



Inspection Report on

Calon Lan Support Limited

Date Inspection Completed

12/01/2023

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 Calon Lan Support Limited

Type of care provided	Domiciliary Support Service
Registered Provider	Calon Lan Support 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 2016 (RISCA).
Does this service provide the Welsh Language active offer?	The service is working towards providing an 'Active Offer' of the Welsh language.

Summary

Calon Lan is a domiciliary support service operating in Gwent that provides support to people in a small supported living accommodation.

People have good opportunities to learn and develop skills and independence in a service that actively promotes their participation. They are supported to access their local community, engage in activities of interest to them and develop their daily living skills. Personal plans are in place although some improvement is needed in how personal plans are reviewed. Assessments of people's needs, abilities and consent require strengthening to ensure support arrangements fully consider the relevant authority required. Staff are experienced, knowledgeable, and responsive to people's support needs. The Responsible Individual (RI) who is also the manager has a regular presence at the service, engages with people and reviews support delivery. However, clear records of who they engage with, and the outcome is not always maintained. The statement of purpose (SOP) sets out the vision for the service, although this requires updating to consistently reflect the current service delivery. The service provider is required to notify CIW of any such change to the SOP in a timely manner. Recruitment procedures are in place but require strengthening in some areas to ensure processes are consistently safe.

Well-being

Support from staff empowers people to have control over their day to day life. A key worker system is in place which supports people in making decisions providing them with opportunities to be involved in all aspects of service delivery. We saw staff respecting people's individual choices and supporting them with their decisions. These included accessing the community and managing their own money. People are supported and empowered to keep their environment safe, clean, and decorated to their own taste, illustrating their individual personalities and the things important to them. Quality assurance systems in place allow for people's views to be sought on how satisfied they are with the service and how things could be improved. People participate in the recruitment of new staff and clear records show how they are actively involved.

The service promotes people's physical, mental, and emotional well-being. People are empowered and supported to access professional support and advice in a proactive, preventative way. There are opportunities for people to discuss their well-being with a familiar member of staff in key worker sessions. They are supported to participate in things that are of interest to them, and they are encouraged to be independent. A review of support documentation shows personal plans and health action plans are developed with individuals that include essential aspects of people's physical and emotional well-being. Staff are well trained and supported. They understand their responsibilities and they are confident in their roles. Information is mostly provided in a format people understand, however some documentation relevant to the service delivery is not clear or well-defined.

People are mostly safeguarded, however assessments and record keeping need to be more robust. We found staff have received safeguarding training. Discussions with them demonstrates a good knowledge of safeguarding and whistleblowing procedures, including how to report matters of a safeguarding nature. Records and assessments are not always available for people identified as potentially lacking mental capacity. The service provider needs to satisfy themselves lawful authority processes and procedures are being followed to confirm support arrangements are proportionate and in people's best interests. Relatives and professionals involved in someone's support arrangements told us the manager/RI has an open-door policy and maintains good lines of communication. Disclosure and Barring Service (DBS) information requires further enhancement. These checks are important as they identify the suitability of people to work with vulnerable people/children. Recruitment processes are in place, although some areas require strengthening. A Safeguarding policy is in place, but specific information relevant to all services being offered is not clear.

Care and Support

People receive good quality care and support from a service promoting their participation in the service they receive. There is a culture of supporting people's independence throughout the service. One person is supported to safely administer their own medication independently, and another person is supported to understand and safely manage their own finances. People and their families told us they have good relationships with support workers and the managers of the service. We saw records reflect people are involved in the recruitment of new staff and have a choice in who supports them. One person told us they are supported to take part in activities of their choice and commented how they enjoy dog walking with a particular member of staff. Records we reviewed reflect one person likes cooking and photographs show them smiling and enjoying a baking activity.

