



Inspection Report on

Care in Blaenau Gwent and Caerphilly

**Care In Blaenau Gwent And Caerphilly
86 Commercial Street
Tredegar
NP22 3DN**

Date Inspection Completed

09/02/2023

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About Care in Blaenau Gwent and Caerphilly

Type of care provided	Domiciliary Support Service
Registered Provider	Care-in-Wales Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection of the service since registration under The Regulation and Inspection of Social Care (Wales) Act 2016.
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates an effort to promoting the use of the Welsh language and culture.

Summary

'Care in Blaenau Gwent and Caerphilly' provides care and support to people in their own homes within the Gwent geographical footprint. People feel listened to and involved in their care. People told us they receive a good standard of care and support and are complimentary of the care and office staff. People's overall well-being is promoted most of the time. However, improvement is required in the oversight of care and medication records to ensure people receive the care and support in line with their assessed needs. Personal plans are in place, and care reviews occur three monthly, but plans need to be revised and updated as needs change.

Staff feel supported and well equipped in their role. Recruitment, induction, and training systems are in place. Supervisory arrangements are in place for care workers and office staff. There is some oversight of the service by the responsible individual (RI). However, the requirements to monitor and review the quality of care needs specific attention. Quality assurance processes require strengthening.

Well-being

People are happy and feel listened to, however care records do not always reflect people receive the support required in line with their personal plan, to promote their physical health. People told us they have developed positive relationships with care workers who are regular and generally arrive on time. They also commented they feel involved in their care arrangements. Records demonstrate the service involves the person and/or their representatives in a three monthly review of care. Personal plans identify people's support requirements, however gaps in daily recording show a lack of oversight of care delivery. We found personal plans and individual routines are not always updated as required. This includes the requirement for staff to support one person to take prescribed nutritional supplements.

Mechanisms are in place to ensure people are safeguarded and protected from abuse. People we spoke with know whom to contact if they have any concerns. There is a complaints procedure and 'Hearing from you,' process in place, with a distinct reporting process shared with people receiving a service. Staff confirm they receive training to help them understand their role in protecting and supporting adults at risk. We observed care staff wearing the relevant personal protective equipment when providing care and support. Disclosure and Barring Service (DBS) checks are carried out on staff. This process is important to consider a staff member's suitability to work with vulnerable people. Medication systems and auditing of medicine management requires strengthening. Recruitment processes are in place to ensure staff are safely recruited.

Systems in place to measure the performance of the service need to be more robust. The RI is required to complete a report every three months that reflects they consult with people receiving a service, speak with staff and considers the performance of the service. However, visit records are not completed three monthly and they do not capture the relevant information as required. The service provider has not made provision for the quality of care to be reviewed on a six monthly basis. The monitoring of key care documentation requires strengthening. This service provider needs to ensure tasks are completed and any patterns of concern identified, and action taken, as required.

Care and Support

People and their representative value their relationships with care workers, they feel listened to and are satisfied with the service. People we spoke with consistently told us they are pleased with the care and support they receive. One relative told us, *'It feels like the care workers are (X's) best friend. They have a laugh and joke with (X).'* People's care and support needs are reviewed every three months with the person and/or their representative. Care workers told us they are given travel time to enable them to deliver calls at the expected times. We sampled planned call times against actual times for two people and note timings of calls are consistent. Continuity of staff delivering people's care is monitored and is at an acceptable standard, although, the high turnover of staff has made this challenging.

Care documentation does not always reflect people receive support in a way they need it to promote their health and well-being. Care files contain evidence of care and support plans from local authority. We note personal plans generally take these support plans into account; however, some information is not always accurate. For example, we saw one persons' mobility has deteriorated and they now require a mobility aid, we note the risk assessment has not been updated to reflect this. One person has bed rails in place; however, a risk assessment has not been completed to ensure this practice is safe.

Further, we reviewed daily logs of care delivery completed by care staff over a set period for one person. We found these do not reflect support is offered or given as indicated in their personal plan. The auditing measures in place to check daily logs are reflective of someone's support needs lack detail and structure. This is an area for improvement, we expect the provider to take action to address these matters and we will follow this up at the next inspection.

Arrangements are in place to support people with their medication; however, systems need to be strengthened. Staff are required to complete medication training and a competency assessment before given permission to administer medication. There is a medication policy in place that provides overarching guidance on the administration of medication. Medication administration records (MAR's) are not always transcribed in detail to ensure the required information and guidance is written on the MAR for care staff to follow. We note medication is left out for one person to take later in the day, however there is no risk assessment in place to support this practice. The auditing and oversight of MAR's require improvement to ensure people receive their medication as prescribed. This is an area for improvement, we expect the provider to take action to address these matters and we will follow this up at the next inspection.

Leadership and Management

The arrangements in place for the oversight of the service require improvement. The statement of purpose (SOP) is fundamental in reflecting the vision for the service. The SOP is up-to-date and outlines the service provided. Information about the service includes 'Hearing from you', this document encourages '*open and easy communication.*' We saw this was available and accessible in people's homes. Additional information on the availability of advocacy services is required in this document. We reviewed a selection of organisational policies; these reflect information is reviewed and updated. CIW were provided with the findings of surveys utilised by the provider in 2021 to understand the experiences of people who receive a service. Feedback received was very positive. The registered manager and care manager of the service told us they feel very well supported by the provider. The registered manager told us they have 'weekly catch ups' with the RI and are in regular communication. However, records of formal supervision are not always kept.

The RI is required to visit the service at least three monthly, review a selection of records and obtain feedback from people receiving a service and care staff. Visit reports shared with CIW, reflect feedback from people using the service was obtained by the RI in July 2021 and August 2022. Reports do not indicate visits are completed three monthly, records were viewed, or feedback was obtained from care staff. CIW requested the last two six-month quality of care reviews prepared by the RI. The quality of care review shared with CIW was for the periods between April and June 2022. This is an area for improvement, we expect the provider to take action to address these matters and we will follow this up at the next inspection.

People receive a service where staff are trained and well supported in their roles. Staff told us they feel supported and receive regular one-to-one supervision with their line manager. Comments include, '*The company is brilliant,*' and '*I feel valued.*' Supervision records reflect a well-structured supervisory process is in place. Staff told us they complete an induction and undertake training relevant to their role. Training and induction records reflect this. Staff we spoke with have a good understanding of the safeguarding procedures, including their responsibilities of reporting matters of a safeguarding nature.

The service provider supports staff to register with Social Care Wales, the workforce regulator. DBS checks are completed. People who receive support told us they are concerned with the high turnover of care staff. The service provider explained they are making every effort to attract more staff and to improve retention. One member of staff told us, '*I really do feel they are trying their best.*' CIW acknowledge retention and recruitment of staff is a wider issue across the social care sector currently. Recruitment checks are kept on file. However, verification must be sought for the reasons for leaving previous positions of employment with children or vulnerable adults.

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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8	Ensure there are effective arrangements in place for the monitoring, reviewing and improving the quality of care and support at the service.	New
16	Ensure personal plans are revised and updated following a change in need.	New
21	Ensure care and support is provided to each individual in accordance with the individual's support plan.	New
58	Ensure arrangements in place to administer medications are safe, including appropriate oversight.	New

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