Arolygiaeth Gofal Cymru
Care Inspectorate Wales

# Inspection Report on

**People Support Limited**

**Unit 7**
**Llys Caer Felin**
**Felinfach**
**Swansea**
**SA5 4HH**

## Date Inspection Completed

12/02/2025

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# About People Support Limited

| | |
|---|---|
| Type of care provided | Domiciliary Support Service |
| Registered Provider | People Support Ltd |
| Registered places | 0 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 4 October 2023 |
| Does this service promote Welsh language and culture? | This service is not making a significant effort to promote the use of Welsh language and culture. |

## Summary

The management team at People Support Ltd consist of the Responsible Individual (RI), a manager registered with Social Care Wales (SCW) and a branch manager. Care workers describe the management team as supportive with a focus on their work life balance being maintained.

Comprehensive assessments are completed prior to the service commencing. People are supported to do what matters by a team of care workers who know them well. Reviews are held and people contribute as to what is working well and what can improve, where applicable. Personal plans are updated. Some improvement is required to ensure information is reflected in risk assessments but this has been acknowledged by the RI and managers and we have been informed this will be worked towards.

The provider has systems in place to ensure staff are recruited safely with all checks in place prior to them commencing work. Regular individual supervision and team meetings take place. Training is in line with requirements with improvements being seen to the provision of face to face and practical manual handling training. There have been delays in notifications being submitted to Care Inspectorate Wales (CIW), which the RI is working with CIW to address. The RI and managers continue to strive for an improving service, and quality assurance processes in place further evidence this.

## Well-being

People can access the right information when they need it. ‘Service User Guides’ are in people’s homes and people know how to contact the office if they need to. Information regarding how to make a complaint is available to them. People are kept updated with changes with call times if applicable. Most staff are up to date with safeguarding training. All staff spoken to have a good understanding of safeguarding and how to report concerns. They confirmed accessibility and approachability of office staff and told us they feel supported.

People have a voice and this is heard and listened to. People are involved with their assessments and deciding their personal outcomes. Reviews take place at least quarterly and people contribute to these and have family or representatives attending if they wish. Family told us *“I have been involved with phone call reviews and could contribute to my relative’s care input. They are pretty good – I am happy with the service”*.

People’s individual circumstances are considered. Choice is provided around people’s preferences for the time of day they shower. One person told us *“They help me with my shower at the times I want it in the evening”.* We saw staff offer a choice of meals when support with meal preparation is provided. We saw recordings around people’s first language choice.

People are treated with respect. Staff know people well and have a lovely ethos. Staff told us *“Every person is different”* and *“We do more than personal care – we make a difference to people’s days and their mental health and well-being”.* People told us: *“Nothing but praise for them”; “They are good as gold. I couldn’t ask for a better company. Times are good and I see regular people….”* and *“They are marvellous – I couldn’t do without them”.*

People are supported to socialise and access their community. The manager showed us the rotas where they amend call times to support people to attend day care or to meet family or attend a place of worship of their choice. This further supports people to do what matters to them.

## Care and Support

Accurate and up to date personal plans are in place. Detailed assessments are completed and reflect people's outcomes and what people want to achieve from the service. Care documentation is mostly person centred and reflects people's history and what is important to them. Risk assessments are completed but sometimes inconsistency is seen with level of risk identified/recorded. Actions to reduce the risk were not clearly recorded. The RI and manager intend to review the forms used. All the required information is available across the care documentation therefore the risk assessments can be reviewed further at the next inspection.

Personal plans are reviewed at least three monthly. Reviews are completed to a very high standard. People choose where they are on a scale of 1 to 10 regarding level of satisfaction towards achieving their goals. Their family members/representatives are involved where required. We saw continuity and follow up at ongoing reviews. Staff demonstrate they are listening to people by following up what is working well and what needs to improve. We saw one person had a request to change an aspect of their care. This was discussed at their review and the change was implemented with positive outcomes for that person achieving the level of independence they wanted.

Care is provided in accordance with personal plans. An electronic call monitoring system is in place. Staff use the planned call times as a guide and inform people if there are any delays. Good practice was observed during care calls, including manual handling practice, use of personal protective equipment and care workers being patient and diligent. Care staff were conscientious to ensure areas were tidied up after they provided support and tasks such as emptying rubbish bins were also observed. Detailed record keeping of the support given during the calls was seen. This had been addressed/discussed in team meetings and supervision. The RI and manager told us of a system they have implemented around 'manager notes' where additional follow up notes are recorded by managers. This system is audited monthly.

Safe systems and processes are in place for medication administration. Overall, we saw medications are administered in accordance with people' assessments. This is reflected in the care documentation and medication administration records. Where required the team liaise with the local health board medicines management team.

Referrals are made to support people to access healthcare and other services for their ongoing health and wellbeing. Call times are changed to enable working with other professionals to deliver support together as required. Professional feedback includes *"They are very good at rearranging their rotas and making things work - If they can help they will"* and *"The manager is proactive and the agency have a low turnover of staff".*

## Leadership and Management

There is clear governance at the service with regular oversight. The RI visits the service weekly. The registered manager, branch manager and other senior office staff are accessible daily. Quality assurance processes review standards of care and compliance. The RI gathers feedback at least quarterly, direct from staff, people who use the service and their representatives. The RI outlines service improvements within the quality care review report with consideration to audits and learning from safeguarding referrals and how these improve outcomes for people.

Notifications are not always completed in a timely way. The RI informed us they are in the process of arranging for managers to be able to have the 'permissions' to complete notifications on the CIW system. We have seen an updated Statement of Purpose (SoP) and the RI is aware this needs to be submitted as a notification.

The provider ensures staff are suitably fit and have the knowledge and skills to enable people to achieve their personal outcomes. Recruitment processes are good with reference checks, right to work and disclosure barring service (DBS) checks in place. We were shown a system that alerts the provider when updates/renewals are due. This includes staff requirement to register with SCW. The provider supports staff with their SCW applications.

Staff receive a combination of online, face to face and field-based training. We saw improvements since the last inspection with practical hands-on training for manual handling being in line with the 'All Wales Manual Handling Passport Scheme'. Records show staff observe a demonstration of manual handling technique, practise this and then are assessed to determine competency. Staff are positive about the training they receive and say if they need anything additional for their role or specific to the people they support, this is arranged. The RI told us *"Everyone learns in different ways".*

Individual supervision is provided quarterly and good records of this were seen. The RI, registered manager and branch manager are very focused on team well-being. In addition to accommodating the needs of people in receipt of a service, they make sure rotas and hours accommodate staff to enable them to have a good work life balance. Staff confirmed good conditions of employment including how individual staff circumstances are considered enabling them to access study and family commitments. We were told staff are paid for the hours they work including travel time as opposed to the number of calls they complete and find this far better for them. Staff can access a hub with a help line, free advice and work-related information including how to raise a concern or give confidential feedback. Staff told us *"The organisation is very accommodating, very flexible"; "The staff turnover is really good – communication is better"* and *"I love it – really enjoy it".*

| 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.

| Area(s) for Improvement | | |
|---|---|---|
| Regulation | Summary | Status |
| N/A | No non-compliance of this type was identified at this | N/A |

| | | |
|---|---|---|
| | inspection | |
| 36 | The provider does not arrange practical manual handling training that includes observation, practice and assessment of manoeuvres for care workers prior to them providing manual handling support to people. Practical training and assessments are to be completed prior to care workers assisting/implementing manual handling manoeuvres. | Achieved |

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**Date Published** 13/03/2025