Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

Q Care Gwent

Q Care Ltd
Unit 1e2
Foxes Lane
Blackwood
NP12 4AB

Date Inspection Completed

02/07/2024

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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	09 June 2023
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

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 are additional offices in Pontypool and Abergavenny.

People we spoke with are on the whole complimentary about the service provided. Each person receiving a service has a personal plan, these are written and reviewed with the person receiving the support and reflect what matters to them and how they want their care to be delivered. 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 receive regular supervision and training. The management team have checks and processes in place to keep service delivery under review, this includes monitoring of medication administration and call times. