



## **Care and Social Services Inspectorate Wales**

### **Care Standards Act 2000**

#### **Inspection Report**

#### **ProCare Wales Ltd**

54-56 Kinmel Street  
Rhyl  
LL18 1AW

**Type of Inspection – Focussed**  
**Date(s) of inspection – 08/01/2014**  
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## Summary

### About the service

ProCare Wales Ltd. Is registered as a domiciliary care agency to provide personal care to young adults [aged 18 to 64] with a learning disability ,physical disability or sensory impairment. The agency is also registered to provide services to children and their families. The agency's office base is situated in Rhyl. Helen Shepherd is the registered manager and responsible individual.

### What type of inspection was carried out?

A focussed Inspection was carried out on 8<sup>th</sup> January 2014 in accordance with CSSIW regulatory process.

Evidence used in writing this report came from the following sources:

- Visits to two shared houses where we spoke with 2 people and observed staff/service user interaction
- Examination of 6 peoples care files.
- Discussion with 3 members of staff.
- The services self-assessment and most recent quality assurance report.

### What does the service do well?

Provides very detailed information to staff with regard to how needs are to be met in order to ensure quality and consistency of care.

### What has improved since the last inspection?

No specific improvements were noted but the agency has maintained its high standards

### What needs to be done to improve the service?

No non-compliance issues were identified.

We identified the following areas of service improvement :

- Ensuring the accessibility of information and cross consistency of information contained in plans and protocols.
- The inclusion of a detailed action plan in the agency's quality assurance report.

## Quality of life

We (CSSIW) found that people experience positive outcomes with regard to their quality of life with staff providing appropriate support in meeting physical and emotional needs and seeking to empower people in making choices and exercising their rights. This is because ProCare provides person centred care which is underpinned by extremely detailed guidance to staff. This assists in ensuring continuity of care – an important factor in supporting people with complex needs. Whilst we found that the agency has good systems in place which are reliably used by staff and that guidance to staff is clear and thorough, we had some concerns regarding the volume of information provided and how its presentation is co-ordinated. Consequently we make a service improvement recommendation in this regard.

We visited 2 community living projects shared by 3 and 2 people respectively. In the first we were able to speak with 2 people together. One person was able to comment in some detail on the service she receives. She expressed her satisfaction with the support she receives from staff, described her involvement in household tasks and expressed her enjoyment of the varied social and leisure activities she is supported to undertake. The second person also responded briefly but positively when asked to comment on staff, people he shares his house with and some of the activities he is supported to undertake. In the second project we were able to observe the interaction between a member of staff and an autistic service user. We saw that the member of staff consistently used the same guidance in supporting the service user, providing a clear structure but being careful to offer and respect the choices made by the service user within set boundaries. We noted the positive relationship between the member of staff and the service user and the effectiveness of strategies employed. This is a relatively new project and the member of staff recently employed. In these circumstances we judge that the successful interaction between resident and staff provides good evidence of the effectiveness of the agency's planning systems and the clarity of guidance given to staff.

We spoke to 3 members of staff at the two projects. One long standing member of staff was able to give comprehensive details of the support needs, likes, dislikes, preferred activities and personalities of the 3 people she supports. In discussion two more recently recruited staff demonstrated their understanding of person centred principles and of strategies required to support people with complex needs.

We examined 6 service users files. Overall these provided evidence that people receive a well-planned and managed service which addresses the full range of their support needs. There were many examples of good practice which serve to underpin the promotion of good quality of life. These included :

- Protocols providing detailed guidance to staff with regard to managing/promoting positive behaviour, managing risk and providing individualised care
- Strong evidence of liaison with health care professionals and of guidance provided being put into practice.
- Documents being signed and dated with dates for review being set and met.
- Appropriate completion of monitoring forms by staff.
- Activity records.

We found that comprehensive information is in place regarding people's needs and how they should be met. We found that this information was spread across a number of

planning documents with, for example one service user having a Supporting People Plan ,a person centred plan, health plans , a variety of protocols, risk management plans and a service delivery plan. We saw that that in some cases the agency has very sensibly cross referenced plans to eliminate the need for duplication of information. However we found some examples of inconsistency and omissions. We do not question the necessity to maintain a variety of plans and acknowledge the professionalism with which they are completed. We do however, in order to promote the accessibility of information to staff and as an aid to ensuring cross document consistency ,recommend that one document [the service delivery plan] is identified as the umbrella document which identifies all needs to be met /outcomes to be achieved and acts as a signpost to other plans/protocols which contain more detail. Should the agency wish to consider this recommendation, we would also recommend that it considers reviewing the need categories identified within the service delivery plan as they are not comprehensive.

## Quality of staffing

This inspection focused on the quality of life of people using the service. We did not consider it necessary to look at the quality of staffing on this occasion

This theme will be considered more fully during future inspections

## Quality of leadership and management

This inspection focused on the quality of life of people using the service. We did not consider it necessary to look at the quality of leadership and management in detail on this occasion.

We did however examine the agency's most recent quality assurance report [March 2013] We found that the report incorporated information from a variety of sources such as service audit ,training audit and service user and staff satisfaction surveys. We also found that this well presented report set out some objectives for the following year.

However we have identified the inclusion of a comprehensive action plan which sets out specific targets responsible individuals and timescales as an area of service improvement which would serve to underline the agency's commitment to ongoing service improvement.

This theme will be considered more fully during future inspections.

## Quality of environment

This theme is not applicable to domiciliary care agencies.





**How we inspect and report on services** We conduct two types of inspection; baseline and focussed. Both consider the experience of people using services.

- **Baseline inspections** assess whether the registration of a service is justified and whether the conditions of registration are appropriate. For most services, we carry out these inspections every three years. Exceptions are registered child minders, out of school care, sessional care, crèches and open access provision, which are every four years.

At these inspections we check whether the service has a clear, effective Statement of Purpose and whether the service delivers on the commitments set out in its Statement of Purpose. In assessing whether registration is justified inspectors check that the service can demonstrate a history of compliance with regulations.

- **Focussed inspections** consider the experience of people using services and we will look at compliance with regulations when poor outcomes for people using services are identified. We carry out these inspections in between baseline inspections. Focussed inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focussed inspections may be scheduled or carried out in response to concerns.

Inspectors use a variety of methods to gather information during inspections. These may include;

- Talking with people who use services and their representatives
- Talking to staff and the manager
- Looking at documentation
- Observation of staff interactions with people and of the environment
- Comments made within questionnaires returned from people who use services, staff and health and social care professionals

We inspect and report our findings under 'Quality Themes'. Those relevant to each type of service are referred to within our inspection reports.

Further information about what we do can be found in our leaflet 'Improving Care and Social Services in Wales'. You can download this from our website, [Improving Care and Social Services in Wales](#) or ask us to send you a copy by telephoning your local CSSIW regional office.