



Inspection Report on

We Care Too Ltd

**14 Bryn Teg
Towyn
Abergele
LL22 9PB**

Date Inspection Completed

23/11/2023

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About We Care Too Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	We Care Too Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	10 March 2020
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People are supported by well trained and knowledgeable care staff who provide high quality care. Staff are described as kind, respectful, and caring. Feedback about the service is exceedingly positive. The manager ensures plans for care are risk assessed and written in a positive way focusing on people's strengths and abilities. They ensure families are actively involved in the review and planning of people's care and support. Plans give clear instructions to staff and excellent insight into people's preferences for their care. Records show care staff follow the plans. Policies and procedures are in place for to keep people and staff safe.

The service provider has good governance arrangements and oversight to support the smooth running of the service. They collate feedback from staff, people, relatives, and professionals to inform the ongoing development and improvement of the service. Staff receive good levels of training and support, including supervision, and told us management are approachable and responsive. The manager monitors the quality of care provided through routine audits of records and in-person spot checks. They keep staff well informed via regular team meetings, and timely communications about changes in care needs for individuals.

Well-being

People can make choices about their day to day lives. Personal plans for care and support clearly highlight people's preferences for how they wish to be supported, as well as activities, food, and drinks, and how they like to spend their time. Care records show staff offer people choice and if support is declined, reoffer it at a later point. This is supported by feedback from relatives who told us staff know people well. The service provider gathers feedback from people, relatives, and professionals routinely to inform development and improvements in the service delivered.

People are supported to do things that make them happy and maintain and promote their health and well-being. People are supported to access health care services and appointments. Care staff support people with their shopping needs, and to access the local community and maintain friendships and relationships. Staff have good relationships with people using the service and with their families, who describe staff as "*outstanding*", "*polite and willing*" and say care staff treat people "*with such care, dignity and respect*". One family member told us they "*couldn't have asked for more*" for their relative.

People are protected from abuse and neglect. The service provider's policies and procedures guide staff in how to safely provide support; records show policies are followed by staff. Staff receive training to ensure they have the skills, knowledge, and competencies to meet people's care and support needs. There are well written and detailed plans for care written with people and their families and using current information about people's abilities and needs following appropriate individualised risk assessment and professional advice. Staff told us they feel confident raising issues with the manager and that timely action is taken to address issues as they arise. During our visit we saw staff following procedures in place to protect people from harm, and records show staff work with health and social care professionals to do so. Relatives told us they are "*extremely happy with the service, and felt X was safe and well cared for*".

Care and Support

People can be assured the manager considers information from a variety of sources to assess whether they can meet people's needs. The manager uses this information, along with individualised risk assessments, to write plans for people's care and support needs. Relatives told us they are involved in care planning, and records in the service support this. The plans are person centred and written in a positive way focusing on what people are able to do for themselves and what they want support with. Plans give superb instructions to staff about when to offer support and provide a strong insight into people's preferences for care. Records show the plans are reviewed routinely, and the manager meets with people and their family or representatives regularly to ensure their current plans are still meeting their needs. Any changes to the plans are updated electronically and communicated to staff via the electronic call logging system. Paper copies of personal plans are kept in people's homes and updated versions are provided in a timely way.

People are supported by good numbers of familiar, skilled, caring, and knowledgeable staff. Feedback from relatives supports this. They describe staff as being "*kind and thoughtful*" and "*amazing*", and records seen included the comments "*you made such a difference to our lives*" and "*don't know what we would have done without you all*". Other comments included that staff provided "*excellent care*" and "*staff are excellent*". Relatives told us people have regular carers and records show people are allocated a key worker who does most of their visits. Care records for individuals demonstrate high quality care and support is provided by staff. They provide a complete picture of the person at each visit, including what they enjoyed or did not enjoy doing or talking about. This gives the manager and relatives valuable insight when it comes to reviewing plans for meeting people's care and support needs. Staff we spoke with accurately described people's care needs and explained how they support them to achieve their desired outcomes. Records show staff have good relationships with people and treat them with dignity and respect.

The service provider has good medication management and administration procedures and policies in place. Staff receive thorough training and undergo routine competency checks. We saw people are supported with managing their finances where required. There are ample stocks of personal protective equipment (PPE) provided to staff and available in people's homes. Staff receive appropriate training to manage, use, and promote hygienic practices.

Leadership and Management

The service provider has good arrangements in place for governance and oversight of the service. We saw evidence the RI is meeting the requirements of their role and oversees the management of the service day to day. The management team, including the RI, meet with people regularly as part of their oversight of quality of care in the service. We saw records demonstrating effective and consistent oversight and management of the service with support from the provider. There is a comprehensive set of policies and procedures in place to guide staff. The manager and RI have robust oversight of the day to day running of the service. We saw records of routine audits of care quality. The results of quality of care audits and feedback about staff and people's experiences are reviewed by the service provider every six months at least. This review is used to inform the service provider how the service should develop or improve in the future; improvements are needed in how this review process is documented and evidenced and the RI is addressing this. However, we saw the positive outcomes of the review process for people, including a recent move to increase provision of sitting-in support services for people as part of accommodating people's needs, staffing levels, and maintaining high levels of quality of care.

The manager ensures new staff are vetted prior to appointment, although improvements are required in how some aspects of the recruitment process are recorded; we discussed this with the manager and RI is taking action to address this. Staff are supported with regular supervision and annual appraisals. Records show they receive good levels of training in a broad range of subjects tailored to the needs of people using the service. Training is mainly face to face and provided by the RI and the management team who have completed specialist courses on how to train staff. Staff told us the training is good and found mini training updates provided during team meetings especially useful; recent topics covered included safeguarding and the Mental Capacity Act (MCA). Staff told us they can request specific additional training and this is encouraged by management in the service. Staff told us they feel well supported and are kept well informed by management. Staff told us they have plenty of time scheduled between calls for travel. Records show calls are met in a timely way and this is monitored by the manager and RI in real time via an electronic check-in and logging system.

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
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N/A	No non-compliance of this type was identified at this inspection	N/A
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Date Published 09/01/2024