



Inspection Report on

GJ Care and Training Ltd

**2 Vere Street
Cadoxton
Barry
CF63 2HX**

Date Inspection Completed

30/08/2023

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About GJ Care and Training Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	GJ Care and Training Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	14 February 2020
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

The Responsible Individual (RI) is also the manager and responsible for strategic oversight and the daily running of the service. People, their representatives and care staff are complimentary about the service. They are able to raise issues and feel confident these will be acted upon. There is good information in place to inform people about what to expect from the service.

Some people's personal plans need to be updated to accurately reflect their needs and preferences. Most people are given the opportunity to contribute to their review. Measures are in place to keep people safe from harm but some improvement is required. Care staff tell us that they feel supported when they contact the office but the provision of formal support and training should be consistently provided.

Improved oversight of the service is required. The RI shows willingness and provides assurances that action will be taken to address matters, which we will follow up at the next inspection.

Well-being

People receive reliable care and support from care staff that know them well. People using are complimentary about the care they receive. They describe the care staff as being kind and respectful. People tell us that where possible they receive the same care staff which gives them consistency in their care and build positive relationships. People's views are important, as they use the feedback to inform future improvements and changes in the service. Most people are given the opportunity to contribute to their review, for their voice to be heard.

Measures are in place to keep people safe from harm but some improvement is required. Personal plans are important to contain detailed information about people's needs and preferences but some were inaccurate, or not in place. The medication arrangements require improved oversight to ensure they are safe and followed in line with the policy. Staff recruitment and suitability checks are not always robustly followed which can place people at risk of harm. Care staff tell us that they understand the needs of people as they tend to support the same individuals. We found training cannot be fully relied upon to know people's specific needs or conditions as there are gaps in key core training areas. Care staff tell us they value training and would benefit from more. The service provider gave assurance that action would be taken to address all areas.

People need to be confident that there is effective oversight of the service. The people we spoke with and care staff describe the RI/Manager as approachable and helpful. Despite good intentions there is a lack of formal quality assurance arrangements, which is a missed opportunity to review and evaluate the quality and safety of the service. There is lack of internal reviews and audits in place to identify any patterns/trends and ensure lessons are learnt. This would enable the RI to take prompt action to secure the necessary improvement.

Care and Support

People receiving the service spoke highly of the care staff and the support they receive. They all described the care staff as, *“Caring and do the best for me,” “Care staff are lovely and they make me feel comfortable,”* and *“They are kind and respectful.”* People spoke highly of the RI and said they *“Are always happy to help”*.

People cannot be assured that they will receive the right care due to inaccurate personal plans in place. From discussions with care staff, they appear to understand people’s needs and the support they require. However, the personal care plans and risk assessments cannot always be relied upon to inform staff how they wish their care to be delivered and the associated risks. We found instances when key care information was inaccurate or absent, despite care staff being expected to support people for some time. However, when we looked at the daily care records and spoke with people, they confirm the care staff are delivering the support as needed. Most people are given the opportunity to contribute to their review, for their voice to be heard. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Better oversight is needed for people’s medication. Care staff are trained in accordance with the medication policy. The service provider confirmed that they do not offer the administration of medication, only prompt and assist people to manage their own medication. But we noted that not all medication plans reflect the person’s agreed level of medication support required. The RI intends to introduce an observation of practice to ensure new staff are assessed in the community prior to confirm their understanding and good practice. There needs to be improved oversight to ensure all medication records are fully complete, stored securely and regularly audited. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

People are receiving calls when planned. People we spoke with told us that generally they receive the same care staff which gives them some consistency in care. Care calls are generally on time but people told us they are not always informed when they are running late. The RI assured us that they intend to introduce an audit system to monitor and evaluate the management of calls which also includes the duration of time spent in the call. People told us that care staff fully support them before they leave the call and the daily call records confirm this. Travel time is allocated between calls which is calculated for staff that walk and drive, this is kept under review. Care staff told us the office will contact them when there are changes to people’s needs.

