



## Inspection Report on

**Wales England Care**

**Wales England Care Ltd  
The Coachhouse Workshop  
Phillip Street  
Newport  
NP11 6DF**

## **Date Inspection Completed**

03/11/2022

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## About Wales England Care

Type of care provided	Domiciliary Support Service
Registered Provider	Wales England Care Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	
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

Wales England Care's domiciliary support service (DSS) is registered with Care Inspectorate Wales. This inspection was undertaken to follow up non-compliance identified at the previous inspection and to consider the progress on the nine areas of improvement required.

Some people who use the service spoke well of the staff who provide their care and commented: "*They're lovely*" and "*I'm very lucky to have them*". Others made negative comments such as: "*..aren't very nice and don't know what they're doing*"; "*They don't come at the time allocated, they come anytime*" and "*They don't do anything for me, sometimes I wonder what I am paying for*". Two people who used the service had recently cancelled their service and commented: "*They were terrible*".

Staff raised the issue of not being given sufficient travel times between calls which particularly affected staff who have to walk. Analysis of rotas supported this claim and also demonstrated that sometimes there is no travel time allowance.

Some of the systems and records were not available at the time of the inspection visit, partly due to electronic systems failing.

Overall, we found the provider has still not achieved compliance with regulations and this is having an impact on people's well-being.

## Well-being

Some individuals told us they were happy with the service they receive, that staff ring if they are going to be late, and they didn't have any concerns about the times of calls or length of time they stayed. One said their staff member was: *"..very kind and thorough.."*. Other people said some staff *"..aren't very nice and don't know what they're doing.."*; *"They just put my medication into egg cups and that's all. They are always rushed to get to the next job"*; *"I have asked for 9am and 5pm and sometimes they come late at night"*, and *"Morning call supposed to be 9am, sometimes it ended up being 11am"*. There were also reports of staff not turning up and not informing anyone, which was particularly concerning for people with dementia. There was also concern regarding staff not delivering all the commissioned care, including showering and changing clothes.

Staff not having the time they need to complete the required tasks was a theme running throughout the service users' comments: *"They are always rushed to get to the next job"*; *".. they were always watching the clock"*; and *"They are always in a rush"*. Staff were concerned that they were not allowed sufficient travel time between calls and one gave an example of being allowed 10 minutes to do a 40-minute walk and having to contact one of their relatives to give them a lift when the service's on-call did not respond. Travel times were analysed in detail and the staff concerns were confirmed. In some cases there was a variety of times for the same journeys. Of a sample of two staff who have to walk, over a period of one month, there was insufficient travel time for nearly half of their journeys, and three journeys where no travel time was allowed for journeys that needed between 12 and 15 minutes. This affected 16 different clients.

There is no evidence of any change since the last inspection, and we concluded people's health and well-being are still at risk. Where we find there are not positive outcomes for people, we may consider further action.

## Care and Support

Personal plans are person-centred and reflect local authority care plans but sometimes the commissioned tasks are not being carried out. Personal plans for two people showed that their outcomes are listed and that reviews are taking place, but there was no evidence to show that individuals' outcomes are being reviewed. Field supervisors or care workers review personal plans, but there was no evidence of any analysis of the systems in place or if the personal plan is still reflective of needs. There was also no evidence of consultation with the service users, or any representatives.

The responsible individual (RI) said that there is a system for monitoring if staff are attending calls and staying the correct amount of time, but the information provided regarding the results of their call monitoring system was unclear. It did not show what period it covered or any evidence of how the information is used and what action is taken as a result. For example, it identifies missed calls but doesn't give any information regarding if they were completely missed or if another member of staff had covered. There was also no explanation for the reasons the calls had been missed or what action is taken regarding the service users and staff concerned. It also appears to be failing in identifying if staff are staying the correct amount of time, or what action has been taken regarding this. The RI said that she is aware of one person not receiving their contracted hours, but there is evidence of this being the case for many more people, mainly due to staff not being allowed reasonable travel times between calls.

There is a comprehensive medication procedure. Staff are trained to administer medication and their competency is tested and practices monitored, but there are still some issues with practice. The local authority care plans are not always accurate, for example they describe service users as needing prompting when they need administration. The agency has not alerted the relevant people that they will not administer medication without a medication administration record (MAR) chart, and that they do not accept discharges on a Friday as it is difficult to access GPs and pharmacies if information provided is incorrect. There is also no auditing of individuals' medication, and it was reported that stock checks have reduced due to changes or loss of staff.

There is a comprehensive hygiene and infection control procedure which needs minor amendments and updates. Staff were on infection control training at the time of the visit.

## Environment

As services are provided in individuals' own homes, this section is not considered in DSS inspections.

The inspector visited the agency office. Systems and records are all computer based but there were no spare computers for her to view information so it had to be printed. The manager said that she was dealing with this issue and that laptops had been delivered ready to introduce new IT systems.

