



## **Inspection Report on**

**Domcare@fieldbay Ltd**

**Fieldbay (2019) Ltd  
Chestnut House Tawe Business Village  
Swansea  
SA7 9LA**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

**8<sup>th</sup> November 2022**

03/11/2022

**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](mailto:psi@nationalarchives.gsi.gov.uk) You must reproduce our material accurately and not use it in a misleading context.*

## About Domcare@fieldbay Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	Domcare@fieldbay limited
Registered places	0
Language of the service	Both
Previous Care Inspectorate Wales inspection	<a href="#">10<sup>th</sup> February 2021</a>
Does this service provide the Welsh Language active offer?	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

Fieldbay Domiciliary Support Service provides a good standard of care and support to people. We spoke to a wide range of people to gain feedback including; people supported, relatives, care workers, managers and the Responsible Individual (RI). We found robust and thorough support planning processes and documentation across the service. The provider ensures people are fully involved and participate in decisions regarding their care and support needs. We saw support provided is person centred and outcome focused. There are robust and clear governance and quality assurance processes across the service. The RI and Registered Manager (RM) take an active role and are present and directive in the service. Care workers access a wide range of both core and specialist training. Care workers told us managers are very supportive. There are robust staff vetting and compliance checks in place. There are detailed policies and procedures in place to guide staff and the Statement of Purpose (SoP) is reflective of the service provided.

## Well-being

People contribute to decisions that affect them and participation, choice and inclusion is actively promoted and upheld by the provider. We saw a good standard of documentation across the service. This includes people's support plans, risk assessments, health information, reviews and record keeping. People and relatives gave us consistently positive feedback about the quality of service provision provided. One relative told us; *"very happy with the standard of care and support provided. Communication with and from is very good. No complaints or concerns"*. People are regularly consulted about their support and care needs.

The service is well run and managed. There is clear oversight from the RI and RM. Quality checks are completed appropriately and according to current guidance and legislation. The latest quality of care review report completed by the RI contains detailed and thorough information regarding feedback from people, relatives, quality audits and safeguarding. All care workers told us they have a positive working relationship with their managers, feeling supported and listened too. We saw RI checks are completed, senior management meetings are taking place regularly and staff meetings are planned and documented. Staffing levels reflect people's needs as documented in care plans and assessments.

There are experienced, knowledgeable and well trained care workers working in the service. We saw staff information evidencing compliance with regulation in respect of required checks. Care workers receive a good range of core and specialist training to ensure they can carry out their work roles effectively and to a high standard. Care workers receive regular planned supervision and appraisals. Care workers gave consistently positive feedback about the support and training they receive. The service is further complimented by support from different internal professionals such as occupational and physiotherapists.

People are protected from abuse and neglect as care workers know what to look out for and how to raise concerns if they suspect someone's wellbeing is at risk. Care workers receive regular and updated training in safeguarding and have access to clear and detailed policies and procedures to guide them. There are very robust risk management assessments and plans in place to keep people safe and promote independence as far as possible. Care workers receive training in relation to infection control and Covid 19 and there are good supplies of personal protective equipment (PPE).

## Care and Support

People are provided with a good standard of care and support. We visited two supported living settings and spoke to people, relatives, managers, care workers and the RI. We also received fourteen feedback questionnaires from care workers. Feedback received is positive about the quality of care and support provided across the service. One person told us; *“staff are really good here. If I need anything the staff bend over backwards to help”*. Another person stated; *“staff are really good and helpful. They support me to go out regularly which I greatly enjoy”*. All people spoken to told us they are happy living in their home and are supported to maintain and enhance their independence. A relative told us; *“they honour and support ... independence ... goes out a lot and is a lot better because of the support and environment provided”*. Another relative stated; *“yes very happy with care and support provided. They are very accommodating...I am in touch regularly and have no complaints or concerns whatsoever”*. All relatives spoken to confirmed communication with and from the service is good and any issues are reported promptly.

The service has an accurate, up to date support plan which is regularly reviewed and is complimented by detailed and thorough health, risk assessments and good record keeping. We completed an audit of three support files from two supported living settings. We found good evidence of person centred planning, participation and inclusion. We found that where appropriate, people are fully involved and consulted in relation to support planning and choice. We saw ‘my meeting’ records which are completed with people on a monthly basis. These include information regarding what matters to people and choice regarding a wide range of areas including community access. Although we saw detailed support plan review records, we discussed how these can be improved to better capture people’s achievements and progress. The manager and RI agreed to look at how these can be improved. Where we saw people’s ability to be fully involved is compromised we saw consideration of best interest planning and the Mental Capacity Act (2005) principles are followed. An activity coordinator role has recently been introduced in one of the supported living settings. We spoke to the activity coordinator who is planning a wide range of community events and has recently refreshed a ‘hobby hut’ in the grounds along with people supported. People told us they are actively engaged with craft, social and community activities of their choice.

People are safe and risks to their health and wellbeing minimised as far as possible. All care workers spoken to told us that they had received safeguarding training and this is updated annually. We saw information and reporting details regarding safeguarding and whistleblowing are held in each of the supported living settings. Care workers spoken to have good knowledge regarding the importance of safeguarding and their responsibilities. We saw robust infection control measures are in place along with good stocks of personal protective equipment (PPE).

## Environment

The quality of environment is not a theme that is applicable to a domiciliary support service. However, the service operates from a self-contained office with good facilities for staff and some off road parking. Rooms seen are clean and well equipped, with suitable space for record keeping, meetings and locked filing cabinets for the storage of confidential information.

There are robust and thorough governance and quality assurance arrangements in the service. The RI and RM have a strong presence in the operation and running of the service. The RI completes three monthly checks of the service provision and six monthly detailed quality of care reports. The most recent three monthly checks completed by the RI include discussions with; people using the service, care workers, managers and information regarding compliments, complaints, safeguarding issues etc. The RI completes regular visits to each supported living setting and there are detailed reports to evidence these. The RM and RI told us there are several vacant deputy manager posts at the current time. Some care workers told us this is causing confusion at the current time in terms of management accountability. The RI told us this will be resolved shortly and decisions agreed in relation to future plans for the posts. Despite this, the RI and RM work hard to ensure the service runs smoothly and staff are supported appropriately.

The provider ensures care workers are suitably fit and have the required knowledge, skills, competency and qualifications to provide a good standard of care and support. We viewed an overall staff training plan and saw nearly all training for care workers is current and in date. We spoke directly with eight care workers who all confirmed their training is current and covers a broad range of core and specialist areas. The service is further complimented by having access to internal professionals such as; occupational therapy, physiotherapy and nurses. We looked at twelve staff files and all recruitment documentation is in place including Disclosure and Barring (DBS) checks, which are all current. Nearly all care workers are now registered with Social Care Wales (SCW). We saw care workers receive documented regular supervision and yearly appraisals. Care workers gave us consistently positive feedback about the support they receive. A care worker told us; *“really supportive manager – regular planned supervision in place every 3 months”*. Another care worker stated; *“really good support – open door policy. Extremely supportive of me and my situation”*. There are detailed and thorough policies and procedures that are in date and updated as necessary. We read the latest Statement of Purpose (SoP) which is an accurate reflection of the service provided.

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** 04/01/2023