



Inspection Report on

Cera Care Gwent

**The Hub
Valleys Innovation Centre
Navigation Park
Mountain Ash
CF45 4SN**

Date Inspection Completed

20/04/2023

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About Cera Care Gwent

Type of care provided	Domiciliary Support Service
Registered Provider	Cera Care Operations Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	12 October 2022
Does this service provide the Welsh Language active offer?	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

At the time of the last inspection, we identified that staff training and development continued to not meet regulatory requirements and advised the service provider that this required priority action. This report details the findings of progress in training and development, and as such we have only considered the other domains in this context.

People benefit from care workers who feel competent and confident in their roles. Feedback from care workers and management on the new training program is positive. There is a new designated Responsible Individual (RI) completing their application with CIW; they have good oversight of the new training program and the benefits of this.

Well-being

People are given opportunity to give feedback on their wishes for their care and support. Three-monthly care plan reviews continue to be completed between staff members and people receiving their care, and their representatives. We saw plans for annual questionnaires to be sent out for quality assurance, with the RI considering how to yield the most responses.

People are supported to be as healthy as they can be by care workers who are appropriately trained and competent in their roles. Mandatory training covers areas such as first aid, and manual handling. The medication competency pathway is still in place to support and monitor care workers if there are errors made when administering medication.

Care and Support

This was a focused inspection to identify improvements made to staff training and development, so we looked at care and support in this context and did not fully consider this area.

Personal plans are in place and contain relevant information. Care plan reviews are completed every three months by staff members in consultation with people receiving care and their representatives. Medication administration is recorded and audited regularly to check for any errors and identify any patterns or themes. Concerns or safeguarding issues are appropriately responded to and referred to the relevant professionals.

Environment

As this is a domiciliary care service and care is provided in people's own homes, we do not consider the environment domain in full. However, we visited the main office of the service and found it to be an appropriate space, with room for confidential conversations and rooms for in-house training to be delivered. Documents are held securely.

Leadership and Management

At the time of the last inspection, we identified that there were several staff who had core training that had lapsed. At this inspection, we found a number of improvements have been made in both the in-person and e-learning training that all staff have access to. A member of staff has been recruited internally as a regional trainer, delivering all induction training and in-person refresher training in-house. Only two staff have not completed the refresher training, due to sickness absence. The trainer told us: *“Being face to face allows me to identify individuals learning styles and change the format if I need to”*. Feedback from staff is positive: *“The new process seems a lot more practical than previously”* and *“It’s more beneficial to my role as a care worker”*. The manager also reported that the quality of new staff is better since the new trainer has been delivering the induction training.

The manager has created a planning tool to ensure annual refreshers are spread out throughout the year and to minimise the chance of staff not completing them. A new e-learning system has been implemented for training such as safeguarding, and the manager also has oversight of this and of when refreshers are due. The medication competency pathway is still being used to identify medication training needs for staff, observed practice and competency assessments. Supervisions and appraisals are planned throughout the year using a matrix to ensure all staff are up-to-date with their sessions to discuss any issues and continue their professional development.

Quality assurance processes are being developed to gather additional feedback about the quality of the care being provided. The RI and the manager are developing feedback questionnaires to be sent out annually and they identify strengths and weaknesses of the service, alongside the other monitoring visits and audits the RI completes.

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
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N/A	No non-compliance of this type was identified at this inspection	N/A
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Date Published 18/05/2023