



Inspection Report on

**Mirus Supported Living and Community Support Services - Cardiff and the Vale
Region**

**Mirus Wales
Unit 5 Cleeve House
Lambourne Crescent
Cardiff
CF14 5GP**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

02/02/2024

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About Mirus Supported Living and Community Support Services - Cardiff and the Vale Region

Type of care provided	Domiciliary Support Service
Registered Provider	Mirus Wales
Registered places	0
Language of the service	Both
Previous Care Inspectorate Wales inspection	13/07/2023
Does this service promote Welsh language and culture?	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

The service has made significant improvements since our previous inspection. A new Responsible Individual (RI) has been committed to implementing systems to enhance the service and address areas for improvement identified at the last inspection. The RI has maintained excellent communication with the regulator, Care Inspectorate Wales (CIW), and been open and honest about important events at the service. Several areas have been improved. A new management structure is being implemented to enable better oversight of individual supported living services. We found the service have a new electronic system which will support with recording and personal plans have been restructured. Managers and staff told us they are excited about the changes and feel well supported. People told us they are happy at the service. A huge amount of dedication is going into identifying areas of improvement and implementing effective systems to improve the overall quality of the service and enhance people's experience.

Well-being

People and relatives told us they are involved in their care and reviews. The service is in the process of implementing new systems which will ensure people's involvement is regularly recorded and evidenced. Care staff approach people with dignity and respect and we observed meaningful relationships between people. People and their relatives are regularly asked for feedback on the service. Personal plans are individualised and identify people's goals and outcomes.

People are supported to do the things they enjoy. This is recorded on weekly planners. People attend dance class, music lessons, and some volunteer in the local community. The service considers ways to enhance people's lives, such as promoting the use of technology to enable communication. People's health is monitored, and health professionals' details are available if required. Medication is administered in the right way and managers have oversight of this.

People and relatives told us they can speak with care staff and that communication is good. Some care staff speak Welsh and some information can be provided in Welsh if requested. The service have been open in sharing concerns with CIW and we have been kept up to date on important matters. Care staff are consistent and know people very well. People are safe. Care staff know how to raise concerns, and all receive appropriate checks to ensure they are safe to work with vulnerable people.

Care and Support

Improved personal plans are individualised and provide a good level of detail. Plans are consistent, allowing them to be easily understood by people and staff. They include important information such as people's needs and their personal outcomes. The service is continually developing personal plans to improve them further. Risk assessments are identified and there is ongoing work to improve this. A new section is being included to ensure people can record their involvement. Daily records are specific to the person and include the person's mood, sleep, weight and nutrition. We saw communication books in place which allow care staff to pass on important information.

Health plans include important information regarding medication and medical diagnosis. Information needs to be better synced with personal plans so that care staff can access important information easily. The service is considering how this can be done best. Important health appointments are planned and contact details for professionals are available. Medication records are appropriately completed. We saw care staff and managers have oversight of medications. Managers complete spot checks and competencies to ensure that medication skills are maintained following mandatory training. The new electronic system will aid in the recording and monitoring this.

Personal plans have been recently reviewed. Relatives told us they are kept up to date on any changes, communication is good, and they are regularly asked for feedback. Surveys are sent out to people and relatives throughout the year. Feedback is listened and responded to. The service completes a 'you said, we did' document which shows what actions have been taken to improve the service.

Weekly activity planners identify the things people enjoy doing. People are involved in their local community and do the things that are important to them. Some people are involved in charity work, advocacy for others, kayaking, dance, music, art and trampolining. People enjoy going out independently, with friends or care staff. Some people enjoy going on holiday with family. Some people have been involved in staff recruitment and the interview process. We found the service promotes the use of technology to enhance people's communication and enable them to be more independent.

Leadership and Management

The new RI and management team have shown a commitment to implementing improvements required since the previous inspection. The RI has maintained excellent communication with CIW. A new management structure enhances managerial oversight of individual supported living services. Care staff describe managers as “*approachable*”, “*supportive*”, “*driven*” and “*really listens.*”

A new auditing process is being implemented to improve the monitoring of the service. This will ensure managers have better oversight of personal plans, important events, and the overall quality of the service being delivered. A new electronic system will aid in record keeping and enable managers to have oversight of matters such as training, accidents, and incidents. This new system will help managers identify patterns and trends within the service. Managers told us they are excited to be a part of the service during these changes and described it as “*fresh*” and “*modern.*”

Managers have received specific training to ensure they are up to date with changes being made at the service. Specialist trainers are employed by the service to deliver essential, practical training to managers and care staff. One staff member told us training had greatly improved, describing it as ‘*Informative and engaging.*’ Care staff training and supervision compliance statistics have improved. Care staff praised their managers for the level of support they receive. A new induction process has been adopted to ensure care staff are thoroughly prepared to start their roles. The Human Resources Department (HR) manage recruitment and ensure all care staff have a Disclosure and Barring Service check to confirm they are fit to work with vulnerable adults.

The service benefits from having a familiar and consistent staff team. Staff are knowledgeable and competent in their roles. Care staff approach people with kindness, dignity and respect and know them well. Some staff speak Welsh and documents can be provided in Welsh on request.

The RI completes visits to the service to gain feedback from people and care staff. A Quality of Care review highlights what the service does well and where it needs to improve. This document requires some strengthening to ensure all information is sufficiently analysed to identify improvement actions. The RI told us this document is being reviewed to better capture peoples experience, and the overall quality of the service.

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
8	The service has insufficient and/or ineffective systems in place to enable them to monitor, review and improve the quality of the service. The service needs to ensure important information is reviewed, monitored and analysed so that the information gathered can be utilised to make improvements to the service.	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
N/A	No non-compliance of this type was identified at this inspection	N/A
59	The service provider has failed to maintain important records to ensure these are current and reflective of the persons needs and risk	Achieved
16	Personal plans must be reviewed at least three monthly in consultation with the individual and/or a representative and/or placing authority.	Achieved

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