated to larger premises, so they now have facilities in house to hold training courses and hold social activities for the people they support.

## **5. Improvements required and recommended following this inspection**

### **5.1 Areas of non compliance from previous inspections**

None

### **5.2 Recommendations for improvement**

- Ensure personal plans provide detailed information about all of people's care needs and are reviewed at least every three months.
- Develop ways to evidence people and their representatives have been involved in the care planning process.
- Consider using a falls assessment tool throughout the whole service when needs for individuals indicate it is required.
- Review policies to ensure they detail all the agencies practices and processes.
- Ensure quality of care reviews for the service are carried out every six months as required, and consider the guidance document produced by CIW.

## 6. How we undertook this inspection

This was the first inspection of the service following re-registration under The Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016. A full inspection was undertaken as part of our inspection programme. We made an announced visit to the service's office on the 15 July 2019 between 2 p.m. to 5.15 p.m. We also visited the office on 23 July 2019 between 10:00 a.m. and 2:30 p.m. The following methods were used:

- We visited the homes of three people receiving a service, observed care being provided and considered the documentation kept at their homes.
- We spoke with one relative of people who receive a service and a professional who works with the provider.
- We spoke with three support staff, a house manager and two house deputy managers.
- We held discussions with the responsible individual and manager, including providing feedback on the findings of the inspection.
- We looked at a wide range of records. We focused on three personal plans and daily notes, recruitment records for four staff, training and supervisions records. We reviewed a number of policies and procedures. We considered the Statement of Purpose (SoP) and compared it with the service we inspected. This sets out the vision for the service and demonstrates how, particularly through the levels and training of staff, etc., the service will promote the best possible outcomes for the people they care for.

CIW is committed to promoting and upholding the rights of people who use care and support services. In undertaking this inspection, we actively sought to uphold people's legal human rights.

<https://careinspectorate.wales/sites/default/files/2018-04/180409humanrightsen.pdf>

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[www.careinspectorate.wales](http://www.careinspectorate.wales)

## About the service

<b>Type of care provided</b>	<b>Domiciliary Support Service</b>
<b>Service Provider</b>	<b>Cartref Ni Ltd</b>
<b>Manager</b>	<b>There is an appointed manager in post who is registered with Social Care Wales</b>
<b>Date of previous Care Inspectorate Wales inspection</b>	<b>This was the first inspection under RISCA</b>
<b>Dates of this Inspection visit(s)</b>	<b>15 July 2019 and 23 July 2019</b>
<b>Operating Language of the service</b>	<b>English</b>
<b>Does this service provide the Welsh Language active offer?</b>	<b>The service is working towards this.</b>
<b>Additional Information:</b>	

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