



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Care and Social Services Inspectorate Wales

Care Standards Act 2000

Inspection Report

Mirus Wales

Unit 5 Cleeve House
Lambourne Crescent
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Type of Inspection – Focused

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Summary

About the service

Mirus Wales is registered with Care and Social Services Inspectorate Wales (CSSIW) as a domiciliary care agency to provide support to older people, adults with physical disabilities, adults with learning disabilities, adults with mental health needs and children living in their own homes.

The agency provides support ranging from occasional home visits to 24 hour support. We regulate and inspect the support the agency provides, but this does not include the accommodation people live in. Mirus Wales are based in Cardiff but operate throughout Wales. There is a person appointed to oversee its operations, known as a responsible individual. Elizabeth Hill and Zena Winston are the registered managers.

What type of inspection was carried out?

We undertook an unannounced, focused inspection on 23 August 2017. This was following a number of concerns relating to individual staff conduct which had occurred in different local authority areas since our last inspection. This focused inspection considered how the agency was addressing these.

The following sources of information were used to inform our report:-

- We considered information we already held about Mirus Wales. This included the last inspection report, notifications and concerns.
- Verbal discussions with six members of staff.
- Verbal discussions with six service users and/or their representatives.
- Discussions with the responsible individual and management staff.
- Five staff personnel files, including their training, supervision and employment histories.
- Care documentation for two service users.
- Statement of purpose.
- Minutes from an internal quality assurance working group meeting dated August 2017.
- Medication action plan dated August 2017.
- An updated medication policy dated June 2017.
- An updated investigation tool and staff learning log, used by Mirus Wales for misadministration of medication incidents.
- An action plan following our last inspection in March 2017.
- A performance report for 2017-2018.
- Staff training matrix for all staff.
- Information relating to means by which adult safeguarding awareness was promoted amongst staff.

What does the service do well?

We identified several strengths at our last inspection in March 2017 and again at this inspection. These included:-

- Robust systems for responding to safeguarding concerns and addressing unsatisfactory staff performance. This includes liaising appropriately with relevant health and social care professionals, safeguarding teams, the police and addressing practice issues with staff.
- People are supported in a person-centred manner using the *active support* model. This empowers people to participate as much as possible in their lives.
- Effective systems for auditing and evaluating the service provided to people.
- There is a clear line of site on the service by the agency's management and a strong commitment to continuous improvement.

What has improved since the last inspection?

We identified the following improvements since our last inspection in March 2017:-

- The statement of purpose was updated to incorporate an 'active offer' of the Welsh language.
- Policies and procedures were updated, designed to reduce misadministration of medication incidents and to promote staff learning and reflection. Updated training was in the process of being delivered to staff in management roles at the time we visited.
- The timeliness of reporting incidents to CSSIW was improved, thereby satisfying compliance with Regulation 26.

What needs to be done to improve the service?

We advised the registered persons that improvements are needed in relation to:-

- Service delivery plans, to ensure they are reviewed at least every 12 months in consultation with service users and/or their representatives (Regulation 14). (The agency is making progress towards addressing this and it will be considered further at our next inspection).
- Staff personal files, to ensure the required information is available in respect of all staff employed (Regulation 15(1)(b)).

A notice has not been issued on this occasion as there was no immediate or significant impact to people. We expect the registered persons to take action, however, to address these areas which will be followed up at the next inspection.

In addition, we made the following recommendations:-

- The service user guide is updated with the Welsh language 'active offer'.
- All staff receive formal supervision at least once every three months.
- All staff receive regular formal refresher training in relation to adult safeguarding.

Quality Of Life

People are supported to maximise their independence and take control in their lives. We had discussions with six service users and/or their representatives. The comments we received were mostly positive. Examples included:-

- *'It's really good here', and 'they encourage me to do things for myself'. (Service user).*
- *'Mirus have given me confidence and independence...they [staff] are amazing people'. (Service user).*
- *'He's encouraged to do a lot for himself. Everyone who sees him now notices he's become a young man. He's grown up a lot'. (Representative).*
- *'Some staff are fantastic, however not all deal with challenging behaviour as well. Communication could be better' (Representative).*
- *'Every single one do their jobs...they're all top dogs' and 'If I feel down I just pick up the phone and talk to them...we go out, have a cuppa'. (Service user).*

One person told us about how staff were supporting them to plan and save for a holiday abroad. Another person told us that they were unhappy with their previous support arrangements and that since receiving a service from Mirus Wales, they had developed the confidence to manage their finances, cook meals and go shopping on their own. Staff we spoke with demonstrated good knowledge of people's needs and goals. One person told us about a service user who recently obtained their first job with support from staff. A representative told us that, despite the complexity of their relatives needs, they were encouraged to have responsibility for their own domestic tasks. Overall, people using the service can feel valued and participate fully in daily life.

Support focuses on helping people manage and reduce their behaviours, which is informed by a multi-agency approach. We visited a supported living service operated by Mirus Wales for people with complex needs. We received an anonymous concern prior to our visit regarding care, management and the environment at that particular service. The matter was referred to the local authority safeguarding team and Mirus Wales had also undertaken a service review, which identified a number of required improvements. Mirus Wales were addressing these in collaboration with relevant professionals and agencies. This included addressing staff conduct concerns via their internal procedures. We saw a new practice lead for that service had also been appointed. We found, based on our visit, staff were knowledgeable about people's needs and risks. We sampled care documentation for two service users. This included their service delivery plans, which specified their personal care needs and how they were to be met. They were relevant and had been reviewed in accordance with regulatory requirements. We further sampled two risk assessments and positive behavioural support plans, informed by people's representatives and health and social care professionals. They included people's social history, described what a 'good day' looked like and had clear instructions for staff in managing behaviours that presented as challenging.

