



Inspection Report on

Care Crew Dom Care

**36 Charles Street
Newport
NP20 1JT**

Date Inspection Completed

14/12/2023

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About Care Crew Dom Care

Type of care provided	Domiciliary Support Service
Registered Provider	Care Crew Limited
Language of the service	Both
Previous Care Inspectorate Wales inspection	11 July 2023
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

The service has made significant improvement in the implementation of processes since our last inspection, which has led to improved outcomes for people using the service. People speak positively about the standard of their care and support and told us they have good relationships with care staff. People's personal plans are written to a high standard, and the service ensures people are involved in their development and review.

Care staff receive frequent support and supervision sessions with their line managers, and the management team act on information shared by people and staff to improve the delivery of care. The service has improved structures to ensure that care staff are suitably recruited and trained and have taken steps to support care staff to develop their English language skills.

Well-being

Since the last inspection the service has worked to support care staff to increase their English language skills. People now have positive relationships and experience good rapport with their care staff. People told us about the importance of having consistent staff. We saw that the service captures their feedback and is acting on this to develop core teams to support people where possible. One person said the staff and service are “*excellent*”.

There is a clear written guide for the service, and people are actively supported to be involved in their care and support. The service has worked hard to increase focus on person centred care, and this has significantly improved the quality of personal plans, as well as care delivery. Management support care staff to understand the importance of relationships and rapport with people receiving support, and this has positively impacted the quality of care and support delivered. One person told us, “*Sometimes I don't see anyone else in the day so it is nice to chat with them.*” We found clear guidance in people's personal plans to support staff to engage with people in ways that work for them, including topics of interest, the best time, and approaches to use. The management of the service have ensured that people's personal plans support interventions outlined by external health and social care professionals.

Management are monitoring call times frequently and working to improve this in line with new 20 miles per hour zones. People are treated with dignity and respect by care staff. We saw compliments given to the service by people about their care and support which shows significant improvements in care delivery since the last inspection. There are improved processes in place to support oversight and governance of the service which has led to better outcomes for people. We found that there are some areas of development for the new responsible individual (RI) to ensure they are fully meeting the requirements of the regulations in regard to assessing, monitoring, and improving the quality and safety of the service.

Care and Support

People speak positively about the care and support they receive from the service. One person told us, *“They do everything I ask ... They are very attentive and friendly.”* The service takes steps to gain feedback from people about their care and support in person and over the phone. We found that previous issues relating to language barriers have improved significantly since the last inspection, leading to better outcomes for people supported. Compliments received by the service show the progress achieved by the service in language levels and staff competence in completing care tasks and building good rapport. Complaints received by the service relating to care and support are addressed in a timely manner, and information is shared with the wider team to ensure a consistent approach to address practice issues.

People’s personal plans are written to a high standard. We found that personal plans include information gathered through assessment, as well as from external agencies involved in people’s care and support. Personal plans contained detailed guidance for care staff on how to meet people’s needs in a way that works for the individual. People’s social histories are captured within their personal plans giving care staff a clear insight into who the person is, and what supports their wellbeing. Since the last inspection there has been significant improvement in the processes used to develop personal plans, and we found that people are actively included in the development and review of their personal plans. Personal plans are outcome focused to ensure the service supports people to set and achieve their personal wellbeing goals. People are supported to be as independent as possible. Where people are unable to keep themselves safe, the necessary procedures are followed. Appropriate arrangements are in place with the local authority to ensure decisions are made in people’s best interests, when required. We found increased examples of multi-agency working to improve outcomes for people. The service work alongside other professionals to train staff in specific approaches required to support people effectively.

People are protected from harm and abuse. The service has clear policies and procedures to ensure care staff support people safely. Where people receive support with their medication, the service follows best practice guidance for the safe handling and administration of medication. Field supervisors’ complete regular medication audits and share findings with the manager. There is a clear process for reporting and responding to safeguarding concerns, and the service shares relevant information with other agencies such as the local authority and regulator.

Leadership and Management

Since the last inspection, the service has consistently implemented their oversight and governance processes. The management team works closely together to ensure that information is recorded, reviewed, and acted upon in a timely manner. The manager has introduced systems to increase the efficiency of the service which has had a beneficial impact on the experiences of people and care staff. Care staff and field supervisors speak highly of the support they receive from the manager and feel strongly about the progress of the service. The service now has a responsible individual (RI) who is making progress in ensuring that all RI responsibilities are carried out under the regulations. We found that regular visits to the service are undertaken, and the RI has prepared a report on the quality of care for the last six months. However, currently the RI has not evidenced that they have fully met the requirements under the regulations in regard to their responsibilities. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

The service follows safe recruitment practices and has increased opportunity to assess and support language skills for care staff. Care staff receive regular support and supervision sessions in line with the regulation. We saw that issues raised by care staff during supervision are acted upon by the management team. We also found that feedback from people was addressed with care staff during these sessions. Care staff feel supported and competent in their roles, they told us they had good opportunities for learning and development. We saw clear evidence of training completed by care staff, as well as plans for further opportunities. The manager keeps clear records to support staff development. Care staff told us they feel positively about their development opportunities.

There are plenty of care staff to meet people's needs. We saw that rotas are planned to include travel time, and these are monitored and reviewed frequently when issues are identified. The service is in the process of developing a rolling rota to increase continuity of care as a response to feedback from people. The service has made significant improvements in their structures and processes to improve the impact of their leadership and management.

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
21	People do not receive care and support as outlined in their care plans.	Achieved
66	There is little oversight of the management of the service by the responsible individual to ensure the ongoing safety and well-being of people using the service.	Achieved

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
73	The RI has not evidenced they are meeting with or obtaining feedback from staff as part of their regulatory visits to the service.	New
80	The new RI has not made arrangements for - (a) considering the outcome of the engagement with individuals and others, as required by regulation 76; (b) analysing the aggregated data on incidents, notifiable incidents, safeguarding matters, whistleblowing, concerns and complaints; (c) reviewing any action taken in relation to complaints; (d) considering the outcome of any audit of the accuracy and completeness of records.	New
27	The service provider does not have adequate policies in place to ensure the safety and well-being of people using the service.	Achieved
35	The service provider has not ensured all recruitment checks are completed in-line with regulations to ensure care staff are suitable to provide care for people using the service.	Achieved
15	Personal plans do not contain sufficient detail to inform care workers how to support people using the service.	Achieved
16	Reviews of personal plans are not consistently undertaken every three months in line with regulations.	Achieved
36	The service provider does not provide supervision to care staff in line with their statement of purpose or regulations.	Achieved
60	CIW have not been notified of key events which includes: positive Covid-19 cases within the service, changes of manager and changes to the statement of purpose.	Achieved

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