



Inspection Report on

Trinity Care and Support

**Trinity Church
John Street
Porthcawl
CF36 3DT**

Date Inspection Completed

14/02/2024

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About Trinity Care and Support

Type of care provided	Domiciliary Support Service
Registered Provider	Trinity Care and Support
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	22.11.2022
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

People who use the service, and their relatives, praise the standard of care and support provided. The service demonstrates a commitment to providing good quality care and support to people in their own homes and those requiring short respite breaks. People benefit from a small, dedicated team of care workers who are motivated in their roles. People and their representatives are very complimentary about the positive relationships they have with care workers and the management team. Staff feel well supported, confident and happy in their roles. Regular one to one supervision, monitoring, and training is provided for staff across the service. There is a new manager in post who is dedicated to their new role and has already identified areas where the service can progress and improve. The oversight of care and support provided needs to be strengthened. Systems and processes are required to identify where the service needs to develop and improve.

Well-being

People told us they are happy with the service and spoke positively about the quality of the support provided. One person told us *“They are very good and go above and beyond”*. Another stated, *“They go the extra mile”*. The service has a small team of care workers and people receive good levels of care worker continuity. People know the new manager of the service and feel able to contact them easily. People are supported to have control over their daily lives and the support they receive is personalised.

As far as possible, people are protected from harm and abuse. Risk assessments and management plans help reduce the risks to people’s health and safety. However, the provider must ensure they are reviewed at least three monthly. There is a safeguarding policy and care workers receive relevant training. Care workers told us they are aware of their safeguarding responsibilities and the process for raising concerns. Care workers receive regular supervision where they have the opportunity to discuss any concerns with their line manager. Other policies and procedures such as medication and whistleblowing are kept under review and support safe practice.

This service does not currently provide the Welsh language active offer. No person currently using the service wishes to receive their care and support in the Welsh language. The service provider is aware of the Welsh language active offer, and they are committed to recruiting Welsh speaking staff in the future.

People can have assistance with their medication if required. Medication policies and procedures are in place. Staff have training and ‘spot checks’ to ensure they can safely and appropriately carry out this task. At the time of inspection, the service was not supporting any people with their medication needs.

The service provider needs to demonstrate effective oversight of the service, and ensure key areas for the development and improvement of the service are identified promptly. The RI has completed a quality of care review report which is required by regulation. However, the report does not identify key areas where the service needs to develop and improve.

Care and Support

The service promotes people's health and well-being. The service captures details about who people are and how they like to be supported. Each personal plan describes the core areas of an individual's care and support and details how staff can support them safely, for example, supporting a person at risk of falls. An electronic care system has been introduced and the manager is in the process of uploading all personal plans. A new format for the personal plan has been developed, which is clearer and easier for care workers to follow. We were unable to find evidence the service had completed personal plan reviews as required by regulation. Also, a lack of evidence that people or their advocate had been involved in the review process. This is an area for improvement and we expect the provider to take action to rectify this. We will follow this up at our next inspection.

Care staff provide a safe and positive care experience. People told us their calls are not hurried and staff complete tasks in the way they like. The manager advised there is a consistent staff team in place and many care staff have worked for the service for a number of years. Care workers spoken with are very knowledgeable on individual needs. People told us staff keep to agreed call times and care calls are never missed. Care staff notify people if they are running late, however we were assured this rarely happens. People and relatives are aware of how to raise a complaint and feel they would have no problem raising any issues. We spoke with two local authority care managers who told us *"It's my view that they are indeed very caring, and go above and beyond. I can't speak positively enough really. From my part they've been amazing to work alongside them as they go over and above to provide support"* and *"I am aware that families and individuals themselves are happy about the service provided. They have built up positive and trustworthy relationships"*.

Leadership and Management

There are good systems in place to safely recruit and support care workers at the service. We looked at a sample of staff personnel files, safe recruitment, identity documentation and background checks are all in place. This includes up-to-date Disclosure and Barring Service (DBS) checks. Most care workers are registered with Social Care Wales, the workforce regulator. Care staff receive regular supervision and annual appraisals. The feedback received from care workers is positive, comments included: *“I find management supportive and informative”*, *“I do feel valued and supported in my role”* and *“I find the company very well run & organised”*.

People are supported by care workers who have the knowledge and skills to undertake their roles. The records we saw demonstrate care workers are provided with training which is appropriate to their roles. Care workers told us they are encouraged and supported to undertake formal social care qualifications, which enhance their knowledge and skills base. Care workers told us they are happy in their roles, and they enjoy their work. One told us *“I feel like I’ve had plenty of training to do my job to the best of my ability”*. Regular staff meetings take place, which supports and promotes good communication.

Governance arrangements to support the running of the service require strengthening. The manager is experienced and registered to carry out the role. The RI conducts the required visits to the service and meets with people using the service. However, there needs to be closer monitoring of the service provided. We viewed the last Quality of care report dated July 2023 which failed to provide any recommendations of how and where the quality and safety of the service can be improved. This is an area for improvement and we expect the provider to take action to rectify this. We will follow this up at our next inspection. We saw the satisfaction surveys completed for 2023 and found the feedback to be positive.

The provider has systems in place for the smooth running of the service. The new manager has introduced new audit tools. We looked at a sample of the service’s policies and procedures and found they reflect current statutory and best practice guidance. Policies and procedures are being kept under review and updated when necessary. Spot checks take place as a method of ongoing monitoring of the service provided. Other written information we viewed included the statement of purpose and user guide.

The service operates from within the Trinity Church building, which is easily accessible with close-by parking. Trinity Care and Support keeps records and documents securely, and there is space available for meetings, private conversations, staff training and supervision.

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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80	The provider is not compliant with Regulation 80 because:- The RI has not prepared a 6 monthly quality of care report, last one dated July 23 The last report did not include - The responsible individual must put suitable arrangements in place to establish and maintain a system for monitoring, reviewing and improving the quality of care and support provided by the service	New
16	Not all personal plans have been reviewed at least three monthly	Not Achieved
73	The RI is not gaining feedback from people using the service.	Not Achieved
12	Not all policies are detailed or provide guidance for staff to follow	Achieved
7	The service provider has not kept the statement of purpose under review as required, and where it has been updated a copy has not been provided to the regulator. It does not accurately reflect the management arrangements of the service, or changes to legislation and guidance.	Achieved

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