



Inspection Report on

Innovate Trust Community Living

**Innovate Trust
433 Cowbridge Road East
Cardiff
CF5 1JH**

Date Inspection Completed

04/05/2023

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About Innovate Trust Community Living

Type of care provided	Domiciliary Support Service
Registered Provider	Innovate Trust Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	21 January 2022
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

Innovate Trust is a domiciliary care service which provides personal care and support to adults with sensory loss/impairment, communication disabilities, complex or health needs, learning and/or physical disabilities, older people, and mental health problems related to learning disabilities. Care is provided in supported living accommodation for which people hold their own tenancy agreements, in the Rhondda Cynon Taf (RCT) area. The service provider has nominated a Responsible Individual (RI), who has oversight of the running of the service, and two locality service managers who are suitably qualified and registered with Social Care Wales as required.

The service ensures people receiving support have personal plans that detail their individual care needs and outcomes, and are reviewed regularly. People and their representatives are complimentary about the positive relationships they have with care staff. Staff are suitably trained, and feel well supported, confident and happy in their roles. Staff told us they receive supervision and appraisal. Records show this is now being provided at least 3 monthly as per Regulation. The RI visits the service regularly and carries out her regulatory duties. Some Policies have been reviewed and updated since our last inspection, and there is an ongoing programme to review and update others in place at the service. As this is a domiciliary support service, we do not consider the environment theme, however premises visited as part of our inspection were noted to be secure and 'fit for purpose'.

Well-being

People have choice about the care and support they receive. Staff develop plans with the individual and their representative using good assessment tools, and review their outcomes and progress regularly. Activities are varied and people are encouraged to meet their goals and ambitions, and live healthy and active lives. They have information about the service and other support available, such as advocacy, in simple and easy to read formats. The manager and team leaders complete a number of audits of care practices to make sure people are receiving a consistent and good quality service. People's language and communication needs are considered. The service is working towards the Welsh language offer.

Staff document people's needs and risks to their safety and well-being, in personalised risk assessments. The service is responsive to changes in care needs and these are evident in people's care plans. Behavioural management plans contain guidance for staff to identify and reduce potentially challenging behaviours. Incidents are recorded and patterns identified. Staff training and guidance is in place to help staff to manage and reduce risk to people's health and wellbeing.

Staff help protect people from potential harm or abuse. They receive safeguarding training and know the procedure to report any concerns they have. There are policies in place at the service such as Safeguarding and Whistleblowing. Some of these are in the process of being reviewed and updated.

People can have assistance with their medication if required. There are medication policies and procedures in place at the service. Medication Administration Record (MAR) charts are usually complete and regularly audited by team leaders and house manager. Staff have training and monitoring to ensure they can carry this task out safely and appropriately.

Care and Support

People and their families have positive relationships with staff. Relatives told us communication is good with staff, team leaders and house managers. We saw a service user guide that people are given, and a statement of purpose, which is consistent with the service provided. Management ensures they inform staff of everything they need to know to provide good daily care, and provide channels to feed any concerns or queries back to the office. Feedback from people and their families is positive. One relative said *'The care and concern is first class...everyone cares about him...thinks about his needs'*

Care plans consider people's personal outcomes, as well as the practical care and support they require. We saw evidence these are reviewed regularly with people, their families, and other professionals, such as GP, occupational therapists, and district nurses. Recreational and vocational activities are varied, and people are encouraged to meet their own ambitions, interests and outcomes. People living at the service can use an application to participate in daily activities individually or as a group such as crafts, fitness classes, music and film. Family can also access the application.

There are measures in place for assisting people with their medication, if needed. A medication policy and procedure is in place to provide guidance to staff. Staff have medication training, and supervisors check care workers' competence. We viewed samples of MAR charts, which were mostly complete and accurate. We saw evidence of checks being done by team leaders and house managers.

The service aims to protect people from potential harm and abuse. Staff receive safeguarding training and there are policies in place informing them how to report abuse. This is being prioritised for review and update. Staff told us they could approach management with these issues.

There are infection control measures in place to reduce the risk of transmission of infectious diseases including Covid19. Staff told us they have received training in the correct use of Personal Protective Equipment (PPE), and there is information around Infection, Prevention and Control in the Health and Safety Policy. There is no separate policy for this currently at the service, but we are told this is in the process of being developed. During our inspection visits we saw that there were supplies of masks and hand sanitiser, and observed gloves and aprons being used.

Environment

As this is a domiciliary support service, we do not consider the environment theme, however the premises visited during our inspection appeared secure and 'fit for purpose'. It was noted there was space for training and confidential discussions.

Leadership and Management

Staff are knowledgeable in their roles and responsibilities, feel supported by the management team, and benefit from the training and development programme that is in place. Staff told us they have time to gain the knowledge and experience they need to carry out their roles confidently and safely. There is an induction process in place, which includes mandatory training and more specialist training depending on the needs of the people requiring support. Staff told us they have supervision. They have one-to-one discussions with their line managers regarding various topics including their wellbeing and professional development. Records show the frequency of these have improved since our last inspection.

Staff receive ongoing training, which is a mix of online e-learning and some classroom based training. Staff told us they feel happy and confident in their roles. One staff member said of the management 'Absolutely marvellous...brilliant...gell really well'. Another said '*Really good team here... everybody gets on with everybody*'.

Recruitment and vetting processes are in place and are robust. All staff have up to date Disclosure and Barring Service (DBS) checks, and are registered or in the process of registering with Social Care Wales. The manager told us staff turnover has been low, but there has been some high agency use at times. Recruitment is ongoing at the service using online platforms, attending job fayres, job centres, and incentives for existing and new staff. This has resulted in a number of new staff coming into the service including some of the consistently used agency staff.

There are monitoring and auditing processes in place to maintain the quality of the service. The RI visits the service regularly and has good oversight of day-to-day occurrences with staff and people receiving support. Quality of care reports and quality assurance reviews are completed. The provider is open to improvements. We viewed a log of complaints from the service. A complaints policy is also in place and appears to be followed. People are encouraged to provide feedback on the service. Family told us they feel able to approach staff and managers with any issues. Staff are supported to raise concerns about the service through whistleblowing procedures. A policy is in place and staff are able to access this. There are accessible safeguarding policies and procedures, and the service keeps records of any actions and outcomes. Some Policies have been reviewed and updated since our last inspection. Others are waiting to be ratified or still being developed. Care Inspectorate Wales (CIW) receives regular notifications from 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

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
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N/A	No non-compliance of this type was identified at this inspection	N/A
12	The service provider does not have all relevant and appropriate Policies in place at the service, and some of those in place require reviewing and updating. Ensure care staff have access to relevant, appropriate and up to date Policies.	Achieved
36	The provider is not providing staff supervision at least 3 monthly or annual appraisals for all staff. Ensure all staff receive the required level of supervision and appraisal.	Achieved

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