



Inspection Report on

Glamorgan Home Care Limited

**Home Instead
Unit 6 Regents Court
Nettlefold Road
Cardiff
CF24 5JQ**

21 June 2022

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About Glamorgan Home Care Limited

Type of care provided	Domiciliary Support Service
Registered Provider	Glamorgan Home Care Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection under the Regulation and Inspection of Social Care (Wales) Act 2016
Does this service provide the Welsh Language active offer?	Working Towards. The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People are very happy with the care and support they receive from consistent care staff. People are provided with the information they need when they need it, people feel listened to and that their requests are catered for. Personal plans are detailed and provide good levels of information for care staff, these documents are regularly reviewed. People and care staff are asked for feedback by managers and the Responsible Individual (RI). Managers are well respected by care staff and the people who use the service. Care staff go through a good recruitment procedure and training to ensure they are safe to work with vulnerable adults. There are some good oversight systems in place. However, some systems in relation to monitoring and improvement could be improved.

Well-being

People are happy with the care and support they receive from the service. People can access information in Welsh and English, such as policies and contracts. People told us they get along well with the care staff and managers who know them well. One person said, *"I love them all"* another said that staff are *"very friendly"*, and one said, *"they're a great company to me"*. People told us the service is flexible and that they can make changes to their care as required. This shows us that people's individual circumstances are considered. People told us if they had any concerns they could talk to a member of staff or manager and appropriate action would be taken.

People's physical, mental, and emotional well-being is considered. People told us that their care staff do everything they need them to do. Care staff told us that managers are quick to identify and assess people's needs and implement measures. Such as obtain specific equipment to aid mobility. People told us that they enjoy spending time with their care staff, and it gives them something to look forward to. One relative told us that care staff *"go above and beyond to make sure she is safe and happy"*.

Care staff and people are confident raising concerns with the service. Care staff know how to raise formal concerns with managers. A safeguarding and complaints policy is available to people. There are recruitment procedures in place to ensure people are safe to work with vulnerable adults. Care staff receive ongoing training to keep them up to date. Regular spot checks ensure managers have oversight of care staffs practice and competence.

Care and Support

People are very happy with the care and support they receive from a consistent care team. People told us care staff are “*gentle and kind*” and “*go above and beyond*”. Personal plans are consistent, clear, and detailed enabling easy read and use. These documents are regularly reviewed to ensure they are current. People told us they are asked for feedback regarding their care. This helps managers identify any improvements needed. We saw regular reviews are held with the person or their representative to ensure they are happy. One person told us how their individual circumstances had been considered during the Covid-19 pandemic and her requests and wishes listened to. This shows that the service listens to people and takes necessary action.

Care staff promptly identify any change in people’s needs, such as mobility. Care staff told us that managers take appropriate action to reassess people’s needs and make the appropriate referrals and help obtain new equipment. Risk assessments are in place, and these advise care staff on areas of risk such as malnutrition and/or moving and handling. These could be further strengthened by including more information. For example, medication risks are not clearly identified, such as side effects from medication or the impact on the person’s health if medication was to be missed.

Care staff and people feel confident reporting concerns to managers and feel they would take appropriate action. A detailed safeguarding policy is in place although this could be strengthened to include important contact details. We did find that the service has not notified Care Inspectorate Wales (CIW) of recent safeguarding matters. However, these matters have been dealt with appropriately by the service. The RI and manager assured us this would be addressed moving forward. We saw that records are kept and stored, however, there is a lack of analysis and oversight regarding safeguarding documents and lessons learnt. We found several care staff did not have an up-to-date Disclosure and Barring Service (DBS) check in place. The service took immediate action to address this and have since applied for and received all those checks which were outstanding. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

People have terms and conditions and contracts in place which are signed by the individual. These documents include important information regarding the service such as the cancellation of service. People receive a needs assessment prior to commencement of care to ensure the provider can meet their care needs and wishes. Personal plans reflect this information and include detailed information about the person. This helps care staff to understand the person, their history, health, needs and wishes. People confirmed with us that care staff know them well.

Leadership and Management

Recruitment procedures are followed to ensure care staff are safe to work with vulnerable adults. Care staff complete shadow shifts and go through an induction process. We spoke to the service about ensuring this is clearly documented to evidence competency of care staff. Care staff are supported by managers to develop their skills and progress within the service. One staff member said, "*they're brilliant*" and another told us how managers go above and beyond to support them and work alongside them. The service encourages care staff to complete health and social care qualifications and support them to maintain their registration with Social Care Wales. Training is available and the majority are up to date. Care staff told us they felt well supported in their role and there "*is always someone available*". Care staff receive an annual appraisal, and most have received a recent supervision. Managers assured us that action will be taken to ensure all staff are given the opportunity to discuss their personal development and support. Care staff receive regular support visits where their competency is assessed.

Managers are visible in the community and know the people they support well. The RI regularly speaks and gains feedback from people and care staff. Feedback documents show people and care staff are happy using and working for the service. The RI completes a quality of care review and identifies things the service does well and things they could improve. This document is detailed and provides some good information. However, this could be strengthened by analysing information gathered by the service over the past six months. For example, there is no analysis of safeguarding's or accidents and incidents. This would support the service in identifying patterns and improvements required. In addition, these documents need to be completed at least six monthly and not annually. The RI has assured us this would be addressed.

We saw some good oversight systems in place. Managers can access an electronic system where they can identify patterns and trends. A manager told us that this is still a new way of working and so improvements are still being made. We saw complaints are logged and action recorded. Managers hold weekly and monthly meetings to discuss any issues within the service. Policies and procedures are available to people and care staff. These are also readily available in the language of Welsh. The RI told us that Welsh speaking people and care staff within the service are paired together for them to be able to communicate in Welsh if they choose.

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	The service must ensure that systems in place are appropriately analysed and monitored in order for improvements to be made	New

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