## Leadership and Management

The RI feels that the operation of the service is stronger and communication is better since they lost a tier of management. However, comments were varied such as: “..a lot of carers have left and there’s such a lack of communication between the office staff and carers”; “..it would go in one ear and out the other”; “The individual carers were lovely but the organisation was terrible”; “I felt sorry for the carers”; and “Contact with office has generally been fine. Sometimes hard to get through but they are responsive and act on what I have needed to tell them”.

The statement of purpose needs minor amendments to be fully compliant but also contains inaccuracies and incorrect information. The written guide to the service is not compliant with the legislation and also contains inaccuracies and incorrect information. The complaints procedure is not in accordance with legislation and requires amendment. The RI has been advised of the detail. There was also inconsistent information stating that they offer 24 hour support but they do not have any on-call arrangements beyond 11pm. They also offer support with areas for which there is no evidence of staff having been trained nor of any plans to do this.

Records are kept on two different electronic systems, including HR and personnel records being kept on different systems, with no consistency between them so records are difficult to find. The electronic systems need to be standardised so that everyone is using the same system. There was also a problem on the day of the inspection when the connection failed and the RI said that this happened every day, leaving records inaccessible. The inspector was unable to access some of the records they needed to see. This issue must be resolved so that records are available at all times.

Recruitment procedures are still not safe. There is a lack of knowledge of what checks need to be undertaken, and a lack of audits to ensure all information is in place. There was evidence of applications not being complete; incomplete employment histories so they are unable to identify any gaps in employment, or verify reasons for leaving previous employments involving children or vulnerable adults. It is not possible to ensure that the appropriate people have been approached for references and there is no system to check that references are actually provided by the named person. It was also found that not everyone has two references. This puts individuals at risk.

There is a training officer who is an All Wales Passport trainer. They said that staff induction is based on the Social Care Wales (SCW) All Wales Induction Framework and is conducted over eight weeks. They said that they support the SCW registration process and further QCF training. Training was discussed and referred to the training matrix. The training matrix did not show all the training needed for the areas of support offered in the statement of

purpose and written guide to the service. It also did not show all training that is undertaken, for example, the manager said that some staff had received dementia training and have become official 'dementia friends', but dementia is not shown on the training matrix.

It was agreed that there is a need for increased supervision but there is a lack of field supervisors to carry this out.

Staff were offered a choice of different types of contract and this was recorded in the minutes of a staff meeting.

The document provided as the Quality of Care Review report was about the things that the service does, not an assessment of the quality of the things that they do. It also raised a lot of issues and queries. Statements were not always supported by the evidence provided, and some lacked clarity. There was not always evidence of methods used to support their statements. A list of issues under their heading 'things we want to develop' were things that should already be in place for compliance so were effectively statements indicating that they are in breach of regulations. The manager said that there were also issues with staff not acting in accordance with their job descriptions. The RI has been given detailed feedback on this.



### 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
21	Four individuals have not at all times received a service in line with their personal plan. This includes in line with the number of care workers required to be present for the duration of the call and regarding call times/durations. no 2022 inspection - there is evidence that staff are not always able to stay for the contracted hours mainly due to insufficient travel time between calls.	Not Achieved
16	There is insufficient evidence personal plans have been reviewed with all relevant parties at least three monthly, considering the extent to which the person has achieved their personal outcomes. 2022 - People may not be having their outcomes reviewed and neither they nor their representatives are being consulted about the reviews. People's personal plans	Not Achieved

	may not reflect their current needs.	
58	There is a lack of robust documentation in place regarding medicine administration and regular auditing and a lack of clarity regarding some people's current medication support needs. The provider had already identified this and was in the process of taking measures to address it at the time of the inspection. 2022 - There is a lack of auditing of individuals' medication and stock checks have reduced due to change/loss of staff.	Not Achieved
35	Full and satisfactory information and/or documentation was not available for all staff at the service at the time of the inspection. 2022 - Unsafe recruitment procedures and lack of understanding of what is required.	Not Achieved
36	There was insufficient evidence all staff had received a suitable induction, up to date relevant training and regular one-to-one supervision. 2022 - Insufficient evidence that staff had received appropriate training.	Not Achieved
19	The written guide did not contain information regarding the availability of advocacy services, in addition to other information specified under the statutory guidance. 2022 - The written guide to the service did not contain all the required information.	Not Achieved
80	The quality of care reviews had not been completed at least every six months and two examined did not contain all of the necessary information. 2022 - The document provided did not evidence that Regulation 80 had been met or even understood and represented a review over 8 months not 6 months as required.	Not 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
59	The provider failed to make available all the required records.	New
41	The provider does not allow sufficient travel times between visits and does not record time actually spent on travel time and breaks.	New
56	There was a lack of effective oversight of staff lateral flow testing. There was also a lack evidence of risk assessment and liaison with relevant professionals where two care workers had claimed medical exemption from wearing a face mask.	Achieved
42	The terminology of employment contracts examined indicates hours are not guaranteed and there is insufficient evidence care workers on such contracts have been offered an alternative choice on a regular basis.	Achieved

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