Personal plans in place set out how care and support needs will be met. Plans evidence people are being supported to improve their well-being and achieve their goals. The review of care documentation takes place; however, records relating to the review of personal plans are not kept. This is important to demonstrate the extent to which people are supported to achieve their personal outcomes. Provider assessments are not always completed in detail. There is a lack of evidence of assessments to record decisions made in someone's best interest, including where high levels of intervention and support is required. The manager obtained capacity assessments from professionals and representatives in some areas of need, when prompted. Documentation needs to be maintained and reflect people are fully involved in the decision making process and records demonstrate the relevant lawful authority process have been considered. We expect the provider to take action to address these matters and we will follow this up at the next inspection.

People are active and are supported to access health and social care professionals where needed. A professional told us, *'Communication is good, they are flexible, always available, all staff are great.'* People are supported to access their local communities and enjoy activities of their choice, such as swimming sessions and boxing. One relative told us, *'(X) has their own tenancy, and we were fully involved in this process. We are so lucky to have found a service that supports (X) so well.'* People are supported to maintain family and personal relationships of importance to them. One person we spoke with told us how much they are looking forward to going on a holiday with their family. Support is provided to help people obtain the professional intervention they need. This includes support in the referral process to a health professional for one person, resulting in them receiving the specialist support they need, promoting their mental health and overall well-being.

Leadership and Management

There are arrangements in place for the oversight of the service to ensure the best possible outcomes for people. The RI is also the manager of the service, they are registered with Social Care Wales (SCW) and maintains good oversight of the day-to-day running of the service. Regular auditing of service delivery supports good oversight of the standard and reliability of support provided. The RI has a regular presence at the service, they engage well with people, their representatives, staff, and professionals involved. However, this regular engagement is not always recorded as required. The quality of care is reviewed on a six monthly basis and a report is produced. Surveys are used to obtain the views of stakeholders. There are many expressions of thanks and gratitude from people receiving a service recorded in a compliments log. CIW did not receive a notification of an event as required. We discussed this matter with the RI who assured us this would be acted on, including notifying all the relevant authorities as necessary. We will follow this up at the next inspection.

Service literature needs to outline and describe in detail the service being provided. The SOP is fundamental to the vision of the service. Where there is an urgent change to the service being provided, the service provider must update their SOP and notify CIW without delay. We raised this issue with the RI who gave assurance this would be reviewed and updated. The SOP indicates how the service is working towards providing the 'active offer' of the Welsh language. We requested information about the service including 'written guides' and 'service user agreements.' We found information on the service is not always clear or well-defined. For example, terms and conditions of the service, including termination of contracts and notice periods. Consultation with individuals, and their advocates where necessary, is not always recorded to show alternative arrangements are discussed to demonstrate people understand the options available to them. The RI shows a willingness to improve and develop the service to achieve regulatory compliance. We expect the provider to take action to address these matters and we will follow this up at the next inspection.

People receive a service where staff are trained and well supported in their roles, but recruitment practices need some attention. Staff told us they feel supported and receive regular one-to-one supervision with their line manager. One member of staff told us, '*The manager is brilliant and approachable.*' Regular team meetings take place. Staff told us they completed an induction and undertake training relevant to their role. Training records reflect this; however, induction records are not always kept for all staff. The service provider supports staff to register with Social Care Wales. DBS checks are completed however, further scrutiny is required to ensure all safeguarding checks are robust. All the required recruitment checks are not always kept on file as required. We expect the provider to take action to address this and we will follow this up at the next inspection.

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

7	Ensure the service is provided in accordance with the statement of purpose	New
31	Ensure where high levels of support, supervision and control measures are in place that the relevant assessments and lawful authority is considered in accordance with the Mental Capacity Act 2005 and Code of Practice for Deprivation of Liberty Safeguards	New
20	Ensure every individual receiving support is given a signed copy of the service agreement, and individuals receive support as is necessary to enable them to understand the information in the service agreement	New
35	Ensure all staff provide full and satisfactory information and documentation in respect of each of the matters specified in Part 1 of Schedule 1	New
17	Ensure personal plans are reviewed three monthly and the outcome of the review is kept at the service	New
60	Ensure notifications of event are submitted to CIW as and when required	New

Date Published 22/02/2023