



Inspection Report on

Castell Care and Support - North

**Wales & West Housing
Ty Draig
Clos Dewi Sant
Deeside
CH5 3DT**

Date Inspection Completed

26 April 2022

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About Castell Care and Support - North

| | |
|--|--|
| Type of care provided | Domiciliary Support Service |
| Registered Provider | Castell Ventures LTD |
| Registered places | 0 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | |
| Does this service provide the Welsh Language active offer? | Working Towards. The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture. |

Summary

People receive person centred care and support from a stable, dedicated and enthusiastic staff team who have built positive relationships with people using the service and their families. Personal plans include important details about what really matters to people, their routines, preferences and how they want to be supported. People are encouraged to make their own choices about many aspects of daily living including leisure and employment opportunities, being part of their community, trying new things and how their home looks. Managers and support staff feel valued and gave positive feedback about the service, support and training provided. There is good oversight of the service with systems and processes in place to identify what is working well and any areas which need improvement.

Well-being

People have choice and control over their day to day lives, they are listened to and their preferences are respected. People get help to make changes in their lives with support staff offering advice and guidance, outcomes are set and reviewed and plans are made for their future. Support staff understand what is important to people, they listen to them and promote informed choice making. Plans are person centred and include peoples likes, dislikes and preferences. Comments from people using the service include *“the individuals they support are at the heart of all they do”*.

Peoples physical, mental and emotional wellbeing needs are being met. Plans include information about health needs, medication and input from health and social care professionals is sought as needed. Relatives are happy with how people are supported to stay healthy. Comments included *“very happy about being looked after health wise”* and they are good with diets, trying to get them to *“try lots of things”*. Support staff speak fondly about individuals and have built up positive relationships with people using the service and their families. Comments from people include *“staff treatment is excellent”*. Relatives said people *“seem very happy with everything”* and are *“happy with the staff”*.

People are protected from abuse and neglect. Events and safeguarding's are recorded and support workers confirmed how the reporting process works. People using the service and support staff are also provided with support following any incident. The service is proactive in its response to incidents and positive behaviour support plans are in place for support staff to follow. Risk assessments are also completed and people are informed of any risks that may affect their health and general wellbeing.

People live in a home of their own which supports their wellbeing. People are involved in making choices about what happens in their home and how it looks. Items are purchased to further enhance their environment so they are reflective of the people who live there and their interests and preferences.

Care and Support

People have an accurate and up-to-date plan for how their care is to be provided. Person centred plans contain very detailed information for support staff to follow. This includes people's life journeys, significant dates/ events, their likes and dislikes, health, communication needs and their outcomes. Reviews are carried out with a record of who is involved in this process. Relatives confirmed they are involved in reviews and are kept informed of any changes to the support people receive. Support staff are clear about their roles and responsibilities and what support they are to offer each day.

People receive good quality care and support and their voices are heard. Support staff provide people with continuity and consistency and understand them well. People make their own choices about how they want to spend their time. Photographs and daily records show people are doing the things that matter to them in line with their plans and are working towards their outcomes. We saw items purchased and steps being taken to support people to further pursue any interests they have including leisure activities. People are supported to gain employment, manage their finances, make and maintain friendships and relationships, keep healthy and safe and to be part of their community. House meetings are held to find out what else people want to do.

People are safe from harm. Relatives and support staff told us they can raise any concerns they have which are acted upon in a positive way. There is a safeguarding policy in place which is due to be reviewed and support staff receive training in areas such as safeguarding, mental capacity and deprivation of liberty safeguards. Risk assessments and positive behaviour support plans are in place for support staff to follow. We identified a risk assessment was needed to ensure support staff knew what action to take around a specific issue and we are told this is being addressed. Notifications are made and we discussed with management these should be done without delay. There are systems in place for infection control. Support staff told us personal protective equipment is available to them and we saw this being worn. Notifications are submitted to CIW as required regarding Covid 19.

Leadership and Management

People are supported by committed and motivated support staff who receive training to carry out their roles and responsibilities effectively. Staff recruitment checks are carried out including references, identification and disclosure and barring service checks. Reasons for leaving previous employment are not always recorded and this was discussed with the responsible individual and senior managers and we are assured this will be addressed. A support staff member told us about how thorough their induction had been. All support staff we spoke with are positive about the training they receive. Comments include: *“training incredible”*, *“so much training and excellent opportunities for you to learn and develop”* and *“training is good for staff to ensure they are top of their game for the people we support”*. Staff meetings are held for support teams to raise any issues, share information and have discussions. One to one supervision sessions are also carried out with each member of support staff. Support staff told us they work well as a team, comments include *“amazing team work everyone has your back”*, *“staff just amazing”* and *“we are a team”*. Managers and support staff told us they feel well supported, valued and always have someone they can go to for help or advice.

There are governance arrangements in place to ensure good quality care is provided. The service is being delivered in line with the statement of purpose. We looked at a sample of policies and procedures which are detailed and reflect the service, some of which are due to be reviewed. Support staff and managers know who the responsible individual is and they are considered to be approachable, understanding and responsive. Quality and compliance reports are completed to identify what is working well and what needs to be improved. The responsible individual carries out three monthly visits, this includes speaking with people, support staff and looking at records but there are no separate reports for this. Quality of care review reports are completed, and we are informed this incorporates the three monthly visits. We spoke with the responsible individual who said they will consider how best to capture all the required information in line with the relevant regulations.

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 |
|------------|--|--------|
| N/A | No non-compliance of this type was identified at this inspection | N/A |

Date Published 21/06/2022