



Inspection Report on

Hafal Adferiad Cwm Taf Morgannwg Domiciliary Support Service

**Unit B3
Lakeside Technology Park
Llansamlet
Swansea
SA7 9FE**

Date Inspection Completed

09/05/2022

5th & 9th May 2022

Welsh Government © Crown copyright 2022.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk You must reproduce our material accurately and not use it in a misleading context.

About Hafal Adferiad Cwm Taf Morgannwg Domiciliary Support Service

Type of care provided	Domiciliary Support Service
Registered Provider	Adferiad Recovery
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	Yes. The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

People are satisfied with the care and support they receive from this supported living and step-down service. The service is well managed by an effective manager and has motivated staff. There is information available for staff to understand how to best meet people's care and support needs.

Staff are available in sufficient numbers and mix of skills to adequately provide support to people. Support staff are knowledgeable, respectful and caring. Staff are supported and developed with supervision and appraisal mostly at the required frequency and amount.

Specialist equipment is in place and health referrals are made in order to promote peoples' health and well-being. Opportunities for people to take part in community activities are available.

The service provider has developed systems to enable them to capture people's views and has systems to develop some person-centred information. The management team have put checks and processes in place to keep service delivery under review with robust quality assurance measures.

Improvement is needed with the auditing of medicines management in line with current national guidance and medication administration training.

Well-being

People have control over their day-to-day lives. People told us they get on well with staff and commented, *"It's great", "I have my independence" and "there's just enough support and I can get a hold of the out of hour's service when I need it"*. Records show people are offered choices to make everyday decisions. The Responsible Individual (RI) told us they regularly speak with people who live at the service and their families about what is important to them and how to best support them. Staff told us they feel well supported by the management team and commented, *"Adferiad have a very good support network and a friendly vibe", "we use a Person Centred Approach to our support" and "it has a positive and friendly environment that gives individuals opportunities to grow"*.

People get the right care and support. Records reflect referrals are made to a variety of healthcare professionals such as psychiatrists and nurses. This is also confirmed by comments from visiting healthcare professionals who told us they are satisfied with the care at the service. People are happy and receive support from professional staff who know them well and have good relationships. People who use the service told us *"I get involved and have a say in my care plan"* and another commented, *"The staff are great and provide a relaxed routine which is calm and peaceful"*.

People can do the things that matter to them when they want to do them. The service provides community based supported living. We saw people take part in a range of meaningful activities available in the community. Throughout our visit, we observed people were taking part in activities in the community. The manager told us activities are supported and encouraged by staff as part of people's personal plans. People told us they enjoy taking part in a variety of activities such as fishing, video games, volunteering and social activities such as going to local pubs and clubs. This is reflected in people's records.

People are safe and protected from abuse and neglect. The service provider has safeguarding policies and procedures, which are aligned to current legislation and national guidance. Staff demonstrate a sufficient understanding of their role and responsibilities. People living at the service tell us they feel safe and secure.

Care and Support

Policy, procedures, infection control measures and application of hygienic practices are in place. Staff demonstrate an understanding of infection control and the use of personal protective equipment (PPE). Staff wear appropriate PPE and follow correct procedures. The service supports a clean and tidy environment. Staff maintain appropriate standards of hygiene. Oversight and auditing of infection control measures are in place. The service has sufficient stocks of PPE.

People are provided with the care and support they need, but this could be improved further by ensuring person-centred information is further developed. This would ensure staff know the answer to the questions; what we like and admire about the person, what is important to the person and how to best support the person. Personal plans and risk assessments are up to date and reviewed as required. Records of daily activity are recorded accurately and succinctly. Records show the service provider ensures medical advice and professional help is sought where needed.

There is an appropriate medication policy and procedure in place. Audits completed by senior staff assisting people with their medication needs to be further developed. The majority of people supported by the service, self-administer medication and have support when needed. Medication is stored in secure cabinets in the person's room. Staff who support individuals to manage their own medication need to be trained and assessed as competent as the training matrix showed some staff had not completed this training.

Environment

The quality of the environment is not inspected as part of a domiciliary support service inspection, as care is provided in the service users homes. However, we made the following observations.

The office was suitably equipped for the purposes of the day-to-day operation and management of the service and people using the service and employees can have confidence that their personal information was stored securely.

There were appropriate infection prevention measures in place with supplies of PPE available.

Leadership and Management

The service provider has governance arrangements in place to support the smooth operation of the service. Arrangements for the oversight of the service are in place, such as systems for assessment and care planning. The service is provided in line with the objectives of the Statement of Purpose' which is regularly reviewed. People gave us positive feedback about the care provided. Policies and procedures are in place and updated.

People can be assured that the service provider and management monitor the quality of the service they receive. The RI visits the services regularly and meets with people they support and staff. We viewed the latest quality monitoring report. This evidences people's feedback and recommendations for improvements in the service, which were completed. We saw evidence that the RI has good oversight of the service. We looked at documentation that confirmed the RI conducts quarterly visits to the service for quality assurance monitoring. There are robust systems in place to assess the quality of the service in relation to outcomes for people, which include feedback from people using the service and their representatives. Records show the service provider ensures oversight and auditing of care and support activities is carried out regularly. This is being overseen by the manager and RI.

The service provider has oversight of the financial arrangements and investment in the service. The RI assured us the service is financially sustainable in order to support people to be safe and achieve their personal outcomes. The RI stated this would be achieved as follows; *"The Finance Team has the relevant financial systems in place and for us operational staff, there are clear processes and systems to follow regarding payroll. Such as expenses; invoicing; Service Level Agreement income; Contracts, etc."* and *"We ensure that the environment in which occupants live, (décor, furnishings, white goods, furniture) will be always in good order and if any items need replacing, we will do so promptly."*

There are sufficient numbers of staff on duty to safely support and care for people. Records show there are a mixture of experienced and new staff available and this was seen during our inspection. People who used the service commented, *"There are enough staff around when I need them. I am able to do what I like, when I like"* and another commented, *"I can get support if I need it. I'm happy here and would recommend it to anyone"*. Staff are mostly supported and developed with regular supervision and appraisal but some records need updating. We were shown a training matrix, which includes mandatory courses as well as other relevant courses, which require updating. Staff team meetings were carried out at an appropriate frequency.

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 13/06/2022