



**Care Inspectorate Wales**

**Care Standards Act 2000**

# **Inspection Report**

**A Star Support Services Ltd**

**Holywell**

**Type of Inspection – Full**

**Date(s) of inspection – 19 November 2018**

**Date of publication – 4 February 2019**

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## Summary

### About the service

A Star Support Ltd is registered to provide domiciliary care to adults. The office is based in Greenfield and delivers support to people in the Flintshire area.

### What type of inspection was carried out?

We, Care Inspectorate Wales, (CIW), carried out a planned, unannounced inspection on 19 November 2018 between the hours of 10.15 a.m. and 2.p.m.

Methodology used included;

- We spoke with the responsible individual/manager and one member of staff. We tried, but were unable to contact more staff.
- We spoke with one person who used the service and three relatives. We tried but were unable to contact more people.
- We reviewed staff recruitment records and requested a copy of the central training and supervision records.
- We reviewed the Statement of Purpose, Service User's Guide, training records and policies and procedures related to the running of the agency.

### What does the service do well?

We did not note any practice that exceeded the National Minimum Standards for Domiciliary Care Agencies.

### What has improved since the last inspection?

A care record for everyone supported by the agency is kept at the office.

### What needs to be done to improve the service?

Following the last inspection, we identified areas where the agency was not meeting the legal requirements. We did not issue a non-compliance notice because there was not an identifiable impact on people who use the service.

These issues were;

- Staff recruitment processes must be improved to ensure that people receive support from staff who have been fully vetted. Regulation 15 (1) (b) (c). **This has not been addressed and we have issued a non-compliance notice.**
- Care Plans must be available at the agencies offices Regulation 20 (1) (b). **This has been addressed.**
- All records must be kept in secure facilities. Regulation 20 (1) (a). **This has not been addressed and we have issued a non-compliance notice.**

We also identified areas where the agency needed to improve.

These issues were;

- Care plans must be further developed to ensure that outcomes for people are clear and they contain sufficient information to enable staff to support individuals to achieve these. **This has not been addressed and we have issued a non-compliance notice.**
- Audits conducted by the registered manager must be recorded. **This has not been addressed and we have issued a non-compliance notice.**

Following this inspection, we have issued six non-compliance notices.

These notices are;

- The registered person has failed to ensure that care plans are completed and kept under review. Regulation 14 (1) (b) (c) (2) (b) (3).
- The registered person(s) has failed to ensure that adequate checks are in place to make sure staff are suitable. Regulation 15 (1) (b) (c) Schedule 3 (3) (5) (8) (9).
- The registered person(s) is in breach of Regulation 16 (1) (a) (2) (a) regarding staff training.
- The registered person(s) has failed to ensure that measures are in place to monitor, review and improve the quality of the service. Regulation 23 (1) (2) (3).
- The registered person(s) has failed to notify CIW of a change in the address of the agency. Regulation 28 (1) (d) (i).
- The registered person(s) has failed to ensure that records are kept securely. Regulation 20 (1) (a) (b).

### **Areas that require improvement**

The Statement of Purpose does not contain all the required information. Regulation 4 (1) (c) (d) Schedule 1 (3) (5) (6) (7) (8) (9) (11) (12) (13) (14) (18).

The Service User's Guide does not contain all the required information. It should make it clear that the agency does not provide emergency first aid training to staff. Regulation 5 (1) (b) (c) (i) (ii) (d) (f) (h).

Documentation must not refer to services other than A Star Support Services. Regulation 7.

The agency must consider how it is going to meet people's Welsh language needs in line with Welsh Governments' 'More than Just Words' guidance.

All references must be dated when received.

The staff handbook must be reviewed to make sure it contains accurate and up to date information.

All staff must be provided with an annual appraisal of their performance.

Serious consideration must be given to providing staff with structured, 12 week induction training in line with Social Care Wales guidance to ensure they have the necessary skills and knowledge to meet people's needs.

Significant improvements are needed to make sure the safeguarding policy is in line with current, published guidance in Wales. It must include the contact details of the local,

safeguarding team and give staff clear guidance about how to report allegations. Serious consideration must be given as to whether it is appropriate to include volunteers in the policy if the agency does not use or intend to use volunteers.

