



Inspection Report on

Wales England Care

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

Date Inspection Completed

16 December 2021

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About Wales England Care

Type of care provided	Domiciliary Support Service
Registered Provider	Wales England Care Ltd
Registered places	Not applicable
Language of the service	English
Previous Care Inspectorate Wales inspection	This was the first inspection under The Regulation and Inspection of Social Care (Wales) Act 2016
Does this service provide the Welsh Language active offer?	The service is working towards providing an 'Active Offer' of the Welsh language and demonstrates effort to promoting the use of the Welsh language and culture

Summary

Wales England Care is a domiciliary support service operating in the Cardiff and Vale region. The provider also operates a separate service by the same name in Gwent. As per its statement of purpose, the service mostly provides care and support to people who are elderly; but this may also include people with mental and/or physical health needs, sensory needs and a learning disability. There is a Responsible Individual (RI) and registered manager in place.

People receive appropriate care and support overall. They are satisfied to an extent with their overall service. The service has experienced management changes and staffing pressures during 2021. This has affected continuity of care for people and management oversight in several areas. The provider shows a commitment towards putting this right and it is actively working towards making improvements. The provider told us it has been focusing resources on care and support delivery, which has resulted in a lack of attention in some aspects of the service. The inspection found that improvement is required in relation to several areas in order to meet the regulatory requirements. These are outlined at the end of this report and will be followed up at the next inspection.

Well-being

Care workers treat people with dignity and respect. Personal plans reflect people's needs, wishes and outcomes; although the current level of support required to manage medication is not always clear. The provider is reviewing this. Personal plans are not reviewed regularly to give people opportunities to review the extent to which they are achieving their desired outcomes.

People are satisfied to a degree with the care and support they receive. Staffing challenges have affected continuity of service delivery. This means people may not always see a regular care worker due to ongoing staffing challenges, which have necessitated the use of agency staff. The service is taking positive steps towards address this, to improve recruitment and retention in the region.

People are not always aware of important written information that is available to them, such as the personal plan, written guide and service agreement. The provider confirms documentation is contained in people's house files and it will follow this up. This will help ensure people fully understand the service they should expect to receive.

The service is responsive to issues and concerns which promotes people's safety and well-being. For example, the right care professionals are consulted when needed, including referrals to safeguarding. There is a safeguarding policy and people know how to contact the service to raise any issues or concerns. The service listens and takes timely, appropriate action in response to concerns. This helps to protect people from potential harm.

People have opportunities to share their views about the service with the RI. The provider should consider the outcome of engagement with people as part of quality of care reviews at least every six months to help drive improvement.

Care and Development

People receive adequate care and support to meet their needs. Feedback we gathered indicates care workers treat people with respect. At the time we inspected, the service was actively addressing ongoing staffing challenges that have affected consistency of call times and care workers. It is trying to reduce the use of agency staff and improve recruitment. People told us: *“They’re sort of okay, but there’s a lot of lateness”*; *“The level of care is okay. We are fairly happy”*; and *“they do what they can”*. Some people also feel communication from the service could be better at times.

Personal plans examined reflect information about people’s needs, wishes and consider risks. Care workers have appropriate written guidance to follow. There is a lack of evidence that personal plans are reviewed at least every three months, in consultation with key parties. This is important, to review the extent to which people are achieving their care and support outcomes. We were not provided with one personal plan requested and we noted some instances where care and support had not always been provided in line with the personal plans examined. The provider assures us it is following these up and told us there were delays locating some documents following a transition of managers.

Written information is available for people, but not everyone may be aware of it. The provider confirms written information is contained in people’s house files and it is following this up, so people are aware of the key documentation regarding their care and the service. The service is working towards providing an active offer of the Welsh language. There is some information in the statement of purpose and we were told Welsh speaking workshops will be offered to staff.

There are measures to protect people from the risk of harm and abuse. The service is responsive to issues and concerns and takes appropriate action. This helps to safeguard people. Training logs viewed for some staff show they received safeguarding training. There are safeguarding and whistleblowing policies and staff told us they feel confident reporting any concerns internally. People know how to contact the service to raise any concerns.

Infection prevention and control practices need strengthening. People told us the majority of care workers use appropriate personal protective equipment (PPE). The service carries out spot checks and an infection control policy is present. Staff have a mixed understanding about how often they should complete lateral flow tests (LFT). The service has not monitored this robustly, but started rectifying it during the inspection.

Medication practices need improving. Some personal plans and/or risk assessments lack clarity regarding current medication support needs. There is a lack of robust record keeping and auditing of medication administration records. This means potential discrepancies

might not be identified, and addressed, at an early stage. The provider is taking positive steps to strengthen its medication processes, including liaising with relevant professionals.

Leadership and Management

The provider acknowledges the service has experienced challenges and demonstrates commitment to making improvements. It has liaised with service commissioners, developed a Covid-19 contingency plan and appointed a new manager and business development director in 2021. The RI shows oversight of the service and is striving to improve recruitment and retention. A recent RI report viewed was informed by engagement with people using and working at the service. There is a system for reviewing the quality of care; but it does not fully satisfy regulatory requirements at present. This is because some content is missing and reports have not been completed at least six monthly. We are assured regarding the financial viability of the service and the provider has not declared any concerns in this respect.

A statement of purpose and written guide are present, reflecting the aims and objectives of the service. The written guide does not currently contain all required information and needs updating. The service has an appropriate range of policies and procedures, although some need reviewing to ensure they reflect current legislation and/or statutory guidance.

There is effective oversight of incidents, accidents and complaints. Written records are kept. The service is responsive to issues and takes appropriate action. The service carries out spot checks and shows it takes appropriate action in response to unsatisfactory staff performance and/or practice. Overall, the service has ensured regulatory notifications are submitted as required.

We have advised the provider that it must regularly offer all care workers on non-guaranteed hours employment contracts an alternative contract choice, as per the regulations. There is currently insufficient evidence this is happening. Staff rotas reflect travel time between calls, although the need to cover calls at short notice (e.g. due to sickness) has occasionally affected this.

There are gaps in recruitment information and/or documentation that need attention. This includes referencing, employment histories and the timeliness of one disclosure and barring service renewal. The provider must also ensure full information/documentation for any agency worker is in order. Staff feedback indicates some feel suitably trained and supported. The provider must strengthen arrangements for ensuring all care workers are suitably inducted, trained, supervised and appraised. The provider assures us it is addressing these areas, which we will consider at the next inspection.

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
21	Care and support must at all times be delivered in accordance with the personal plan.	New
16	The personal plan must be reviewed as and when required, but at least every three months, with the involvement of the individual, their representative and placing authority, as appropriate.	New
58	The provider must have arrangements in place to ensure medicines are administered safely at all times, which includes effective recording and auditing arrangements.	New
35	Full and satisfactory information and/or documentation must be in place for anyone working at the service in respect of each of the matters specified in Part 1 of Schedule 1 of the Regulations.	New
36	Any person working at the service must receive suitable induction, training, supervision and appraisal.	New
56	The provider must have policies and procedures in place for controlling and minimising the risk of cross infection and ensure the service is provided in accordance with them at all times.	New
42	The provider must ensure any care worker employed under a non-guaranteed hours contract is offered an alternative choice of employment contracts where the relevant criteria under Regulation 42 applies.	New
19	The written guide must contain all of the necessary information under Regulation 19(3) and the Statutory Guidance.	New
80	Quality of care reviews must be completed at least every six months and include each of the matters specified under Regulation 80(3).	New

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