Leadership and Management

There needs to be significant improvement in the quality assurance arrangements. The RI is also the manager; they are responsible for the strategic oversight and daily running of the service. Although the RI is actively present on a daily basis, they failed to identify the issues affecting the service to take the necessary action. This is because the quarterly oversight reports have not been undertaken which is a missed opportunity to evaluate the service. The quality-of-care report has not been produced six monthly as regulatory required to evaluate the quality and safety. There is lack of internal reviews and audits of the care delivery and adequacy of resources. Better systems are needed to record any incidents/accidents, safeguarding and concerns to ensure any patterns/trends are identified and lessons are learnt. Since the last inspection, there has been a lack of progress in some areas which we identified. While no immediate action is required, this is an area for improvement and we expect the provider to take action. The RI shows willingness and provides assurances that action will be taken to address matters, which we will follow up at the next inspection.

The service formally consults with people and care staff and feedback is positive. Care staff we spoke with are very complementary about working for the service provider describing them as, *“The manager and supervisors are approachable and supportive”* and *“The manager is fair and understands”* and *“They are a good company to work for.”*

People have access to accurate information to inform them about the service. The statement of purpose is available which describes what to expect from the service. Additionally, each person is provided with a service guide, which contains information to support people to raise concerns should they need to do so. Records show that the service receives lots of compliments about the care they receive. People told us that they can contact the office at any time and they are *“always happy to help”*.

The recruitment process is not sufficiently rigorous to keep people safe. There is an ongoing recruitment drive in place and incentives to interest people. Although there are processes in place to ensure all the required employment and suitability checks are carried out. We found this is not fully followed, due to gaps in key employment checks. The RI assured us that this would be immediately audited and actioned. Arrangements to be in place to ensure all staff are suitably registered with the workforce regulator. Care staff complete safeguarding training to ensure they know how to recognise abuse and neglect, including what their responsibilities are to protect people from harm. However, training records show that refresher training is not provided, despite there being a guidance change. A few staff told us they would benefit from this to increase their understanding. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

People can be assured that new care staff are given the opportunity to shadow experienced staff to get to know the person and their preferences. People valued this and told us *“It helps to make me feel comfortable”*. However, care staff cannot rely on comprehensive

training for their role. Despite the opportunity of receiving induction training, this is basic and not all core training areas are included. This is important to increase staff knowledge about the specific needs or conditions of people they support. Care staff told us they would benefit from additional training and opportunities for regular refresher training. The practice of new care staff should be observed and evaluated before they work on their own, to ensure they have the confidence and competence for their role. Care staff receive good day to day support and advice from the office and they are always responsive. However, records show that not all care staff receive regular opportunities for supervision, observation of practice and annual appraisals. This is important to reflect on their performance, receive support and identify their professional development needs. A newsletter is produced to keep care staff updated with changes in the service or information to share. However, staff team meetings are beneficial to share collective views and support. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

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. 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
8	To have systems in place to audit and evaluate information to assess the quality of care and identify any patterns/trends to act accordingly	New
73	The Responsible Individual to seek the views of people and care staff at least three monthly to evaluate the performance of the service in relation to its statement of purpose and maintain oversight.	New
35	To ensure full and satisfactory recruitment checks are in place for all care staff	New
15	Personal plans to be reflective of people's needs and kept up to date	New
58	Medication audits to be in place to maintain oversight of medicines in line with the medication policy.	New
36	Staff to receive regular supervisions, appraisals and core training appropriate to their role and the needs of people they support. Staff must be appropriately registered with the workforce regulator Social Care Wales.	Not Achieved
80	The quality care report to be produced at least six monthly to analyse and evaluate the quality and safety of the service.	Not Achieved
41	Regulation 41(2)(a) - travel time	Achieved

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Date Published 30/10/2023