The whistleblowing policy must include the contact details of external agencies. It must refer to the regulator in Wales, CIW, not the regulator in England, the Care Quality Commission.

The training record should include the actual date qualifications are achieved and how long courses are valid for. All staff must be provided with a learning and development plan.

All staff employed by the agency must be included on the training record.

Letters offering employment must be dated. References must be dated when received. A record must be kept of all 'shadow shifts'.

Terms used must refer to current agencies, including the Disclosure and Barring Service, (DBS), Social Care Wales and current qualifications such as Qualifications Care Framework, (QCF).

Serious consideration must be given to providing people with quality assurance questionnaires in accessible, appropriate formats. Consideration should be given to accessing independent services such as advocacy, to support people to complete such questionnaires independently.

All serious incidents or accidents occur when staff are present must be reported promptly to CIW.

## Quality Of Life

Overall, people cannot be confident that completed, up to date care plans and risk assessments will be in place with guidance provided for staff on how to meet peoples' needs. The agency could not evidence that people are involved in decision making or asked their consent about how the service is provided.

Records are not completed, signed or regularly reviewed. One person told us they thought the service was, "*alright mostly*" and confirmed they, "*normally, but not recently*", received a rota telling them which staff would be providing their care and support. They told us managers also visited them for, "*a chat*" but were not aware if a formal review of their care package took place. A relative spoken with told us they thought the service was, "*excellent*" and had made a significant difference to the person's quality of life, with the person, "*coming on leaps and bounds*" because of the care and support provided. Another relative told us they thought the service provided was, "*very accommodating (to the person needs)*", "*very, very good*" and has a "*good person centred ethos*" but also commented that because of the recent growth of the agency it was, "*always very, very busy and don't always have enough staff*". We checked the records of three people receiving a service from the agency. Although a member of staff told us they thought the care plans contained, "*lots of detail*", we found records, including risk assessments, had not been completed, dated or signed. Information was not provided for staff about medical conditions and how they affected people's care and support needs and the training record did not include these issues. People with capacity to make decisions had not been asked to sign their consent to how care and support was delivered. Records did not contain any information about the days and hours the agency was contracted to provide services, although people spoken with told us they received a rota telling them which staff would be attending. Daily records had not been returned from peoples' homes so the manager could not evidence that care and support was being delivered in line with the service delivery plan, although they told us records were checked when they visited people's homes to undertake reviews. This is a serious matter and a notice of non-compliance has been issued. This can be viewed at the back of this report. Significant improvements are needed in the way records are kept.

People cannot expect to receive a service in Welsh. The Statement of Purpose and Service User's Guide did not refer to how it intended to meet people's Welsh cultural language needs. The staff application form did not ask applicants about their Welsh language skills. Measures are not in place to ensure people can receive a service in Welsh if requested.

## Quality Of Staffing

Overall, people cannot be confident that measures are in place to make sure staff are suitable and are provided with necessary training.

Measures are not in place to make sure staff are suitable to work with vulnerable people. We checked the recruitment records of three staff. We found references had not always been obtained and that it was commonplace for staff to start working at the agency before references and a satisfactory DBS check had been received. Records were not kept of how staff were supervised when they started work. This is a serious matter and a notice of non-compliance has been issued. This can be viewed at the back of this report. People cannot be confident checks have been made to ensure staff providing care and support are suitable to work in the care sector.

Necessary training is not provided. The agency cannot evidence staff are provided with necessary training. The manager told us the agency did not use a structured 12 week induction training in line with guidance published by Social Care Wales. Staff completed an in-house induction that took five hours. We asked the manager to provide a record of when staff started work. A training record showed discrepancies in this information about the number of staff employed. We could not evidence that all staff had completed necessary training. This is a serious matter and a notice of non-compliance has been issued. This can be viewed at the back of this report. People cannot be confident that staff who have completed necessary training will provide their care and support.

