



Inspection Report on

Pride in Care Ltd

**Pride In Care
Unit 7**

**Woodfieldside Business Park Penmaen Road
Blackwood
NP12 2DG**

15th February 2023

15/02/2023

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About Pride in Care Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	pride in care ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	03 10 22
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

Pride in Care is a domiciliary support service who provide care and support to people in their own homes within the Caerphilly and Blaenau Gwent Areas. The experiences of people receiving care and support from Pride in Care is variable and there have been some improvements in the general service provision since the last inspection. Some further sustained improvements are needed to ensure full regulatory compliance. A person using the service has provided a compliment which states, "*The care has been brilliant, and times have improved*".

People are supported via the implementation of a personal plan which staff access via an application ("app"). The app tells the carer what tasks are needed at each call and there is enough detail in the personal plans for carers to understand the person's likes and dislikes and them as a person in addition to their needs.

People's personal plans are 'live' documents and are updated as needed. Formal reviews of personal plans are not always completed with the person, or their representative, every three months. Pride in Care recently appointed an Assessment and Reviewing Officer to improve this.

The Responsible Individual (RI) is heavily involved in the running of the service and has been working in the role of both the RI and as the Registered Manager (RM) until very recently. A suitably experienced and qualified RM has been appointed at the time of inspection.

Well-being

People generally speak positively about most of the care staff and they tell us that they “*can’t fault them*”, “*they have been lovely*”, and the carers themselves are described as “*good*” and “*very good*”. Where instances of poor practice are identified, Pride in Care acts swiftly and works with statutory organisations as needed to safeguard the welfare of the people they support.

People continue to experience inconsistencies in both call times and carers, but this is improving. Pride in Care report a successful recruitment drive and recently ended their use of agency carers. The service offers assurances that their focus is now on the retention and development of staff, which will increase consistency of carers and subsequently call times.

There are policies and procedures in place to promote and maintain people’s wellbeing and the RM is proactive in embedding these into daily practice. The RM speaks enthusiastically about their vision for the service and the journey needed to bring about sustained positive change.

Electronic Medication Administration Records (EMAR) charts are completed consistently overall and there is a high rate of compliance with medication training. Medication errors are usually identified and acted upon appropriately.

There is a significant improvement relating to the travel time allocated between care calls and there is now ongoing monitoring of how calls are allocated and rostered on a run to ensure improvement continues and is sustained. Staff have also fed back that travel times are improving.

The monitoring of Adult Safeguarding Concerns is improving, and this is seen within the RI’s reports and the systems held at the office. Carers report concerns to the office either via the concerns e mail or on the app and we saw evidence of this during inspection along with any updates. The RM assures that these reports will be reviewed daily, and they will take necessary actions which may include further auditing, staff supervision, or spot checks.

Care and Support

There are inconsistencies with the standard of care and support that people receive from Pride in Care. A case of poor practice was identified during the inspection process, and the service took immediate action to ensure the welfare of the people they support. People continue to experience irregular call times however there is improvement in length between the planned and actual time that care is delivered.

People talk about the variety of carer staff they have and how the high turnover of staff impacts them. Pride in Care have been supported to meet the needs of people using the service with the provision of agency care staff. Although this has increased staffing levels, it has also increased the number of carers involved in supporting people.

Pride in Care has stopped using agency care staff and have recruited a number of permanent care staff, as well as reducing the total number of support hours they provide, to focus on providing a consistent quality of care to people.

Personal Support Plans are of a good quality and were in place for all people we checked. Plans are written in a dignified and person-centred way. The plans are detailed and contain information about the persons needs and diagnoses as well as how their care and support is to be provided. Many of the plans contain good social histories, details of a person's likes and dislikes and what matters to them.

Care records are made for each call. The detail within the records varies from adequate where tasks are recorded, to very good where there is detailed information on the care staff observations. Care plans are live documents which are updated as needed and we saw evidence of this. At our last inspection we found the provider was not keeping and maintaining accurate records, as required. At this inspection, we found this issue had been rectified and the service is compliant.

Reviews are not always completed with the person every three months. Pride in Care identified this and created a new post within the service; 'Assessment and Reviewing Officer'.

At our last inspection we identified the provider was not safely managing people's medication. At this inspection there is significant improvement within this area with EMAR

charts being completed consistently and accurately. There is a high compliance with medication training, and this is included in staff induction.

Leadership and Management

Pride in Care have had a successful recruitment drive and have reduced the total number of support hours they provide. Pride in Care feel report adequate and safe staffing levels to meet the needs of the people they support without the use of agency care staff and their focus is now on staffing retention and development. Staff report feeling well supported and that they have opportunity to learn and develop. All staff we spoke to said that they enjoy being a carer and some reported a change within the culture of the service.

There is a new RM is post who is registered, suitably experienced and qualified, and the RI is in the process of stepping back from the managerial role. The RI continues to be 'hands on' and attends the office most days. The RM is implementing ongoing monitoring of call runs to ensure that they run at optimum efficiency for the service and the people who receive support.

Staff have reported being optimistic about changes being made and the recent team meeting have been positively received. Staff feel that they are moving towards being one team and have commented that communication between care staff and office staff is improving.

The RI notifies the regulator of required events, including when staff shortages impact on their ability to deliver the service safely. At the last inspection we identified that notifications were not being made, however the required improvements have been made and the service is compliant.

The RI completes quality of care reports which are detailed and provide enough information to satisfy us that there is supervision of the management of the service. The appointment of a RM enables the RI to commit more focus on overseeing the service delivery, analysis of key areas to implement learning and to continually develop the service, to ensure best outcomes for people. At the last inspection we found that these reports were not adequate in detail or frequency however the required improvements have been made by the service.

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
21	Peoples care and support needs are not consistently being met, people are receiving poor outcomes as a result	Not Achieved
22	The provision of care and support is not always consistently provided in terms of the times of calls and the care staff provided. The inspection found that each service user spoken with mentioned inconsistency with carers and care provision, however this is potentially due to the use of short term agency staff. Agency care staff have been commissioned by the LA to stabilise the service as an alternative to POC's being handed back to them as the LA were unable to source an alternative service provider. I note that handing the POC back was the preferred option for PIC. The use of agency care staff was to	Not Achieved

	<p>be in place until another provider was sourced and / or the staffing crisis experienced by PIC was resolved. PIC has now successfully handed back 7 POCs, with notice still pending action on 1 POC and report a successful recruitment drive and the use of agency care staff ended on March 22nd. The staff team has stabilised and compliance with regulation needs to be tested under these conditions.</p>	
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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
N/A	No non-compliance of this type was identified at this inspection	N/A

Date Published 28/04/2023