



## Inspection Report on

**Empower Support**

**Empower Support Office  
71 Mansel Street  
Swansea  
SA1 5TN**

## **Date Inspection Completed**

25/01/2023

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## About Empower Support

Type of care provided	Domiciliary Support Service
Registered Provider	Empower Support Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">15<sup>th</sup> September 2021</a>
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

Empower Domiciliary Support Service provides a high standard of care and support to people. We spoke to a wide range of people to gain feedback including; from people supported, a relative, senior care workers, care workers, manager, commissioners and the Responsible Individual (RI). We found very robust and thorough support planning processes and documentation in the service. The provider ensures people are consulted and involved in relation to service delivery. We saw support provided is person centred and outcome focused. There are robust and clear processes to monitor the standard of care provided. The RI and Registered Manager (RM) take an active role and are present and directive in the service. Care workers access a wide range of both core and relevant specialist training. Care workers told us senior staff are very supportive. There are detailed policies and procedures in place to guide staff.

### Well-being

People contribute to decisions that affect them and participation, choice and inclusion is actively promoted and upheld by the provider. We saw a high standard of documentation in the service. This includes provider assessments, people's support plans, risk assessments, health information, reviews and record keeping. We saw records clearly evidencing people's achievement of their personal goals. People and a relative gave us consistently positive feedback about the quality of service provided. Since the last inspection the provider has strengthened processes around new support arrangements. Communication across the service is highly effective and a relative informed us managers and staff are very supportive and helpful.

There are experienced, knowledgeable and well trained care workers working in the service. We saw well organised staff files evidencing good compliance with regulation in respect of required checks and nearly all staff are registered with Social Care Wales (SCW – the social care force regulator). Care workers receive a good range of core and relevant specialist training to ensure they can carry out their work roles effectively and to a high standard. All support workers receive regular planned supervision and appraisals.

The service is well run and managed. There is clear oversight from the RI, RM and senior care workers. Quality checks are completed appropriately and according to current guidance and legislation. The latest quality of care review report completed by the RM and RI contains detailed and thorough information including feedback from people, relatives, quality audits and safeguarding. All care workers told us they have a positive working relationship with senior staff feeling supported and listened to. We saw RI checks are completed, senior staff meetings are taking place regularly and staff meetings are planned and documented. Staffing levels reflect people's needs as documented in care plans and assessments.

People are protected from abuse and neglect as care workers know what to look out for and how to raise concerns if they suspect someone's wellbeing is at risk. Care workers receive regular and updated training in safeguarding and have access to clear and detailed policies and procedures to guide them. There are very robust risk plans in place to keep people safe and promote independence as far as possible. The statement of purpose (SoP) is reflective of the service provided.

## Care and Support

People receive a high standard of person centred care and support. We visited three people at home and spoke to a relative. We also completed an office visit and spoke to the RI, RM and senior care workers. We also received five feedback questionnaires from care workers. All feedback received is extremely complimentary about the quality and standard of care and support provided. A person told us; *“I have a very good relationship with the carers. I have every faith in them. My mental health has been very stable since they have been calling”*. Another person stated; *“they are excellent and it works both ways...they are always very polite and are brilliant”*. A relative we spoke to confirmed communication with the service is good and the RM and senior care workers are approachable and available.

The service provider considers a wide range of information to confirm the service can meet people’s needs. The service has an accurate, up to date support plan which is regularly reviewed and is complimented by detailed and thorough health, risk assessment information and good record keeping. We completed an audit of three support files. Since the last inspection the provider has strengthened their planning and processes in relation to accepting new support arrangements. These include a detailed pre-provision form completed in partnership with the commissioner. We also saw detailed and thorough paperwork provided by commissioners including specific risk assessment information where necessary. We found strong evidence of person centred planning, participation and inclusion. We found that where able, people are fully involved and consulted in relation to support planning and choice. This includes detailed and thorough support plan review documents which are very person centred and signed by the person where appropriate.

People are safe and risks to their health and wellbeing minimised as much as possible. There are detailed and thorough safeguarding and whistleblowing policies that are in date and updated as necessary. All care workers we spoke with told us that they had received safeguarding training and this is updated annually. Care workers we spoke with have good knowledge regarding the importance of safeguarding and their responsibilities. We also saw a robust and detailed staff lone working policy along with on-call arrangements for staff support as necessary. There are monthly documented support worker meetings with senior staff. We saw records which detail discussions regarding service issues such as safeguarding concerns, outcomes and actions.

## Environment

The quality of environment is not a theme that is applicable to a domiciliary support service. However, the service operates from a self-contained office with good facilities for staff and some off road parking. The provider has leased additional office rooms with additional parking spaces since the last inspection. Rooms seen are clean and well equipped, with suitable space for record keeping, meetings and locked filing cabinets for the storage of confidential information.

There are very robust and thorough governance and quality assurance arrangements in the service. The RI and RM have a strong presence in the operation and running of the service along with two senior care workers who have been recruited since the last inspection. The service is developing and growing and we saw a yearly newsletter summarising this. The newsletter includes a section on staff awards, training, staff meetings and information regarding a new electronic staff communication system which has been introduced. The RI and RM told us the service is very settled currently with no concerns, safeguarding, complaints or Covid 19 issues. Commissioners confirm there are no concerns or issues with the service. The RI completes three monthly checks of the service provision and along with the RM, six monthly detailed quality of care reports. These include discussion and feedback from people and staff. Quality of care reports give a detailed overview of service delivery and include feedback questionnaires from people using the service. The statement of purpose (SoP) for the service aligns with the service delivered and is an accurate description of provision.

The provider ensures support workers are suitably fit and have the required knowledge, skills, competency, and qualifications to provide a high standard of care and support. We viewed an overall staff training plan and saw nearly all training for support workers is current and in date. Staff also receive specialist training in areas such as eating disorders, self-harm, depression, anxiety, substance misuse etc. There are monthly team meetings and these are also used as staff development sessions. The RI and RM are both qualified psychiatric nurses and can provide specialist professional training around topics such as schizophrenia etc. We looked at three care worker files and all recruitment documentation is in place including Disclosure and Barring (DBS) checks, which are all in date. Nearly all care workers are now registered with SCW. We saw care workers receive documented regular supervision. The RI and RM told us induction processes for new care staff are being further developed to ensure they are robust and cover all the requirements of SCW. Care workers gave us consistently positive feedback about the support they receive from management. A care worker told us; *“such a supportive environment, on call are always there to help you and you’re never worried to reach out if you need to”*. Another care worker stated; *“small team and it works really well. Good support from line manager, really open communication and feedback”*. The RI told us they have developed good links with local colleges and this benefits recruitment as many of the support workers have a background in or are already studying health and social care subjects.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
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N/A	No non-compliance of this type was identified at this inspection	N/A
18	The provider needs to ensure there is a clear support plan for managing risk at the start of service provision.	Achieved

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