Measures are in place to provide staff with support but this does not always take place. A member of staff spoken with told us they enjoyed working for the agency, which they described as, *“great”* and *“always give me support”*. The agency did not have a central record of staff supervisions and appraisals. This meant that the manager was unable to evidence during the inspection that all staff had been provided with regular supervision and an annual appraisal. A central record was provided following the inspection, which showed staff were generally provided with regular support. Following the inspection, the manager confirmed six staff appraisals were overdue that they had not previously identified. They assured us that all appraisals would be arranged as soon as possible. Improvements are needed to make sure systems are in place to make sure staff are provided with regular support.

Measures are not in place to evidence staff are provided with information relevant to their role. The manager told us all staff were provided with their own copy of Social Care Wales code of conduct although this could not be evidenced. Following the inspection the manager told us that staff would in future, be asked to sign they had received this. Although the staff handbook was dated 2018 it had not been updated to reflect the change of name of the Care Council for Wales to Social Care Wales, which took place in April 2017. Improvements are needed to evidence staff are have accurate and up to date information.

## Quality Of Leadership and Management

Overall, people cannot be confident that the agency is well managed because the manager is not familiar with, or meeting a number of the Domiciliary Care Agencies (Wales) Regulations 2004. It does not provide the required information about the service and does not have measures in place to monitor, review and improve the quality of the service.

Measures are not in place to ensure people are provided with the required information. The Statement of Purpose does not include all the information required by the regulations. Examples of missing information includes, the area in which the agency provides services, procedures to safeguard people and care workers and procedures for the administration, or assistance with medicines. People are not provided with accurate information so they can make an informed decision when considering using the service.

The Service User's Guide is not available in Welsh or an accessible format to suit the needs and abilities of people who use the service. Examples of the information missing includes, the area in which the agency provides services, the agency charges and how it ensures the person's and staffs health and safety. The guide also tells readers staff are provided with 'emergency first aid' training, a three day course, but the manager confirmed that staff complete a one day first aid course. The registered person(s) must take action to address this. People are not provided with accurate information so they can make an informed decision when considering using the service.

Information about how to make a complaint is provided. This was included in the Statement of Purpose and Service User's Guide. People and relatives spoken with were clear they could raise concerns or complaints with the manager. The manager told us no complaints had been received since the last inspection. People are provided with information about how to raise concerns or make a complaint.

The service had moved premises but not informed CIW. The manager told us that the agency had moved premises on "29 or 30 October 2018" but had not informed us. The agency had also not informed the local authority or Social Care Wales with whom the manager is registered. This is a serious matter and a notice of non-compliance has been issued. This can be viewed at the back of this report. People cannot be confident the manager is familiar with the Domiciliary Care Agencies (Wales) Regulations 2004.

Policies and procedures do not provide staff with appropriate information. The safeguarding policy dated (2016 and 2018), did not reference the All Wales Adult Protection Framework and did not give staff information about how to report an allegation. The policy contains misleading and out of date information and refers to people working as volunteers with the agency although the manager told us the agency did not use volunteers. The whistleblowing policy refers to the regulator in England, CQC and not CIW and did not include the contact details of independent bodies such as Public Concern at Work or the local authority. Policies and procedures require improvement to make sure staff are provided with accurate and necessary information.

Measures are not in place to monitor and review the quality of the service. A person

being supported by the service had completed a questionnaire stating the agency was, "*brilliant*". No evidence was provided to show that people were supported to complete questionnaires independently of staff, for example with support from advocacy services. The agency did not have a policy and procedure in place in relation to quality assurance. This was developed after the inspection and the copy forwarded to CIW. However, the manager told us they had started to send out questionnaires to seek people's views. Staff records had not been audited and issues detailed in this report had not been identified. We were unable to check daily records as measures were not in place to return them to the office. Incident and accident forms had not been audited and there was no evidence of any action taken after such events had occurred. Incident records checked included an incident that should have been reported to CIW under Regulation 26. The manager told us they had not completed a Quality of Service review in 2017 because the agency was "*only supporting three people*". Following the inspection the manager told us they had addressed the issues raised at the inspection. Despite this reassurance the issues identified are serious and a notice of non-compliance has been issued. This can be viewed at the back of this report. People cannot be confident that the service will monitor, review and strive to improve the quality of the service.

