



Inspection Report on

Simply Safe Care Group (Western Bay)

**Unit 2
Hendy Industrial Estate
Swansea
SA4 0XP**

Date Inspection Completed

02/04/2024

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About Simply Safe Care Group (Western Bay)

Type of care provided	Domiciliary Support Service
Registered Provider	Simply Safe Care Group Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service promote Welsh language and culture?	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

Simply Safe Care Group provides care and support to people to continue to live in their own home for as long as possible. People are happy with the care and support they receive from care staff who are committed to their role. Staff are safely recruited to ensure they are of suitable character and integrity to undertake their role. Ongoing training and support are provided by managers who staff describe as approachable and understanding. Improvements have been made to these areas since the last inspection.

Personal plans guide and inform care workers on the support required. Continuity of care staff is provided where possible and changes in support needs are addressed in a timely manner. Communication between staff and representatives is effective and managers are proactive in addressing any concerns.

We cannot be sure the Responsible Individual (RI) has adequate oversight of the service as no reports were available at the time of inspection. Whilst there is no immediate impact upon people this matter is an area for improvement and will be followed up at the next inspection.

Well-being

People are supported to do what matters to them and to remain in their own home for as long as possible. Care staff provide support with personal care, meals and medication and encourage people to be as independent as they are able. Efforts are made to provide consistency of care staff to foster trusting relationships however this is not always possible. Whilst some people told us they generally have the same staff others told us there are frequent changes and this impacts on the quality of care they receive. Staff rotas looked at showed that overall, there is consistency of staff.

People can state their preferences regarding language and gender of care staff, times of calls and the level of support received. Managers will try and match staff accordingly where possible. People's preferences are not being recorded on personal plans. Whilst basic information is captured, more detail in this area would enhance the quality of care and support people receive. The manager has agreed to address this and plans to amend the format of personal plans.

Sufficient time is provided during and between calls for care staff to undertake their role without feeling rushed. Call logs are monitored by the managers and records show that generally calls are within timescales with people receiving the allocated time. Most people we spoke with told us they receive calls as expected and are usually informed if care staff are running late. Care staff told us they have time to provide the support that is required and will raise any concerns with their manager. People and their representatives know who to contact if they need to raise any concerns and told us the manager will try to resolve any issues.

Overall people told us they feel safe and respected when care staff visit their home. Risk assessments are in place to keep people and care staff as safe as possible. Policies are up to date and in line with legislation and available to staff. Safeguarding adults at risk and Whistleblowing training is available to new staff as part of their induction and refresher training for all staff. Staff training was identified as an area of improvement in the last inspection and has now been addressed. Records show that most staff are up to date with their training and know their responsibilities to report any concerns to safeguard individuals.

People are mostly happy with the care and support they receive from care staff. One person told us, “*They are really good*” and another said, “*Some are brilliant*”. Communication is good and managers make themselves available to people and their representatives should they have any concerns. One person said, “*I speak to the carers first to try and sort it out, then I speak with ‘X’ (manager) and then I speak to head office if need be*”.

Care staff are guided by people’s personal care and support plans which are mostly kept up to date and reviewed on a regular basis. People and/or their representatives are involved in reviews and are given an opportunity to raise any issues. We found that not all personal plans are updated following a review, but people and care staff are notified of any changes via phone calls and messages. Personal plans hold basic information for care staff to know what support is required however further detail on people’s preferences, likes and dislikes would enhance the quality of care and support received. The manager plans to review the format of recording information in personal plans.

People are protected from harm as much as possible and receive care and support from people who have been safely recruited. This was an area of concern during the previous inspection and improvements have been made. Thorough checks are now undertaken prior to commencement of employment to ensure care staff are of suitable character and have the necessary skills and qualifications to undertake their role. Spot checks are undertaken by senior staff during care calls to ensure care staff remain competent and to identify strengths and/or areas for improvement or additional training. Most staff members are registered with their professional body, Social Care Wales. The registered manager is supporting unregistered care staff to register staff through the registration process.

Care staff have access to Personal Protective Equipment (PPE) and follow Infection Prevention and Control guidelines to minimise the risk of cross infection. People’s physical and mental health is promoted and referrals are made to Health and Social Care professionals in a timely manner when care and support needs change.

Leadership and Management

The registered manager has made improvements in several areas during the last twelve months since commencing in their role and is continually reviewing areas to improve outcomes for people and staff. Staff we spoke with were very positive about the management and company as a whole and one staff member said, "*The manager is pleasant and kind, it's a really lovely company*". The Responsible Individual (RI) works closely with the manager and has general oversight of the service. Whilst quality of care review questionnaires are being completed, the RI reports were not available during the inspection. Whilst there is no immediate impact upon people this matter is an area for improvement and will be followed up at the next inspection.

We looked at some key policies and found them to be up to date and relevant. Some minor amendments are required on one or two to ensure people have access to the correct information. People receiving support told us they know who to contact if they have any queries or concerns and managers have been helpful when they have contacted them. One person said, "*Communication is good. We have reviews and can discuss anything we need to*".

Care staff receive one to one supervision on a regular basis. This provides an opportunity to discuss any concerns, future goals and developmental needs. We found records for these meetings very brief and generic. The manager agreed that they would benefit from more detail to evidence the support and guidance staff receive and plans to address it. Staff feel supported by senior staff members and are confident that any concerns raised will be addressed. One staff member said, "*I can talk to her (manager) about anything*".

Communication between all staff is supported through a number of systems including staff meetings, questionnaires and a What's app group on their mobile phones to ensure information is shared in a timely manner. An on-call system provides guidance and support to care staff out of office hours.

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
35	The service has employed staff without consistently obtaining full and satisfactory information and documentation in respect of the matters set out within Schedule 1 of the Regulations.	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
80	The RI has not provided a Reg 80 report for the purpose of the inspection. Several requests have been made and ample time has been provided for the RI to send the report however this has not been done and no reason given for not making it available.	New
36	We cannot confirm that the provider ensures that all staff receive ongoing appropriate core and specialist training and that they are up to date to reflect current practice as the provider was unable to evidence this	Achieved

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