



Inspection Report on

Innovate Trust Community Living

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

Date Inspection Completed

4,9,10 February and 1 March 2022

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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	22 August 2019
Does this service provide the Welsh Language active offer?	Working Towards. The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

Innovate Trust Community Living is a domiciliary support service operating in the Cardiff and Vale region. According to its statement of purpose, it provides care and support to people with a physical disability, health needs, learning disability, sensory loss and impairment, communication needs and mental health needs associated with a learning disability.

Innovate Trust Ltd, a registered charity, operates the service. The Responsible Individual, who oversees the service's strategic operations, is Karen Baker. Suitably qualified and registered managers oversee the day-to-day running of the service.

People receive a good standard of care and support. The service actively promotes people's engagement, and participation in everyday life. The service promotes independence and people who use it are central to the way it operates.

There are robust measures to promote the safety and smooth running of the service. Since last inspection, improvements have been made in relation to infection control, notifications and reviewing the statement of purpose. One area still requires improving relating to people's personal plans and documentation. Managers supervise staff as necessary and there are good development and training opportunities in place for staff. The RI demonstrates appropriate oversight of the service and engagement with individuals and care workers.

Well-being

People are central to the running of the service. The provider engages with people and listens to their views. Creative ways for people to socialise, learn new skills and stay active have been developed since the pandemic in 2020. Opportunities for people to develop independence and lead fulfilled lives are central to the support provided. Overall, people are happy with the standard of care and support they receive. There is good written information about what is important to people and how they want their service delivered. Relevant risks are assessed and there is good written guidance for care staff to follow. Some people's care documentation needs improving though, to ensure it is a current reflection of their support needs. We found instances where people's care documentation was not kept up to date and did not evidence how staff were supporting them. Care documentation must be reflective of people's current needs. This will assist staff to give the correct support and enables providers to monitor and evaluate the care provided. We have issued a priority action notice in this area because this was identified as an area for improvement at last inspection and the provider has failed to make necessary improvements in this area

Care staff engage in a meaningful way with people and understand the needs of people they support. People are safeguarded because staff are aware of the safeguarding and whistleblowing policies and management oversee their training and supervision needs. People told us they trust the staff that support them and know how to raise a concern. People using the service know managers and senior management. People's communication needs are considered and planned into written communication alongside the way they are supported. Management oversee the service's operations, including incidents, complaints and safeguarding matters, liaising with relevant professionals where necessary.

The RI regularly engages with individuals and care staff to ensure people can share their views and wishes, to inform ongoing improvement in the service. Appropriate quarterly oversight of the service is demonstrated; and a six monthly report is produced that demonstrates an oversight of the service. Communication between the RI and senior managers is efficient enabling the RI to have oversight of a large and geographically dispersed service provision.

Care and Support

Care and Support is centred on people's individual needs. People's independence and personality is considered when planning their support. People are supported to do things that are important to them in a way that they choose. A range of in-house opportunities, such as social groups and virtual activities, has been expanded to counteract some of the restrictions that have been in place due to the pandemic. The service has been creative in developing opportunities for people to learn and engage despite the limitations in the last 2 years. People are supported to maintain their physical health and well-being. There is good communication evidenced with relevant professionals. Referrals for external support and collaborative working is evidenced.

Feedback from people about the service is overall excellent. People we spoke to told us *"I am very happy with my support its perfect, staff help me in any way I need like healthy eating". "Staff are excellent", "staff are like family to me", "I am involved in staff interviews and training new staff", "I can have the support that suits me, everything from staff who I request to going out to gigs at night", "There are loads of things going on at Innovate that I can get involved with". "Staff are supporting me to plan a big holiday" "I take my fiancé out for meals" "Go to the football regularly"*

One person told us they often felt bored and were not sure about the support they were supposed to have and another person's family member highlighted some areas where they felt support could improve. We shared these concerns with the RI who assured us they would be followed up.

There is good written detail about how people want their care and support delivered. The service identifies and assesses relevant risks regarding people's care, and there is clear guidance for care staff. Reviews evidence the progress and achievements of people. It was clear to see people gained independence and stability because of good support. Overall care records indicate appropriate care delivery and monitoring of people's progress, but there were instances where we found care-planning documentation was not robust and did not contain sufficient information about people's support needs. Some personal plans lacked up to date detail and needed review. A personal plan by the provider must also be developed in a timely way for any person who has had care transferred from another provider. Daily recordings for some people supported were not being completed; Daily recordings are important documentation that evidences provider's involvement, actions and oversight when supporting people. Recordings form an important part of peoples care planning and support as previously stated we have issues a Priority Action notice in this area.

There are suitable infection control measures, supported by policies, risk assessments and the provision of personal protective equipment (PPE). Care workers receive relevant training and guidance. The service safeguards people from the risk of harm and abuse. Care workers receive appropriate training and know the safeguarding and whistleblowing

policies that are in place. The provider oversees incidents, accidents and safeguarding matters.

Environment

This was a domiciliary care inspection therefore the environment is not looked at as people live in their own homes.

The service operates from suitable premises; ensuring confidential information is kept safe.

Leadership and Management

The statement of purpose is in line with service provided, and has been reviewed since last inspection. This was a focused inspection so policies were not reviewed; however, the RI told us that currently the service is in the process of updating and reviewing all of its policies company wide. There is a written guide to the service in place. Quality assurance systems and processes help to monitor and promote good standards of service delivery. There is oversight of complaints, compliments, incidents and accidents. At last inspection, the provider was advised they must notify CIW of relevant incidents promptly, The RI has implemented a new system to ensure that oversight has improved in this area.

Arrangements are in place for overseeing the performance of the service and resources to ensure it operates effectively. The RI regularly engages with individuals and care staff to plan the service's ongoing development. Service users are central to the development and running of the service. People using the service are involved staff recruitment, planning services and their feedback is actively sought and shapes service development. The service has a system for reviewing the quality of care and support provided; quarterly monitoring visits are evidenced by the RI and six monthly quality of care reviews are produced.

Managers oversee the training and supervision of care workers. This ensures they are suitably skilled and have opportunity for continued learning and professional development. The training available for staff is varied and staff told us they could request any additional training needed for their roles. Care staff are registered with Social Care Wales, the workforce regulator. Feedback from staff was positive. They said they felt well supported and training and development opportunities were good. The service has a good recruitment and retention of staff.

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
15	The personal plan must be prepared within 24 hours of the commencement of the provision of care and support to the individual in a case where the individual is in urgent need of care and support and there has been no time to prepare a personal plan beforehand (Regulation 15(5)). Inspection February 2022 - we found 4 people did not have sufficient documentation in relation to care planning	Not Achieved
16	The personal plan must be reviewed as and when required but at least every three months involving the individual, the placing authority (if applicable) and any representative (Regulations 16(1) & 16(4)). During inspection February 2022 we found instances where peoples care planning contained insufficient detail and had not been kept under review.	Not Achieved

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
56	The service provider must ensure the service is provided in accordance with its infection control policies and procedures at all times (Regulation 56(2)).	Achieved
60	All notifications to the service regulator must be made without delay (Regulation 60(4))	Achieved
80	The quality of care and support must be reviewed as often as required but at least every six months (Regulation 80(2))	Achieved
7	Reg 7(2): The statement of purpose must be kept under review and, where appropriate, revised.	Achieved

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