## Quality Of The Environment

This theme is not applicable to domiciliary care agencies.

## How we inspect and report on services

We conduct two types of inspection; baseline and focused. Both consider the experience of people using services.

- **Baseline inspections** assess whether the registration of a service is justified and whether the conditions of registration are appropriate. For most services, we carry out these inspections every three years. Exceptions are registered child minders, out of school care, sessional care, crèches and open access provision, which are every four years.

At these inspections we check whether the service has a clear, effective Statement of Purpose and whether the service delivers on the commitments set out in its Statement of Purpose. In assessing whether registration is justified inspectors check that the service can demonstrate a history of compliance with regulations.

- **Focused inspections** consider the experience of people using services and we will look at compliance with regulations when poor outcomes for people using services are identified. We carry out these inspections in between baseline inspections. Focused inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focused inspections may be scheduled or carried out in response to concerns.

Inspectors use a variety of methods to gather information during inspections. These may include;

- Talking with people who use services and their representatives
- Talking to staff and the manager
- Looking at documentation
- Observation of staff interactions with people and of the environment
- Comments made within questionnaires returned from people who use services, staff and health and social care professionals

We inspect and report our findings under 'Quality Themes'. Those relevant to each type of service are referred to within our inspection reports.

Further information about what we do can be found in our leaflet 'Improving Care and Social Services in Wales'. You can download this from our website, [Improving Care and Social Services in Wales](#) or ask us to send you a copy by contacting us.



## **Care Inspectorate Wales**

**Care Standards Act 2000**

### **Non Compliance Notice**

**Domiciliary Support Service**

This notice sets out where your service is not compliant with the regulations. You, as the registered person, are required to take action to ensure compliance is achieved in the timescales specified.

**The issuing of this notice is a serious matter. Failure to achieve compliance will result in Care Inspectorate Wales taking action in line with its enforcement policy.**

Further advice and information is available on CSSIW's website  
[www.careinspectorate.wales](http://www.careinspectorate.wales)

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Date of publication: 4 February 2019

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Quality Of Staffing	Our Ref: NONCO-00006997-TPQQ
<b>Non-compliance identified at this inspection</b>	
<b>Timescale for completion</b>	<b>01/02/19</b>
Description of non-compliance/Action to be taken	Regulation number
Recruitment checks are not in place before staff start work.	15(1)(c) 15(1)(b)Sch3.03 15(1)(b)Sch3.05 15(1)(b)Sch3.08 15(1)(b)Sch3.09
<b>Evidence</b>	
<p>The registered person(s) is in breach of Regulation 15 (1) (b) (c) Schedule 3 (3) (5) (8) (9) regarding the employment of staff.</p> <p>This is because they have failed to ensure that recruitment systems are in place to ensure staff are suitable before they start working at the agency.</p> <p>The evidence includes;</p> <p>The previous inspection on 12 July 2017 identified that full employment histories and the reasons for leaving employment were not available. The manager was advised that they ‘must ensure that the vetting process is completed fully as a matter of priority’.</p> <p>On 19 November 2018, the manager told us that they had not audited staff recruitment records since the last inspection and was unable to provide assurances that measures were in place to make the recruitment process more robust. The manager was not aware of how to recruit staff safely and in line with the regulations.</p> <p>Staff member A started working at the agency in September 2017</p> <ul style="list-style-type: none"> <li>• The application form was dated the same day the person started work. This means that it would not have been possible to carry out the necessary checks or obtain a satisfactory DBS check or satisfactory references.</li> <li>• The application form showed a gap in employment between 2013 and 2014. There was no evidence this had been identified or discussed with the applicant.</li> <li>• There was no evidence that the person had been interviewed.</li> <li>• A reference from a previous employer was dated 51 days after the person started work. The reference was not dated so we could not evidence when it had been received.</li> <li>• An undated character reference clearly stated that the referee was related to the applicant. There was no evidence that the manager had identified that this was inappropriate.</li> <li>• A reference had not been obtained from the applicant’s current employer.</li> <li>• A satisfactory DBS check had been received 14 days after the person had started work.</li> <li>• There was no evidence to demonstrate that the person had been appropriately supervised and not left alone with people whilst awaiting return of the vetting checks.</li> </ul>	

- There was no evidence of a risk assessment in relation to this member of staff having access to, and working with people at risk
- A current photograph of the person was not included in their recruitment record.
- There was no evidence that the applicant had been required to provide evidence of qualifications claimed on application.
- The letter offering the person employment was not dated and did not include the start date of employment so we could not evidence when it had been given to the applicant. However, the start date provided by the manager was the same date the application form was completed.

