



Inspection Report on

Vale Senior Care Ltd.

**Upper Office
5 Corporation Buildings
Back Row
Denbigh
LL16 3TE**

Date Inspection Completed

25 January 2022

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About Vale Senior Care Ltd.

Type of care provided	Domiciliary Support Service
Registered Provider	Vale Senior Care Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	6 May 2021
Does this service provide the Welsh Language active offer?	This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people who use, or intend to use their service.

Summary

This was an announced focused inspection to test if compliance had been achieved following the last inspection conducted in May 2021. The required improvements have been made by the service provider to achieve compliance.

People and their relatives told us they are very happy with the support provided. They are involved in developing personal plans so care staff can provide consistent care and support. Care staff are familiar with people's preferences and how they wish to be supported. The service is well managed and the service provider is proactive about making improvements.

Well-being

People's well-being is supported. Care and support is planned in conjunction with the individual and their family, where appropriate. This ensures people receive their support the way they would like it. Personal plans are up-dated as their needs change and their personal preferences are identified. We received positive feedback from individuals and their families. Comments included *"they are caring, approachable, understanding of X's care needs"*, *"the adjustment to X's needs was excellent"*, *"they are compassionate and thoughtful in helping me with my everyday needs"* and *"It has been a very challenging time dealing with the impact of Covid but Vale Senior have continued to give the highest standard of care and attention to detail"*.

People are safe and protected from abuse and neglect. Systems and processes are in place to protect people who use the service. The service provider responds in a positive way to any concerns or incidents which occur, to ensure any future risk is reduced.

Care and Support

As this was a focused inspection, we have not considered this theme in full.

The management of care documentation at the service has improved since the last inspection. Arrangements are now in place to ensure care staff have access to people's most recent personal plan in order to meet their care and support needs. Personal plans guide staff on how to support people and how to manage any associated risks. People and their representatives are involved in the planning and reviewing of their care. Care calls are planned in accordance with people's needs. The service provider must continue to review care documentation as and when required but at least every three months.

The required improvements to personal plans and risk assessments has been made by the service provider to achieve compliance.

Leadership and Management

As this was a focused inspection, we have not considered this theme in full.

People are cared for by care staff who are supported and supervised. The management of supervisions and annual appraisals at the service has improved since the last inspection. All care staff now consistently receive supervision in their role to help them reflect on their practice and to make sure their professional competence is maintained. All care staff have now receive an annual appraisal which provides feedback on their performance and identifies areas for training and development in order to support them in their role. Where any issues arise, the RI/manager addresses problems in a professional manner. The RI/manager has a visible presence within the service and was described by care staff as “*very approachable*”, “*dedicated*” and “*supportive*”.

The required improvements to staff supervisions and annual appraisals has been made by the service provider to achieve compliance.

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
15	The service provider must ensure all individuals have accurate and up to date personal plans and risk assessments.	Achieved
36	The service provider must ensure all staff meet for one to one supervision with their line manager or a more senior member of staff, no less than quarterly. All staff must have an annual appraisal.	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
36	The service provider must ensure all staff are up-to-date with their training and must provide specialist training as is appropriate to the work they perform.	Reviewed
20	The service provider must ensure that every service agreement includes information in relation to top up and late payment fees, details of the care and support to be provided and any other services.	Reviewed
58	The service provider must ensure the recording and auditing of medicines is in line with current national guidelines.	Reviewed
36(2)(c)	The service provider is not fully compliant with regulation 36, supporting and developing staff.	Achieved
15(1)	The service provider is not fully compliant with regulation 15 (personal plans)	Achieved

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