



# Inspection Report on

**CPI Care Ltd**

**Ringwood House  
Dents Hill  
Newport  
NP19 9ED**

## **Date Inspection Completed**

25 November 2021

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## About CPI Care Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	CPI Care Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	06/01/2021
Does this service provide the Welsh Language active offer?	No. This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people /children who use, or intend to use their service.

### Summary

This was a focused inspection. The ownership of the agency and its leadership and management arrangements have changed since our last inspection. We found people receive a reliable service from staff they know, who are knowledgeable, respectful and caring. The service provider spoke to us about the shortages in the social care workforce and the impact this has on their own staff teams and on their recruitment activities. We noted when there are shortages of staff, care workers work additional hours and managers also deliver direct hands-on care. This means people's routines are not affected and they are supported by staff they know. Staff talk about the pressures to ensure all shifts are covered but say they are supported by their managers. The new leadership and management team has identified areas of improvements and started implementing changes. We noted they are experienced and have a clear vision for the future development of the service. We advised the service provider recruitment checks need to be strengthened.

## Well-being

Individuals receive the support they need and want. People's likes, dislikes and needs are fully recorded in their care documentation. Reviews show people are supported to take part in activities within their own homes and in the community. Records also show people receive additional support when they are experiencing difficulties, for example if they are distressed. Discussions with managers and staff show they know individuals really well and are committed to delivering a good service. This was confirmed by relatives, one person told us their relative is very happy. They attributed their relative's happiness to staff who have been in post for a long time and who know them well. They gave examples of what staff know about the person and said "*these are the little things which make a huge difference*". Another person told us staff are "*so caring*" and "*we could not ask for anything better*".

People are supported to remain as healthy as possible. We noted people receive support to ensure their physical and mental health is as good as it can be. Records and feedback from relatives and staff show people are supported on a daily basis to be meaningfully occupied. We also saw staff make referrals to external health professionals when required.

People are protected from abuse and neglect as care staff know what to look out for and how to raise concerns if they suspect someone's well-being is compromised. There are risk management plans in place to keep people as safe and as independent as possible.

## Care and Support

As this was a focused inspection, we have not considered this theme in full.

People receive the care they require because staff know them well. In addition, there is comprehensive care documentation in place for each person. It includes information about people's life history, their likes, dislikes and needs. There are detailed plans to let staff know how to support each person and evidence that staff review these plans. We noted the amount of information recorded means it takes time to understand the plans and to get specific information. We also found one instance where dietary preferences cited in a person's personal profile were not mentioned in their nutrition and hydration care plan. We also saw staff use several different ways to record when plans are reviewed. We brought this to the attention of the provider and noted that they have already identified these issues. They advised us they are introducing a new electronic system. They also told us they are familiar with the system because they are using it in other services and therefore they are confident it will address the issues we and they identified.

## Leadership and Management

The people in charge of the overall running of the agency have changed in the last six months. The changes have included the nomination of a new responsible individual (RI) and the appointment of a new manager. The nominated RI is spending time in the service in order to familiarise themselves with people who use the service, staff and the systems in place. They told us they visited people who receive support and met with care staff. This was confirmed by staff. In addition, a relative also told us the nominated RI had been in touch with them and they appreciated this because of the changes in the agency. We also noted they work closely with the new manager who was promoted from within the service and who has extensive knowledge of it. Our discussions with the nominated RI show they have gained a good overview of what is working well and what needs to be improved. They explained the work which is taking place in order to strengthen the agency's systems and processes. We will review the work completed during our next inspection.

People are supported by staff who are vetted, trained and supported. The records examined show the provider carries out checks when recruiting staff. However, we noted the checks are not complete. We found gaps not accounted for in employment histories, missing references and reasons why employment with vulnerable adults have ended not checked. We discussed our findings with the nominated RI. They told us a full review of the personnel files is underway and is being carried out by a team of experienced human resources professionals. While no immediate action is required, this is an area for improvement and we expect the provider to complete the work it has started.

Staff told us about the induction training they received when they first started. This included the completion of training packs, time to read people's personal plans, time to familiarise themselves with policies, shadowing shifts and classroom training. They also told us they are supported by senior support workers and managers. We noted the existing training packs do not contain all the legislation applicable in Wales. The service provider told us they are bringing in new ones, these are in line with Social Care Wales induction framework.

The discussions we had with care workers and managers show they are respectful towards the people who use the service. It also shows they are committed to providing a high quality service. They all reported shortages of staff but explained how these are managed so that there are always sufficient staff on duty to ensure people are mostly supported by staff they know and their routines stay the same. They explained this is achieved because care staff accept shift changes and/or to work additional hours. They also spoke of the impact this has on them and their colleagues. We were told *"it is stressful"*, *"staff are overworked and are unable to complete all of their duties"*, *"staff work so much overtime, this impacts on their own lives"*. One person told us agency workers are employed to cover some shifts. However, they explained this does not necessarily help permanent staff who because they know people's routine and the systems in place, end up undertaking most the work. We

also noted managers, whose roles are not to provide direct care and support, are carrying out that work when no other staff are available. We discussed the staffing situation with the service provider. They acknowledged it is challenging and they are relying on staff's good will. They are employing agency workers when necessary and carrying out further recruitment activities. We conclude that managers and care workers dedication means the service people receive has not been affected by staff shortages. The service provider must however continue to review the situation and continue with its recruitment activities, so that only staff who want to, work overtime. This will assist with preventing staff burnout and/or staff leaving the agency. In turn, this will ensure the service delivered to people remains unaffected.





### 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
35	The records examined show the provider carries out checks when recruiting staff. However, we noted the checks are not complete. We found gaps not accounted for in employment histories, missing references and reasons why employment with	New

	vulnerable adults have ended not checked.	
60	Regulation 60 - Ensure notifications are made to CIW without delay, usually within 24 hours of the event occurring.	Achieved
16	Regulation 16(5) - Ensure personal plans are kept under review and is amended to reflect changes in individuals care and support needs and personal outcomes, reflecting changes to restrictions during the COVID 19 pandemic.	Achieved
34	Regulation 34(4) - Ensure that staff received specialist training to meet individuals needs and support.	Achieved

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