Staff member B started work in October 2018.

- A character reference was dated 12 days after the person had started work, but not dated when received so there may have been a longer gap than 12 days. .
- A reference from the applicant's last employer was dated 12 days after the person started work. It was not dated when received so there may have been a longer gap than 12 days.
- The interview record was not dated so we could not evidence the person had been interviewed before they started work.
- The offer of employment letter was not dated so we could not evidence it had been sent to the applicant before they started work.
- On the day of the inspection, 19 November 2018, the manager confirmed that they were, "still waiting" for a DBS check, 26 days after the person had started work.
- There was no evidence to demonstrate that the person had been supervised and not left alone with people whilst awaiting the return of the vetting checks.
- There was no evidence of a risk assessment in relation to this member of staff having access to, and working with people at risk
- There was no evidence that the applicant had been required to provide evidence of qualifications claimed on application.
- A current photograph of the person was not included in their recruitment record.

Staff member C started work at the agency in August 2017.

- The application form was dated 12 days after the person started work.
- A character reference was dated 66 days after the person had started work.
- A character reference, (undated) detailed the person was 'satisfactory' had been completed by a director of A Star Support Services. A second reference completed by the same referee described the person as 'excellent'. There was no evidence that the manager had identified that it was inappropriate for the director to provide a reference, or that they had discussed why the responses differed.
- There was no evidence that the person had been interviewed.
- A current photograph of the person was not included in their recruitment record.
- There was no evidence that the applicant had been required to provide evidence of qualifications claimed on application.
- The offer of employment letter was not dated so we could not evidence it had been sent to the applicant before they started work.
- Following the inspection the manager confirmed that a further five staff had started working 'shadow shifts' before two satisfactory references were received.
- The manager told us that two staff had adverse DBS checks. There was no evidence that this had been discussed with the staff concerned and risk assessments had not been completed.

The impact on people is that staff who are not suitable to work with people at risk may provide care and support.

<b>Quality Of Leadership and Management</b>	<b>Our Ref: NONCO-00006998-LYLJ</b>
<b>Non-compliance identified at this inspection</b>	
<b>Timescale for completion</b>	<b>01/02/19</b>
<b>Evidence</b>	
<p>The evidence includes;</p> <ul style="list-style-type: none"> <li>• On the day of the inspection the agency did not have a policy and procedure in place in relation to quality assurance and how the agency intended to monitor, review and improve the quality of the service.</li> <li>• The manager was unaware of the requirement to produce a Quality of Service Review although the Service User Guide states 'we will conduct a Quality Service Review annually.</li> <li>• Incident/accident records are not checked or audited by the manager and this had resulted in incidents not being reported to CIW or the local safeguarding team, including an incident that occurred whilst support was being provided to a member of the public.</li> <li>• Records completed by staff in people's homes including daily records and medication administration records, (MAR) charts are not returned to the office to be checked and stored securely.</li> <li>• The previous inspection identified failings in recruitment processes. The manager had not audited staff records and by the time of this inspection had not identified that recruitment records did not contain all the required information and checks before staff started work.</li> <li>• The manager was unable to provide evidence that service delivery plans were checked. The inspector found issues that should have been identified such as records not being completed, dated, signed or reviewed.</li> <li>• We found that not all staff had received an appraisal and the manager was unaware of this deficit.</li> <li>• The manager had not identified that the wording in questionnaires providing to people who used the service was the same as the relatives questionnaires and therefore not specific to people who use the service. The agency does not provide questionnaires in alternative, accessible formats such as large print or pictorial to increase the possibility of people being able to complete such forms independently.</li> </ul> <p>The impact on people is that they do not benefit from a service that is committed to monitoring, reviewing and improving the quality of the service provided.</p>	

