



Inspection Report on

Active Care Group - Powys

**1 Suffolk Way
2nd Floor
Sevenoaks
Kent
TN13 1YL**

Date Inspection Completed

30/06/2023

Welsh Government © Crown copyright 2023.

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 Active Care Group - Powys

Type of care provided	Domiciliary Support Service
Registered Provider	Staff Management Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection of this service under the Regulation and Inspection of Social Care (Wales) Act 2014.
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates efforts to promote the use of the Welsh language and Culture.

Summary

Active Care Group, Powys deliver domiciliary care and support to people living in their own homes. The provider facilitates a person-centred approach to care planning and delivering support which promotes people's independence and supports their overall well-being.

There are good systems in place for monitoring the quality and effectiveness of the service which are overseen by a robust management structure.

The service manager and responsible individual (RI) have recognised the regulatory requirements of providing a service in Wales and are committed to developing this, also taking steps towards delivering the Welsh Active Offer.

Well-being

People are happy with the care and support they receive. They have choice and control about their everyday lives and staff respect they are supporting people within their own homes. People receive care in a way they choose, are supported to be independent and to do the things which are important to them.

Personal plans are created and reviewed with the person being supported, specifying what people want to be supported with and what they want to do independently. Support from social workers and advocacy services can be sought if this is requested by the person. We were told there is regular contact with the care manager of the service and people feel listened to. Support staff help with daily living tasks, medical appointments, and social activities, encouraging people to take charge of their care.

People go to the shops, social clubs, see family and friends, pursue hobbies and go on holidays. People are able to make plans because they are supported by staff who are proactive and enjoy their role. The provider works hard to put measures in place and seek support from external professionals to ensure people have opportunities to do the things that matter to them.

Systems are in place to monitor incidents, accidents and safeguarding issues. Good oversight of these systems by the manager and quality team mean action is taken promptly where opportunities to make improvements are identified. Discussions around lessons learnt take place. Policies and procedures are reflective of Welsh legislation.

Care and Support

People receive a personalised package of care and support which meets their specified needs and supports them to achieve their outcomes.

The provider carries out initial assessments with people to establish what they want from the service and to decide if the service is able to meet their needs. Further discussions with the care manager of the service take place to ensure personal plans are clear about how people want to be supported. Arrangements are made to ensure relevant equipment is also in place. One person told us they were involved in the planning process, had a copy of their plan and were happy with what it said. We were told they had been involved in reviewing the personal plan and were still happy with the care they received. People are involved in the recruiting process and what is important to them, such as the staff having shared interests and being able to drive, is given consideration during the process.

Records are created and stored electronically with up-to-date paper copies given to people to have in their home if they choose to. Personal plans are detailed and include risk assessments to ensure staff have the information needed to keep people safe and to support their well-being.

People are supported with their health and well-being as staff enable them to attend medical appointments and maintain treatment plans. The provider has a clinical team in place who offer guidance and check the care skills of support staff. Medication administration is recorded electronically, and staff receive training to offer support where a person has requested this. The clinical lead carries out audits of medication administration records and there is a contingency plan in place to ensure people can still receive their medication if there is an issue with the electronic system.

People are kept safe from harm as staff have safeguarding training specific to the Welsh guidance and access to a safeguarding policy which is reflective of the All Wales Safeguarding legislation. There are systems in place to report incidents, accidents, and safeguarding concerns. This is monitored by the service manager to ensure relevant safeguarding referrals are made to the local authority and action is taken where needed. Staff are supported to register with Social Care Wales.

Staff receive infection control training and there is a system in place to ensure personal protective equipment (PPE) is available to staff at all times.

Leadership and Management

The recently appointed responsible individual (RI) visits people receiving a service to talk with them and the staff supporting them. A report following their visit is produced and we saw evidence of where a request had been made to the RI by a person using the service, this was acknowledged and actioned promptly. There is a good management structure in place and people told us they can access support and guidance at a local level from the care manager as well as from the service manager who oversees all of the Welsh services. Centrally accessed systems mean records and communications can be accessed efficiently and safely across teams. Processes are in place to ensure oversight of the service provided and reviews are undertaken at multiple levels within the organisation to identify strengths and any areas for further development.

People are supported by experienced and knowledgeable staff who work with people on a regular basis, which provides consistency. People told us, "*Staff are very good*".

Support staff receive an in-depth induction to the service before they begin work, completing mandatory training and clinical training which is specific to the needs of the people they are supporting. Records seen show observations of staff's care skills are completed and refresher training is provided annually. Staff supervisions and appraisals are carried out but need to be developed further to ensure staff receive a meaningful discussion around their practice and development.

Support staff are recruited safely. Staff records evidence all the required pre-employment checks are completed before new staff begin to work at the service. This ensures staff are safe to work with people who may be at risk.

There is a statement of purpose in place which is reflective of the service being provided. People have access to information about how to make a complaint or raise a concern. The provider is developing an information guide to the service which will inform people about what they can expect from the service and assist people to make an informed choice about using the service. Both documents will be available to people in Welsh and English.

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
-----	--	-----

Was this report helpful?

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

Date Published 07/08/2023