Furthermore, monthly reports were completed to evaluate the number of challenging incidents that arose. This included times, triggers, their severity, reactive strategies used and a review of people's well-being. The service compared information with previous

monthly reports, to measure the effectiveness of support strategies. A report we sampled for one person reflected a significant reduction in incidents. The service manager informed us information was evaluated by a multi-agency team. This comprised a social worker, occupational therapist, psychiatrist, speech and language therapist, community nurse and agency staff. Overall, we conclude that people's needs are appropriately assessed and evaluated and the agency cooperates with other professionals and agencies.

Quality Of Leadership and Management

The agency promotes a culture of reflection and learning. We case tracked five members of staff in respect of whom there had been practice concerns. We saw that the agency took concerns seriously and liaised appropriately with other health and social care professionals in addition to other bodies, such as the Police and CSSIW. There were systems to investigate concerns in collaboration with human resources which led to documented disciplinary outcomes. We further saw that matters were addressed with staff via supervision, reflection logs and re-training. The agency was proactive in developing policies and procedures designed to reduce instances of misadministration of medication. Staff in management roles were undertaking training regarding new changes at the time we inspected. A new investigation tool was developed which contained a reflection and learning log for staff. We considered this was good practice. Service users therefore benefit from an agency where poor practice is addressed promptly in collaboration with other agencies and professionals.

Most staff are appropriately recruited and supervised. We sampled five staff personnel files. Out of these, three fully met regulatory requirements. Two did not contain all of the information required, namely a statement by the employee regarding their physical and mental health, a recent photograph and proof of identification. We also sampled supervision records for five staff. Three of these indicated that staff had received regular supervision. Two, however, indicated gaps of up to five and seven months respectively. Supervision in this sense relates to a confidential, documented one to one discussion between an employee and their line manager. It enables the employee to reflect on their practice, their strengths, share any concerns and identify development needs. By contrast, feedback we obtained from staff was positive. Comments included *'It's brilliant'*; *'I have monthly sit downs one-to-one with my line manager'*; *'support is great here'*; and *'support in the team is good...we talk and share things'*. We judge, however, that recruitment and supervision arrangements, whilst mostly appropriate, could be more consistent for all staff.

Staff are mostly trained appropriately. We sampled training records for five members of staff and found, overall, they received relevant training. Feedback we obtained from staff indicated they felt sufficiently trained to do their jobs. One person identified additional training they felt would benefit them and we saw this had been arranged by their line manager. We visited a home operated by Mirus which supported individuals with complex behavioural needs. We were informed by the service manager that all staff had undertaken comprehensive, two day behavioural support training. They further informed us that guidelines for staff had been informed by input from a specialist behavioural team. They told us this represented a further avenue for staff learning in addition to formal training.

Furthermore, we viewed a staff training matrix for all staff employed by Mirus Wales. Whilst this showed most had undertaken relevant core training, it indicated only 50.1% had current adult safeguarding training in place. Part of a concern we received prior to our inspection related to a delay in staff reporting a potential safeguarding matter to their line manager. Maintaining an up to date awareness of adult safeguarding processes is

essential to ensure all staff can confidently identify and respond to signs of abuse. We raised this with the responsible individual. They provided us with additional information about other ways in which the agency promoted safeguarding awareness. This included staff induction, employee learning logs, a staff probation framework, online resources accessible to staff and safeguarding briefings for individual teams. We were further informed that adult safeguarding elements were partly covered on other training modules. We sampled a copy of a safeguarding briefing for 2017. This identified there had been an overall increase in protection of vulnerable adult referrals and regulatory notifications to CSSIW within the agency. The briefing included reflective exercises to assist staff to identify signs of abuse, relevant policies and legislation and information about how to report suspected abuse. We were informed this will be delivered to all staff by November 2017. We were further informed that by November 2017, 74% of staff will have received up to date formal safeguarding training, which the agency requires refreshing every two years. We were also advised that the number of safeguarding trainers was being increased with a view to 100% of staff having current training by March 2018. Consideration of the above led us to judge that most staff are appropriately trained in their roles and the agency has a clear action plan to improve where needed.

There is a proactive commitment towards learning and improving. An action plan had been developed following our last inspection. This identified clear outcomes, actions, progress and timescales. The plan was reviewed and updated in July and August 2017, thereby demonstrating the agency was closely evaluating its progress. We saw that data was broken down for different local authority areas the agency operated in. This enabled it to evaluate progress in individual areas. We further noted that the outcome of our previous inspection visit was shared with staff and service users, via local participation meetings. In addition, we viewed a performance report for 2017-2018 which, again, demonstrated the agency was making progress towards addressing the areas identified at our last inspection. We viewed an updated statement of purpose which reflected how the agency will meet the Welsh language needs of service users. Overall, the above shows that management have a clear line of site on the service and there is evidence of driving continuous improvement.

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 telephoning your local CSSIW regional office.