<b>Quality Of Life</b>	<b>Our Ref: NONCO-00006999-WBMP</b>
<b>Non-compliance identified at this inspection</b>	
<b>Timescale for completion</b>	<b>01/02/19</b>
<b>Description of non-compliance/Action to be taken</b>	
<b>Regulation number</b>	
The registered person(s) is in breach of regulation 20 (1) (a) (b) regarding records. This is because we found that systems were not in place to return records completed by staff in peoples' homes to the office.	20 (1)(a) 20 (1)(b)
<b>Evidence</b>	
<p>The evidence includes;</p> <ul style="list-style-type: none"> <li>• We checked three service delivery plans. None contained daily records. The manager informed us that the records had not been returned from people's houses.</li> <li>• This meant that anyone visiting the houses could potentially have access to confidential records.</li> <li>• The manager confirmed that systems were not in place to ensure records were returned to the office.</li> </ul> <p>The impact on people is that information about them is not kept securely.</p>	

<b>Quality Of Staffing</b>	<b>Our Ref: NONCO-00007143-RVFX</b>
<b>Non-compliance identified at this inspection</b>	
<b>Timescale for completion</b>	<b>01/02/19</b>
<b>Evidence</b>	
<p>The evidence includes;</p> <ul style="list-style-type: none"> <li>• The Service User Guide dated May 2018 states 'the staff team will receive thorough induction training which includes health and safety awareness, food hygiene awareness, emergency first aid, moving and positioning, fire safety, medication awareness and administration'. We saw that this induction was completed by use of an in house workbook. The manager told us that it took five hours to complete and cover the above six topics. We were not able to verify from the training record provided if the manager was qualified to provide training in all these topics.</li> <li>• The manager supplied a record of all staff. Four staff listed as employed by the agency were not included in the training record. This meant we could not evidence that they had completed any training since starting work at the agency.</li> <li>• Six staff listed on the training record were not included in the current list of staff provided.</li> <li>• Seven staff had not completed induction training.</li> <li>• Thirteen staff had not completed safeguarding training.</li> <li>• Staff member F started work in June 2018 and is included on the training record but is not recorded as completing any training, including induction training.</li> <li>• Staff member G started work in October 2018 and is included on the training record but is not recorded as completing any training, including induction training.</li> <li>• Staff member H started work in October 2018 and is included on the training record but is not recorded as completing any training, including induction training.</li> <li>• Staff member J started work at the agency in November 2018 and is included on the training record but is not recorded as completing any training, including induction training.</li> <li>• Staff member K (date of starting work not supplied). The training record showed that they had not completed training in first aid, health and safety, food hygiene, moving and positioning, fire safety or medication.</li> <li>• Staff member L started work in June 2018. The training record showed that they had not completed training first aid, food hygiene, moving and positioning or medication awareness.</li> <li>• No staff have completed training in risk assessment although it is included on the training record.</li> </ul> <p>The above are examples and not an exhaustive record of staff who have not completed necessary training.</p> <p>The impact on people is that care and support is provided by staff who may not have the</p>	

necessary skills and knowledge.

