



# Inspection Report on

**Wales England Care**

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

## **Date Inspection Completed**

17<sup>th</sup> March 2023

**Welsh Government © Crown copyright 2023.**

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk)*  
*You must reproduce our material accurately and not use it in a misleading context.*

## About Wales England Care

Type of care provided	Domiciliary Support Service
Registered Provider	Wales England Care Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	Click or tap here to enter text. <a href="#">TBC</a>
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

People receive a service that adequately meets their needs, takes good account of their needs and wishes for care, and prioritises gaining feedback regarding the care that is provided in order to improve their service in the future. People report knowing the care workers that visit and this aids their high opinion of the service. Care documentation on the whole appears to be detailed, takes account of people's wishes for how care should be provided and triggers consideration of risk through detailed risk assessment documentation. Some improvement could be made to capture information about people's interests or hobbies to support staff getting to know people better. There are also some inconsistencies in care documentation being provided to people along with copies of reviews. Improvements are required to ensure people always have copies of information relating to their care. The current computer system used by the service does not support easy access to information and improvements are being sought to change this. A service is provided by a small number of staff that are generally happy in their role and feel supported by management, though a lack of Cardiff base sometimes makes it difficult to have face to face supervision or support. The responsible Individual has good oversight of the service and is fulfilling their requirements to visit the service. Organisational policies are up to date with review dates also identified.

## Well-being

People report receiving a service that as well as meeting their needs, is provided by care workers that treat them with kindness and respect. Due to the relatively small number of care packages provided within the Cardiff area at the time of inspection, people report generally knowing the different carers and of having an awareness of who is calling from one day to the next. One person commented, "*They're all lovely*" whilst another stated "*They're very good*". We heard of problems occurring when packages of care were initially set up or of things not being done exactly how people wanted, but people have confidence that through contact with the main office, resolutions will be sought.

There is a sense of confidence from people that care needs are being met and that care workers are mostly staying for the allocated call time. This is supported by what people told us and through examination of call log information.

Whilst there was some inconsistency with the amount of documentation contained within people's homes, on the whole support plan documentation appears to be person centred and take into consideration people's needs and wishes. People appear to be consulted about their views regarding the care that they receive. We saw evidence of documented reviews of care which captured people's opinions of the care they receive. These were not available in all properties we visited but were mostly positive about the care provided, the staff providing the care and the organisation as a whole. Whilst evidence of reviews taking place could be seen, the computer system used by the service at the time of inspection made it difficult to see past reviews and therefore know if they are taking place, how changes are recorded and whether care plan documentation is updated as a result. . We were assured that changes are however taking place with the IT system to make it easier to view all documentation in one place.

## Care and Support

Care provided by Wales England care is with a small number of staff that are generally happy and feel supported in their role. One member of staff commented “ *It’s very good and all staff are very helpful*”. Staff members commented that they find the travelling time allowed between calls appropriate and if they are running late that they call the person to inform them. Call monitoring information reviewed for a particular period revealed that some calls are late and that this was within a range of 10-25 minutes, with the exception of one call that was 28 minutes late. On the whole, the majority of calls between the period examined were within the 15 minute period allowed for.

Systems are in place to ensure the smooth setting up of care which involves a home visit and development of support plan and risk assessment documentation with hard copies left in people’s homes as well as being used for reference by care staff. Whilst we saw evidence of support plan documentation in people’s homes, this was inconsistent, and some people did not appear to have access to their care plan, another did not have a key fob for staff to clock into their call. We also saw some evidence within people’s homes of care reviews taking place, but this was not consistently seen, although evidence of care reviews could be seen in the office. Improvements are required to ensure consistency in this area in line with regulations.

The majority of care and support plan documentation reviewed during an office visit was developed in a person centred manner, was detailed and takes into consideration how people want the care to be provided. Corresponding risk assessment documentation further informs staff and is kept up to date and relevant. Some care files do not contain much information about the person receiving care in terms of their social history, interests and hobbies which may aid care workers in getting to know the people they support well and in turn make people feel more comfortable in their presence.

