



Inspection Report on

Natures Hand Care and Support Blaenau Gwent Service

**7 Alma Street
Brynmawr
Ebbw Vale
NP23 4DZ**

Date Inspection Completed

29/03/2023

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About Natures Hand Care and Support Blaenau Gwent Service

Type of care provided	Domiciliary Support Service
Registered Provider	Natures Hand Care and Support Limited
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	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

Natures Hand provide care and support to people living in supported living services in Gwent. The services are a combination of individual apartments and shared homes, all people being supported have their own tenancy agreements with the landlord. People are supported to choose where they live, who they live with, and who supports them.

The service has a Responsible Individual (RI) who is registered with CIW and is also the manager of the service, registered with Social Care Wales. The RI has good oversight of the running of the service and knows the people being supported and the staff team well. Some improvements are required with the RI evidencing their routine visits.

People and their representatives are very complimentary about the service and value the positive relationships they have with the care staff who support them.

Care staff enjoy working at the service and feel well supported in their roles. Some improvements are required in the record keeping of the recruitment process. Care staff receive training and supervision, but improvements are also required in this area.

Well-being

People being supported by Natures Hand all have independent tenancy agreements with their landlords. People know they are able to choose to be supported by another provider whilst staying in their home. Some people live alone in their own apartments and others live in shared homes. In the shared homes, potential new housemates meet the existing tenants to assess their compatibility before consideration is given to them moving in. Some people enjoy accessing the office, where on the ground floor there is an area where people can meet together for group or individual activities, or just to drop in for a chat. People told us the care staff treat them with kindness and encouragement. People are encouraged to engage in activities they enjoy and try new things. People are supported to engage and make a contribution to their communities. People told us they enjoy attending Zumba classes, walking groups, swimming, going to the cinema, and breakfast clubs. People are supported and encouraged to maintain meaningful relationships with their families, friends, and loved ones. Care staff support people to visit others where this is required. A visiting social care professional told us the service have a 'can do' attitude, they have gone 'above and beyond' to support people and overcome challenges.

Care workers complete training in relation to the safeguarding of adults at risk and understand their role in protecting people. The service has a safeguarding policy, which reflects the current guidance and is kept under regular review. The policy contains contact details for the local safeguarding team in Caerphilly, where most services are provided, but does not include the contact details for Torfaen. The RI assured us they would address this.

Care and Support

People receive personalised care and support as and when required. We observed care workers to be attentive, encouraging, and supportive to people. People are communicated to in the best way for them individually and staff receive specialist training in this regard. The care needs and preferences of each person are documented, and care staff access this information to inform their daily routines. Plans contain relevant information but lack detail on people's wellbeing outcomes and detail of their social histories. Plans do not clearly refer to other specialist plans when these are in place, such as positive behaviour support (PBS) plans. The RI assured us these matters would be addressed.

Plans are written in collaboration with the person or their representative and are regularly reviewed to ensure they are up to date and reflect people's current needs and aspirations. However, the identified areas of change during the review are not always carried over to the plan. Care notes are recorded to evidence people being supported as described in their personal plans.

Referrals are made to health and social care professionals as and when required. People are registered with a local general practitioner (GP). All appointment records and outcomes for review are kept within the daily notes. People are encouraged to maintain a healthy weight.

Systems are in place for the safe management of medication within the service. Care staff support people with their medication, when required, which helps to maintain their health. Records are completed accurately. Infection prevention and control procedures are good. Care workers wear appropriate personal protective equipment (PPE) in line with current guidance.

Leadership and Management

The RI knows the people who are supported and the care staff team well, they have a good oversight of the management of the service. The RI completes Quality of Care reports every six months which are thorough and detailed, the reports clearly evidence what the service is doing well and what they are working to improve. These reports do not contain analysis of important areas such as safeguarding referrals and complaints, which the RI assured us they will add to future reports. There is insufficient evidence of the RI carrying out regular feedback with care staff and people being supported as required by the regulations. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Overall, care staff told us they felt well supported in their roles, however they have some difficulties in obtaining advice and guidance when using the 'on call' system. Processes are in place for the safe recruitment of care staff, but we found gaps in records, including employment histories, and references from previous employers. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Care workers receive supervision with their line manager. This one-to-one support provides opportunity for staff members to discuss any concerns or training needs they may have and allow their line manager to provide feedback on their work performance. The frequency of these supervisions needs to be increased to meet the regulatory requirements of being at least every three months. The service has had some difficulty in arranging face to face training, not all staff have received core training before they start work. The RI assured us they have sourced an alternative training provider and expect this to improve. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

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

73	Reg 73 logs do not evidence the RI has spoken to people using the service and care staff working at the service on a regular basis	New
35	Three of the four staff files we checked do not have full employment histories Two of the four staff files we checked do not have two written references. X has two but neither from previous employer. Y only has one written reference	New
36	Viewed for 2022 and year to date for 2023, see attached images 57 % of staff recorded on matrix have gaps in supervisions of 3 months or more Quality of supervisions viewed is variable, some with good detail and evidence of two way conversations. One was mainly from the supervisee's perspective with little input from the supervisor on their value or performance	New
21	The service provider must ensure that care and support is provided in a way which protects, promotes and maintains the safety and well-being of individuals.	Achieved
6	The service provider must ensure that the service is provided with sufficient care, competence and skill, having regard to the statement of purpose.	Achieved

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