



Inspection Report on

Wales England Care

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

Date Inspection Completed

27/11/2023

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About Wales England Care

Type of care provided	Domiciliary Support Service
Registered Provider	Wales England Care Ltd
Language of the service	English
Previous Care Inspectorate Wales inspection	[3 November 2022]
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

People speak positively about the care and support they receive from the service provider, and about their relationships with care staff. Most people have good rapport and interactions with the service provider and told us they are happy with the service. However, some people told us about some language and cultural barriers that at times impact on the quality of the care and support provided. The service provider is taking ongoing action to address these issues and support care staff to understand the local culture.

Since the last inspection, the service provider has implemented new systems and processes to enhance the quality of care and support delivery, as well as the experience of care staff working for the service. Care staff told us they are well supported within their roles and receive frequent training to support them to meet people's care and support needs. The service provider has made significant improvements and achieved all previous Priority Action Notices, as well as Areas for Improvement.

Well-being

People told us they are happy with the care and support they receive from the service, although some people told us they weren't always clear about which care staff would be coming to their homes. The service provider has implemented a new electronic system to support with care delivery and will ensure that all people understand how to use it to view their call rosters. People have access to current policies, procedures, and care documentation via their electronic system, and have the option to add members such as family or representatives to the system. People can use this to manage and improve their well-being outcomes by working alongside care staff and the service provider to review and monitor their personal plans. Individual circumstances such as language preferences are considered; people and their representatives play an active role in the development of their personal plans and are involved in ongoing reviews.

People are treated with dignity and respect and speak fondly of care staff; we observed positive interactions and rapport during our visits. However, some people told us that at times there is a language barrier as some care staff are not fluent in the use of the English Language. The service provider plans to work with care staff to support their understanding of common phrases, as well as local customs and cuisines. The service provider aims to improve the quality of care delivery and relationships through increased training opportunities for care staff. The service provider has a strong focus on supporting people to maintain their skills and independence within their own homes.

People get the right care and support; one person told us "*They take things at my pace and always make sure I am comfortable.*" The service provider has worked to improve systems to ensure people receive care and support as set out in their personal plans, although in some instances people receive less call time than stated. The service provider has improved systems for planning and auditing care delivery to increase the quality and impact of care and support. People are safe and protected from abuse and neglect through clear safeguarding policy and procedures. People understand how to make concerns known. Where issues arise, the service provider takes action to resolve these issues in a timely manner.

Care and Support

People benefit from the care and support they receive in their own homes. The service provider has a strong focus on supporting people to maintain their independence at home, and this is reflected in the services policies and procedures. Some people told us that at times there is a cultural barrier between them and some care staff, such as understanding how to prepare local cuisines, and the common names for some household appliances. The service providers plan to teach care staff how to prepare local cuisines. We look forward to hearing about this at the next inspection.

People are involved in developing their personal plans, ensuring that there is consideration of their wishes and personal wellbeing outcomes. People's language and cultural needs are considered as part of the initial assessments, and the service provider is working towards providing the Active Offer for Welsh Language. Care staff collate information from the initial assessments and use this to support the development of personal plans, which are monitored and reviewed frequently. Risks and specialist needs are considered in the care planning process and link directly to people's personal plans. People and their representatives have instant access to their personal plans and policies and procedures through the electronic care system. Regular reviews of personal plans are undertaken by care staff alongside people and their representatives. Care staff have current and clear guidance to meet people's care and support needs. People's care and support needs are summarised for each call to ensure care staff work consistently. The service provider has new systems in place to plan and monitor the delivery of care and support, and this has had a positive impact on people's experiences. People told us there has been an improvement in call duration since our last inspection. The service provider is monitoring this closely, and taking action when issues arise.

Many people who receive care and support from the service manage their own medication. The service provider has a clear policy and procedures in place for the safe handling and management of medication. Medication processes are managed in line with best practice guidance, and that there is a clear process for recording the administration of medication. The electronic system now in use alerts the service manager to any issues relating to medication so that appropriate action can be taken in a timely manner. There is clear information in people's personal plans relating to the management of medication if this is necessary.

Leadership and Management

The service provider has taken action to improve the oversight and governance arrangements since the last inspection. The responsible individual (RI) works closely with the manager and operations director to ensure that there is consistent oversight, and that action is taken to resolve issues as they arise. Care staff speak positively about the improvements that have been made since the last inspection, although there had initially been some difficulties arising from the new electronic rota system which impacted their pay. These issues are being resolved by the provider. The RI carries out their regulatory duties to ensure that there is oversight of the quality of the care and support provided. The RI seeks feedback from people and staff and considers the outcomes for people using the service. There is clear evidence of analysis of data, and action taken as a result of this. The RI prepares a report for the provider on the quality of care provided, using the information and evidence gathered through the services new electronic system.

Travel time is now planned and allocated on electronic rotas; the service provider has recruited drivers to support care staff to travel between calls. The manager and RI monitor this to reduce risks of people not receiving their calls as planned. Action is taken to address issues arising in this area, which demonstrates progress since the last inspection.

There are enough staff on duty to support people effectively. Care staff are safely recruited in line with the regulations and are supported to register with Social Care Wales the workforce regulator. Care staff receive training in line with the services statement of purpose; where a training need is identified, the service provider sources additional opportunities. The management is supported to complete frequent support and supervision sessions for care staff by skilled field supervisors and service managers. Care staff speak highly of the support and supervision they receive within their roles. One staff member told us *"I love it here; you really feel like you've achieved something at the end of the day."* Care staff told us they are confident to approach the management with training needs or queries, and most care staff told us they were confident to ask for support if needed.

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
21	Four individuals have not at all times received a service in line with their personal plan. This includes in line with the number of care workers required to be present for the duration of the call and regarding call times/durations. no 2022 inspection - there is evidence that staff are not always able to stay for the contracted hours mainly due to insufficient travel time between calls.	Achieved
16	There is insufficient evidence personal plans have been reviewed with all relevant parties at least three monthly, considering the extent to which the person has achieved their personal outcomes. 2022 - People may not be having their outcomes reviewed and neither they nor their representatives are being	Achieved

	consulted about the reviews. People's personal plans may not reflect their current needs.	
58	There is a lack of robust documentation in place regarding medicine administration and regular auditing and a lack of clarity regarding some people's current medication support needs. The provider had already identified this and was in the process of taking measures to address it at the time of the inspection. 2022 - There is a lack of auditing of individuals' medication and stock checks have reduced due to change/loss of staff.	Achieved
35	Full and satisfactory information and/or documentation was not available for all staff at the service at the time of the inspection. 2022 - Unsafe recruitment procedures and lack of understanding of what is required.	Achieved
36	There was insufficient evidence all staff had received a suitable induction, up to date relevant training and regular one-to-one supervision. 2022 - Insufficient evidence that staff had received appropriate training.	Achieved
19	The written guide did not contain information regarding the availability of advocacy services, in addition to other information specified under the statutory guidance. 2022 - The written guide to the service did not contain all the required information.	Achieved
80	The quality of care reviews had not been completed at least every six months and two examined did not contain all of the necessary information. 2022 - The document provided did not evidence that Regulation 80 had been met or even understood and represented a review over 8 months not 6 months as required.	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
59	The provider failed to make available all the required records.	Achieved
41	The provider does not allow sufficient travel times between visits and does not record time actually spent on travel time and breaks.	Achieved

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