Systems are in place to ensure any concerns raised during calls are passed both to the next care worker attending the call and also to senior office staff to act accordingly. All staff carry phones, on which they can access care documentation and make recordings for each call they attend. Whilst reviewing documentation, evidence could be seen of an ‘alert’ being raised and office staff picking this up and acting accordingly. At the time of inspection, the computer system used for recording information was in the process of being changed to a more streamlined system. This is required as there were times when information could not easily be accessed and involved referring to two different systems. This could make access to information in emergencies difficult. The inspector is however reassured that improvements are being made in this area.



## Environment

Not considered as domiciliary care.

## Leadership and Management

Robust recruitment practices are in place prior to new employees starting work with Wales England Care. This includes a fully completed application form. Checks appear to take place to ensure any gaps in employment are explained and adequate references are checked. An up to date log of people's disclosure and barring checks (DBS) is also available. Some evidence of monitoring staff competency through 'spot checks' appears to take place, however these don't appear to follow a set timescale. Staff have access to supervision which appears to be taking place reasonably regularly but not always three monthly in line with regulations. Due to the main service office not being in Cardiff, supervision often takes place over the telephone. Feedback from staff regarding supervision was positive. Improvements are required to ensure supervision is taking place on a three monthly basis, but we however did not see this impacting on people receiving a service.

The service appears to consider and value its team's views. We saw evidence of team meetings taking place, whereby staff use this as an opportunity to raise any concerns they have. In addition to this, a staff questionnaire was last completed in February 2023 which provided staff with an opportunity to raise any issues in confidence. At the time of inspection, the service did not have a separate manager for the Cardiff & Vale area. This would be beneficial to focus solely on the needs of Cardiff & Vale clients and to ensure staff are given the same opportunity for face-to-face supervisions as staff in other areas of the organisation.

The majority of training is undertaken internally with Wales England Care employing three dedicated training assessors that cover the whole service. Whilst there are some gaps in training as viewed on the training matrix, staff receive regular training and this is recorded adequately on staff files. Evidence of an induction is clear that management sign off. Tests of competency were also available to see. Staff praised the induction they received and advised that they could attend calls with more senior members in preparation for undertaking calls independently.

The Responsible Individual (RI) appears to maintain good oversight of the service with evidence seen of them fulfilling their duties to visit the service on a regular basis, interviews of staff and clients taking place and actions taken forward to improve on. Contingency plans for use in an emergency could be seen. They were effectively highlighted red, amber and green according to need and appear to have adequately considered risks presented. Organisational policies including medication, safeguarding and complaints are in place, are up to date and have an identified date for review.



### 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

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
------------	---------	--------

17	There was insufficient evidence of personal plans and other care related documentation being given to people using the service. There was inconsistencies in the amount of documentation contained within peoples homes. Some did not have copies of personal plans. One person did not have a key fob which had apparently prevented the care worker from dialling in when they arrived at the property. There were also evidence of reviews of care at some peoples homes but not others. Consistency is required to ensure all people have access to their care related documentation.	New
21	Four individuals have not at all times received a service in line with times and durations specified in the personal plan.	Achieved
16	There is insufficient evidence that personal plans have been reviewed, considering the extent to which the person has achieved their personal outcomes, on at least a three monthly basis. There was insufficient evidence one person's personal plan had been reviewed at least three monthly. Four people spoken with said they had not been contacted regularly to review the personal plan.	Achieved
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.	Achieved
35	Full and satisfactory information and/or documentation was not available for all staff at the service at the time of the inspection.	Achieved
36	There was insufficient evidence all staff had received a suitable induction, up to date relevant training and regular one-to-one supervision.	Achieved
56	There was a lack of effective oversight of staff lateral flow testing and a lack of understanding amongst staff as to how often they should be completing the tests.	Achieved
42	The terminology of employment contracts examined indicates hours are not guaranteed and there is insufficient evidence care workers on such contracts	Achieved

	have been offered an alternative choice on a regular basis.	
19	The written guide did not contain information regarding the availability of advocacy services, in addition to other information specified under the statutory guidance.	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.	Achieved

### **Was this report helpful?**

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

**Date Published** 06/09/2023