



## Inspection Report on

**Q Care Gwent**

**Q Care Ltd**  
**The Office Block D Nantgavenny Business Park**  
**Nantgavenny Lane**  
**Abergavenny**  
**NP7 6LG**

## **Date Inspection Completed**

09/06/2023

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## About Q Care Gwent

Type of care provided	Domiciliary Support Service
Registered Provider	Q Care Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	07 December 2020
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

Q Care Ltd is a domiciliary support service that provides personal care and support to people in their own homes, in the Gwent area. The registered office is in Blackwood, there is an additional office based in Pontypool.

The majority of people we spoke with are complimentary about the service provided. Each person receiving a service has a personal plan, detailing individual care and support needs and how these are to be met. Care documentation is person centred and reviewed with the individual regularly to ensure it is kept current. Effective monitoring and auditing systems are in place, which support the running of the service. People are supported by care staff who are recruited and vetted appropriately with pre-employment checks in place. Staff we spoke with are complimentary about working for the service and said management are accessible and approachable. The management team have put checks and processes in place to keep service delivery under review. The Responsible Individual (RI) has good oversight of the service and a regular presence at the branch office.

## Well-being

People have as much choice as possible about the care and support they receive. Prior to the service commencing, an assessment of needs is completed and care visit times are agreed. We were told that care staff can sometimes be late and that staff continuity is not always consistent. Personal plans are produced with the individual and/or their representative. People told us they are happy with the care and support they receive. One person said, *“Great service, person centred and flexible”* and another said, *“If I ask them to help with something they do”*. People are given information about the service and how they can complain if they are not happy with the service they receive. Complaints to the service are taken seriously and dealt with correctly in line with the company complaints policy. People receive the support they need to maintain their health and well-being. The service assesses people’s care and support needs and any associated risks to their health and well-being. These are documented in personal plans and risk assessments, providing guidance for staff on how to support individuals with their needs. A person-centred approach to care planning ensures people are at the forefront of the care and support they receive. The service has systems in place for the management of medication. Care workers receive medication training and competency checks are carried out.

There are safeguarding mechanisms in place to protect people from harm and neglect. Risks to people are assessed and their safety managed and monitored so they are supported to stay safe, and their freedom respected. Care staff receive safeguarding training and are clear about their responsibilities and the procedure to follow if they have any concerns regarding the people they support. There are policies in place at the service such as Safeguarding and Whistleblowing, which are up to date and reviewed regularly. The provider makes referrals to the Local Authority safeguarding team when required. Staff recruitment is safe and robust as pre-employment checks are completed prior to employment commencing.

People have a voice and provide feedback about the service they receive in a variety of ways: face to face, through telephone monitoring, or through annual service satisfaction surveys, which contributes to the quality assurance of the service. Audits of things such as care files and Medication Administration Record (MAR) charts are carried out, to make sure people are receiving a consistent and good quality service. People’s language and communication needs are considered. There is a Welsh Language Policy in place.

## Care and Support

Each person receiving a service has a personal plan in place, covering core areas of care and support needs. Plans are person centred, concise and clearly written, providing care staff with guidance on how to meet people's needs. Plans contain risk assessments and information from other professionals. Plans consider people's personal outcomes, as well as the practical care and support they require. We saw evidence these are reviewed regularly, involve people, their relatives, and other relevant professionals. Feedback from people and any changes to their needs result in personal plans and risk assessments being updated.

There are measures in place to assist people with their medication. A medication policy and procedures are in place that provides clear guidance to staff. Personal plans document the extent to which individuals need support with medication administration. Staff undertake medication training and competency assessments are carried out by supervisors. Internal quality assurance systems have previously identified improvements needed in the administration of medication; we were told actions taken as a result of this has reduced medication errors.

An electronic care monitoring system is in use. This requires staff to log when they start the call and finish. Staff rotas allow travel time between calls. The system provides oversight of calls ensuring late or missed calls are managed and reduced. Care staff can use this system to communicate any queries or issues with office staff and the management team. The system also enables office staff to communicate promptly with care staff about any changes to rotas or care tasks. During staff supervision the frequency and duration of their calls are discussed, any improvements required are logged and monitored. People told us that care staff can sometimes be late and they were usually contacted by the service to explain the call would be late. People told us that staff continuity is not always consistent, they can have lots of new staff covering calls, this can impact on building relationships with the staff who provide their care. Staff recruitment is an ongoing process at the service, we were told last minute staff absences can impact on call times, with staff rota's requiring amendment. The service operates a priority call system to ensure people are not negatively impacted if calls need to be changed at short notice.

## Leadership and Management

Effective systems are in place, which support the running of the service. The RI has oversight of the service and is accessible with a regular presence at the registered offices. The managers are suitably qualified for the role and registered with the workforce regulator, Social Care Wales (SCW). The RI has completed the required reports to evidence the quality of care is reviewed. Systems in place to monitor the quality of the service considers the views of people receiving a service, their relatives/representatives, and staff. For example, staff and service user satisfaction surveys are utilised. People receiving support also provide feedback on the service during visits and monitoring calls. They told us they can call the office with any issues or queries.

The service operates effectively on a day-to-day basis and is committed to providing good quality care and support. We saw evidence that complaints to the service are dealt with correctly and monitored as part of quality assurance processes. Safeguarding referrals are made to the Local Authority safeguarding team when required and then stored centrally with outcomes recorded.

People are given information about the service. There is a written guide available, which provides people who receive the service, their representatives and others with information about the care and services people can expect to receive. There is a statement of purpose (SOP) which describes how the service is provided, identifies the vision of the service. We saw the service is delivered in line with this document. There are policies and procedures in place for the smooth running of the service which are reviewed and updated when required.

The service has robust and safe recruitment systems in place. They include the required references and current Disclosure and Barring Security (DBS) checks. Newly appointed care staff complete a thorough induction programme which includes training, shadow shifts and competency checking. Care staff are supported to register with the workforce regulator, Social Care Wales (SCW). There is commitment to ensuring all care workers undertake the qualifications required to enable them to register. Care staff training records indicate care staff have access to a variety of training opportunities, and most care staff have completed core training.

Staff have regular supervision that includes one-to-one discussions with their line managers regarding their wellbeing and professional development, 'spot checks', and competency assessments are also completed. Attendance at calls, including punctuality and duration are discussed in supervision with staff. Staff told us they feel happy and confident in their roles. One person said, "*I feel supported and can always get advice if needed*". Staff told us they receive rotas via the care monitoring application, these include travel time and management advises them of any changes.

### 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
N/A	No non-compliance of this type was identified at this inspection	N/A
	21 (1) b - Sandards of care and support	Achieved
	Met at inspection 25.1.21	Achieved
	Met at inspectuion 25.1.21.	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
N/A	No non-compliance of this type was identified at this inspection	N/A



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