<b>Quality Of Life</b>	<b>Our Ref: NONCO-00007144-NKVF</b>
<b>Non-compliance identified at this inspection</b>	
<b>Timescale for completion</b>	<b>01/02/19</b>
<b>Evidence</b>	
<p>The evidence includes;</p> <p>The Service User Guide states ‘we will also complete detailed risk assessments’ but these were not in place on any records checked. It goes on to say that the agency, ‘monitor, review and reassess the care provided at least every 12 months’ but this had not taken place on the three records checked.</p> <p>Person A</p> <ul style="list-style-type: none"> <li>• The person who had completed the care had not signed the pre service assessment.</li> <li>• There was no record of the date the agency started to provide a service.</li> <li>• There was no record of the days or hours that the agency was contracted to provide a service.</li> <li>• The section for the person’s date of birth, photograph and emergency contact was blank.</li> <li>• The manager stated that the person receiving the service had capacity but had not been asked to sign the service delivery plan giving their consent to how care and support was to be provided.</li> <li>• There was no evidence that the person had been involved in developing the care and support plan.</li> <li>• Information provided about a diagnosed medical issue had been obtained from an American website and included references and contact details not accessible or relevant in this country.</li> <li>• No information was provided about a range of diagnosed medical conditions and care plans and staff training were not in place in relation to these issues.</li> <li>• Records completed by staff in the person’s home had not been returned or checked since May 2018.</li> </ul> <p>Person B</p> <ul style="list-style-type: none"> <li>• There was no record of the date the agency started to provide a service.</li> <li>• There was no record of the days or hours that the agency was contracted to provide a service.</li> <li>• A risk assessment document was in the name of Clock Tower day services, the</li> </ul>	
<b>Description of non-compliance/Action to be taken</b>	<b>Regulation number</b>
The registered person(s) is in breach of Regulation 14 (1) (b) (c) (2) (b) (3) regarding service delivery plans. This is because we checked three service delivery plans and found people’s needs were not always recorded, risk assessments were not in place and measures were not in place to regularly review plans.	14 (1)(b) 14 (1)(c) 14 (2)(b)

manager's former employer. The manager told us this company is not legally associated with the agency.

- The generic 'individual risk assessment' was blank.
- The section in the service delivery plan detailing the 'desired outcome' and 'possible negative outcomes' were blank.
- The risk assessment entitled 'community' was dated 2 August 2017 and it had been recorded that this must be reviewed in December 2017. There was no evidence that this had been reviewed.
- The risk assessment entitled 'seizures' had been completed on 22 August 2017 with a review date noted of 22 August 2018. There was no evidence that this had been reviewed.
- The risk assessment entitled 'swimming' was dated 22 August 2017 and had been due for review on 22 August 2018. There was no evidence that this had been reviewed.
- The risk assessment entitled 'finances' was dated 22 August 2017 and was due for review on 22 August 2018. There was no evidence that this had been reviewed.
- The section for the person's photograph was blank.
- Daily records completed by staff whilst working in the person's home had not been returned to the office to be checked or stored securely since December 2017.
- No information was provided about a range of diagnosed medical conditions and care plans and staff training were not in place in relation to these issues.

#### Person C

- There was no record of the days or hours that the agency was contracted to provide a service.
- The risk assessment entitled 'community' was in the name of a different person which may indicate that 'community' risk assessments are generic.
- A risk assessment was not in place in relation to the support provided with medicines management.
- A food related allergy had been noted but the manager told us a risk assessment had not been completed because the person, "had capacity". No information or guidance was provided for staff in relation to this issue.
- The generic risk assessment detailed that a risk existed in relation to the person's disability but did not detail what the risk was or how staff were expected to manage the risk.
- The section for the person's photograph was blank.
- The sections, important things, pets, how I like to dress, beliefs and preferences, daily routines, food were all blank. The plan detailed that the person had a diagnosed medical condition that meant a risk assessment and plan should have been in place in relation to food and diet.

The impact on people is that their needs may go unmet because records do not contain correct information about their needs or provide guidance for staff about how to meet such needs.

<b>Quality Of Leadership and Management</b>	<b>Our Ref: NONCO-00007145-HSCY</b>
<b>Non-compliance identified at this inspection</b>	
<b>Timescale for completion</b>	<b>01/02/19</b>
<b>Description of non-compliance/Action to be taken</b>	<b>Regulation number</b>
The registered person(s) is in breach of Regulation 28 (d) (i) because they failed to tell CIW that the agency premises had changed. This is because we identified that the agency had moved premises and changed the contact phone number without informing us.	28(d)[i]
<b>Evidence</b>	
<p>The evidence includes;</p> <p>We identified as part of the current reregistration process under RISCA that the agency had moved to different premises. We had not previously been informed of the change of address and telephone number.</p> <p>We spoke with other agencies including the local authority and Social Care Wales, neither of which had been informed of the change of address and contact details.</p> <p>The potential impact is that agencies including CIW, would not have known where the agency was operating.</p>	