



**Care Inspectorate Wales**

**Care Standards Act 2000**

# **Inspection Report**

**Bevris Support Ltd  
Ground Floor  
Seasons House  
Lakeside Business Park  
Ewloe  
Flintshire  
CH5 3YE  
Deeside**

**Type of Inspection – Full  
Date(s) of inspection – 9 November 2018  
Date of publication – 11 January 2019**

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## Summary

### About the service

Bevris Support Ltd is registered with Care Inspectorate Wales, (CIW), to provide care for people in their own home. The registered provider is Bevris Support Ltd and they have appointed a person to be the responsible individual. A manager has been appointed and they are registered with Social Care Wales.

### What type of inspection was carried out?

We, CIW carried out a planned, unannounced, full inspection of the agency on 9 November 2018 between 1.p.m. and 3.55 p.m.

The following methods were used;

- We visited the agencies' office.
- We spoke with the manager, deputy manager, administration manager and two members of staff.
- We looked at staff recruitment, supervision and training records.
- We reviewed the Statement of Purpose, Service Users Guide and staff handbook.
- We spoke one person using the service and two relatives. We tried to contact other people but were unsuccessful.

### What does the service do well?

The agency is accredited as a Disability Confident Employer, which supports employers to make the most of the talents disabled people can bring to the workplace.

The agency has received an independent Fair Play award for employers based on positive responses from staff.

Measures are in place to provide a service in Welsh on request and to support staff who are Welsh speakers, or who wish to learn Welsh.

### What has improved since the last inspection?

Recruitment practice has improved with more robust checks taking place before staff start work.

Improvements have been made in the staff training programme. Measures are in place to undertake spot checks of individual staff practice and structured support provided to staff when undertaking training to make sure it is effective.

Complaints management has improved and the timescale within which complaints would be investigated has been updated to 14 days.

A Quality of Service report is produced and available to the public on request.

Measures are in place to make sure people are made aware of their right to receive a service in Welsh.

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

We have not issued any non compliance issues as a result of this inspection.

#### **Areas that require improvement.**

Information about complaints in the Service Users Guide must make it clear that whilst people can contact CIW at any stage, we cannot investigate individual complaints.

Information about complaints must include the address of CIW and should include the contact details of the local authority and the local government ombudsman.

The Statement of Purpose and Service Users Guide should include information for people about how the service would meet people's Welsh language needs.

The Quality of Service report should be reviewed to make sure it does not contain confidential information and should include the views of people who use the service.

## Quality Of Life

Overall, people can be confident their needs will be assessed before the service starts. A service delivery plan will be developed to record their needs and this will be kept under review. Support is delivered by consistent staff, familiar with people's needs.

People and relatives spoken with were very positive about the service. They told us they always received a rota telling them which staff were coming and staff always arrived on time. Comments included that the agency was, "*very good*", "*very good service, can't fault it*", "*really helpful*" and "*very professional*". People were pleased the staff teams were consistent and that staff were familiar with individual's needs. People confirmed staff, "*always ask how I want things doing*" and a relative told us staff always sought their advice whenever necessary. The manager was described as, "*wonderful*" and "*always available*". People are satisfied with the service provided.

Care records were detailed and contained clear guidance for staff about people's needs and how they should be met. They had been reviewed and updated when people's circumstances had changed. Staff were provided with information about diagnosed medical conditions and how this affected people's needs. Staff spoken with told us plans contained detailed information about people's needs and how they should be met. Risk assessments were in place, reviewed, and updated whenever necessary. Records were checked by the senior of each house, returned to the office monthly and audited by a senior manager. Training was provided for staff in how to complete records. The low staff turnover means that people were provided with continuity of support from a stable staff team. People receive the right care at the right time.

A policy had been developed in relation to how the service can meet people's Welsh language needs. A senior member of staff told us documents are available in Welsh on request, but this was not made clear in the English version. The staff application form had been changed to ask applicants about their Welsh language skills and staff are supported to access Welsh language courses. Staff who speak Welsh wear a lanyard that identifies they are able to speak Welsh. Measures are in place to support people who would prefer information and a service in Welsh.

## Quality Of Staffing

Overall, checks make sure staff are suitable and they are provided with appropriate training and support.

Recruitment checks are in place. Records included an application form, references, proof of identity and a satisfactory Disclosure and Barring Service, (DBS), check. New staff work with experienced staff on 'shadow shifts'. This was recorded along with an evaluation of staff competency. A senior member showed us records that identified the staff turnover was very low (4%), and that the agency was frequently approached by staff seeking work. Checks make sure staff are suitable before they start work.

Staff spoken with described working at the agency as, "*brilliant*" and "*superb*". Measures were in place to record staff training and to prompt when training was due to be renewed. A member of staff told us the agency was, "*very good at providing additional training*". A senior member of staff told us face-to-face and electronic training was provided but there would be an increase in face to face training, particularly to include clinical skills needed to provide care for people with complex needs. Managers had recently completed training in recruitment and supervision that they told us had been, "*really helpful*". Records provided showed staff received regular supervision and an annual appraisal. Staff spoken with told us support was provided, "*whenever I need it*" and that the agencies management team were, "*very supportive*". Records showed regular staff meetings were held and staff told us they were encouraged to attend and give their views. Staff had also been encouraged to set up peer support groups. The agency held regular events to which staff, people who use the service and their relatives were invited including a sports day and Christmas party. Staff are provided with necessary training and support.

## Quality Of Leadership and Management

Overall, people can be confident the agency is well managed and striving to continually improve the quality of the service offered.

People are provided with information so they can make an informed choice when considering using the agency. A Statement of Purpose and Service Users Guide is produced which gives information about the services available. This was regularly reviewed and updated. People are able to make an informed choice when considering using the agency.

People spoken with were clear that they knew how to raise any concerns and were confident that they would be listened to and taken seriously. Complainants had received acknowledgments and been informed, in writing, of the outcome. Information about complaints in the Service Users Guide did not make it clear that whilst people are able to contact CIW at any stage of a complaint, we are not able to investigate individual complaints. Measures are in place to support people to raise concerns if necessary.

The agency produced a Quality of Service report for 2018 (January – September). This provided people with information about how the agency monitors reviews and improves the quality of the service. Consideration should be given to including examples of the views of people who use the service and any action taken to address issues raised. One section of the report contained confidential information that risked identifying an individual. The agency had asked professionals, staff and people who use the service, for their views in 2018. People were able to complete the surveys anonymously and online, which had increased the response from previous years. Responses had been collated and action points detailed any areas identified that could be further improved. The responses from all groups were positive and indicated a high level of satisfaction with the service. Measures are in place to monitor, review and 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.