



## **Inspection Report on**

**Quayside Care LTD**

**Grove Garage  
Redstone Road  
Narberth  
SA67 7ES**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

**31/01/2023**

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## About Quayside Care LTD

Type of care provided	Domiciliary Support Service
Registered Provider	Quayside Care LTD
Registered places	0
Language of the service	Both
Previous Care Inspectorate Wales inspection	<a href="#">[Manual Insert]</a> This is the first inspection under RISCA
Does this service provide the Welsh Language active offer?	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

Quayside care provides support to people in the community to enable them to remain living independently in their own home.

People and their representatives are happy with the care and support that is provided. Care staff are guided by detailed records which are reviewed regularly to ensure they remain current. People are consulted on how they would like to be supported and their views are respected and taken into account.

The manager and Responsible Individual (RI) have oversight of the service and are supportive of their staff. They are described by care staff as supportive and available. Regular audits and checks are undertaken to ensure care and support is delivered safely and efficiently. The RI Quality of Care review and quarterly RI visit reports are currently not being completed within the required timescales and this is an Area for Improvement.

## Well-being

People are respected as individuals and play an active role in the delivery of their care and support. It is evident that people and/or their representatives are consulted on an ongoing basis to ensure they are happy with the way their support is delivered. A relative told us, *“The care is amazing, I cannot praise them enough”*.

Independence is encouraged and care staff are described as *“professional”* in their approach. People receive care from a small team and therefore generally have the same group of care staff providing continuity and enabling people to develop positive working relationships. They know people well and have a good understanding of people’s care needs and preferences which has a positive impact on people’s well-being. A family member told us, *“They are excellent, it’s so amazing seeing carers so happy in their job, it spills over into their work”*. Care staff are dedicated and committed and do not rush the calls. One staff member told us, *“As long as it takes, I will stay”*. A health professional describes the service as *“always puts the needs of the client at the centre of the service”*.

There are mechanisms in place to help protect people from harm and abuse. Staff know the procedure to raise any concerns they may have. Staff are confident that any issues raised with management will be appropriately addressed. Policies are up to date and in line with legislation.

Personal records are treated confidentially and stored safely and securely. Records are mostly kept online but some hard copies of Individual Care and support plans are kept in a locked fireproof cabinet. Online records are password protected with only relevant staff having access.

## Care and Support

People and their representatives spoken with are happy with the care and support they receive. One relative told us, *"We are blessed with the best, I don't know how we'd manage without them"*. Questionnaire responses regarding the quality of care provided, recently completed by people using the service described care staff as *"friendly and professional"* and *"Excellent"*.

Detailed assessments are undertaken in the person's home prior to support commencing to ensure specific needs are identified and care plans created with consideration to the person's wishes, preferences and personal outcomes. Information is also gathered from health and social care professionals when appropriate. Care staff follow clear plans on what support is required covering all aspects of care and include any interventions and equipment required at each call. A one page profile of who and what is important to the individual helps care staff when getting to know a person however, this was not seen on all the records looked at. The RI informed that records are currently being updated and this information is to be included on all Care and support plans.

Risk assessments are undertaken and reviewed alongside Care and support plans on a quarterly basis, or earlier if needs change to ensure they remain up to date and relevant. Records show that people and/or their representatives participate in the review process, and this is usually undertaken in the person's home. Health and Social Care professionals are consulted, and care staff work collaboratively alongside them to optimise an individual's health and wellbeing.

Care staff and those they support feel enough time is allocated for a call and they never feel rushed. One relative told us, *"They (carers) are brilliant, I can't fault them at all, they will sit and talk with her, she couldn't find better carers"*. People told us that care staff usually arrive on time but if they are delayed, they are kept informed. We saw contingency plans in place to be followed in an emergency.

The provider has policies and procedures to manage the risk of infection. There are good hygiene practices in line with Public Health Wales guidance.

## Environment

The quality of the environment is not a theme that is applicable to domiciliary support services as people are cared for in their own homes. However, we made the following observations:

The service is run from a well-equipped office with on-site training facilities. Records are stored securely on an electronic system. The service completes individual risk assessments relating to people's living environment. These identify how care workers should manage potential environmental risks during care delivery.

## Leadership and Management

The RI has effective oversight and is involved in the day to day running of the service. There are governance mechanisms in place to monitor the quality of the care being provided. The RI and Senior staff will undertake spot checks and supervise care staff during a call to monitor and reflect on work practice and as part of informing the oversight and quality review. Care staff feel supported and describe managers as approachable and “fantastic”. One staff member told us “*They care not just about staff but the people they support*”. Another staff member said, “*They’re very good. By far the best I’ve worked for so far*”.

Policies are detailed and up to date and there are audits in place to monitor the service and to identify areas to improve, to provide best outcomes for people. Questionnaires are sent out to people using and working at the service and a quality assurance report completed by the RI. The RI will also consult directly with people on a regular basis and will analyse, assess, and act on their findings. The frequency of the RI reports are currently not in line with legislation and whilst this does not require immediate action it is an area for improvement and we expect the RI to have up to date reports at the next inspection.

Staff receive relevant induction training however most staff are not up to date with their mandatory training. The RI has recently sourced a new training provider and staff are now working through the necessary training. A staff member has also recently completed ‘Train the trainer’ and will be delivering Moving and Handling training to all staff. This will be checked at the next inspection and is an area for improvement. Staff told us they receive a thorough induction and shadow opportunities when commencing and feel prepared to undertake their role. Records show that staff receive regular one to one supervision sessions.

There is a safe recruitment system in place. A criminal record check is undertaken through the Disclosure and Barring Service (DBS) and references and employment history is obtained prior to new staff commencing. We did however notice some gaps in references and employment history. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

### 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
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80	The RI has not completed a review of quality of care and support in the required frequency of 6 monthly. The most recent report available at the time of inspection was dated 15/02/2022.	New
36	Not all staff are up to date with the required training. Provider to ensure all staff d) receives core training appropriate to the work to be performed by them; (e) receives specialist training as appropriate;	New
35	The required documentation for staff was not in place. We looked at three staff files, two of which had gaps in employment history and two of the three files looked at had only one reference.	New
73	The RI is not undertaking Reg 73 visits at the required timescales of at least every 3 months.	New

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