



## Inspection Report on

**Carers Trust South East Wales - Gwent**

**Carers Trust South East Wales  
County Hospital  
Coed-y-gic Road  
Pontypool  
NP4 5YA**

**Date Inspection Completed**

**16 & 23 June 2022**

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## About Carers Trust South East Wales - Gwent

Type of care provided	Domiciliary Support Service
Registered Provider	The Care Collective De Cymru Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	This was the first inspection since the service was re-registered under the Regulation and Inspection of Social Care (Wales) Act.
Does this service provide the Welsh Language active offer?	Yes. This is a service that 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

Carers Trust South East Wales provides support to family members who are carers and a domiciliary support service to people in their own homes in the Gwent region.

People are happy with the service they receive. Personal plans are available for each person. Plans are person centred. Specific risk assessments should be in place to accompany plans of care. Evidence of regular care plan reviews is not readily available. Daily records are task focused and do not reflect achievement of individual personal outcomes. Care workers are happy in their role and feel supported. Care workers are knowledgeable about the people they support. Improvements in the frequency of staff training is required. Low staffing levels and ongoing recruitment issues are impacting on service delivery. Staff recruitment records require improvement. Governance arrangements are in place to support service delivery and assess the quality of services.

## Well-being

The care provided promotes people's overall well-being. Assessments of needs are undertaken with people before they receive a service. A personalised approach is taken by the service, people's preferences are acknowledged and understood, and how they wish their support to be provided is documented. People have as much control over their daily lives as possible. People receive support in their caring role from staff who have a good understanding of each individual person's needs and preferences.

Care workers treat people with dignity and respect. People tell us they receive appropriate, kind and caring support from their regular care workers who are familiar with their needs. People tell us they feel listened too by care workers and can contribute to decisions, which affect their life on a day-to-day basis. Communication systems require development to ensure people can contact the service and have a timely response to their queries.

There are measures in place to safeguard people. Care workers know what to do if they are concerned about someone, are familiar about the types and indicators of abuse and told us what action they would take. Staff said they were confident to report any concerns and they felt they would be listened to and actions would be taken. Staff files and training records, show care workers, receive training to ensure people's safety; these include training in safeguarding, food hygiene, moving and handling. Care workers keep people safe by following clear policies and procedures and taking appropriate action when needed. Specific risk assessments are required to be in place to maintain people's safety.

This is a service that 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. Preferrable language to receive care and support is asked during assessment. Written correspondence received in Welsh will be replied to in the language of choice. The provider can offer key documents in Welsh if requested.

## Care and Support

People we spoke with are positive about the care they receive and complimentary about care workers and the provider. One carer said, *“staff have a good rapport with my loved one and I am more than confident to leave them in their care”* and another said *“he feels relaxed when he returns home knowing his loved one is well cared for and would have had fun with staff”*. Other people receiving a service said, *“I have no concerns happy with the service and staff”* and *“I am happy with the support I receive”*.

People receive high quality care and support. Which enables primary carers' the opportunity to have a break from their caring role and others the opportunity to remain safely in their own home with support. An assessment of needs is carried out prior to a service being provided. These assessments identify people's mental, physical and social care needs, taking into account care preferences. Personal plans give staff the information they need to provide care and support in line with people's needs and wishes. Evidence of regular reviews of individual plans was at times difficult to find.

Due care and attention is required to ensure daily records are reflective of care and support being provided and the impact this has on people's lives. Daily records were basic and task orientated.

Specific risk assessments are required to be in place to maintain people's safety. For example, we identified people at risk of falls, choking and absconding within general risk assessments. Specific detailed risk assessments were not in place to provide staff with detailed guidance to manage any of these risks. This is an area for improvement and we expect the provider to take action.

There are systems in place to manage people's medication. Service medication policies and procedures are up to date and in line with current medication legislation. Care staff receive training in medication. Additional competency checks will be undertaken with staff in the community going forward. Due care and attention is required when staff complete medication records to ensure the correct coding system is used.

## Leadership and Management

Governance arrangements are in place that support the operation of the service. The model of care documented in the service's statement of purpose and service guide reflects the support provided. A range of comprehensive policies and procedures are in place to support the delivery of care, which are kept under review. Reports evidencing regular visits to the service by the responsible Individual (RI) are available. They show discussions with people receiving a service and care workers and identify any areas for improvement. Appropriate auditing and quality assurance arrangements are in place. To ensure the service runs smoothly, delivers good quality care and identifies where improvements are required. Quality of care reports are produced on a regular basis. Communication systems across the organisation require development to ensure people receiving a service are updated in line with any changes to their service and can contact the provider easily.

There are selection and vetting arrangements in place to enable the service provider to decide upon the appointment of staff. Following recent company mergers not all required pre-employment paperwork was available for review. Staff files do not contain all required identification documentation and references to evidence the individual fitness of staff to work at the service. This is an area for improvement, and we will follow this up at our next inspection.

Care workers told us they are happy in their role and spoke positively about the support they receive. Care workers confirmed they had sufficient travel time and rosters are well organised. The service has an ongoing recruitment drive in place to try and reduce the number of staff vacancies. The retention and recruitment of staff is a wider issue across the social care sector currently. Care workers talked about the impact of low staff numbers. The requirement to cover additional calls and work additional hours. People receiving a service also spoke about staffing levels, continuity of care workers linked to high turnover of staff and calls being cancelled due to lack of staff. This is an area for improvement, and we will follow this up at our next inspection.

There is an induction process in place, which new staff undertake on commencement of their employment. Some gaps in staff supervision were noted and confirmed by internal quality assurance systems during the pandemic, this has now improved. The staff training matrix identified some gaps in core and specialist training. For example, gaps in health and safety, infection control, food hygiene, safeguarding and personal care training. This is an area for improvement, and we will follow this up at our next inspection. In person training has been re-introduced and a new position within the service has been established to review and drive forward staff training.

### 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
15	Specific risk assessments were not available to provide guidance to staff to mitigate risks to the individual's well-being.	New

35	Not all required identity and safety checks were available for care workers.	New
36	Gaps in refresher training for care workers.	New
34	Insufficient numbers of care workers resulting in calls being cancelled or rescheduled.	New



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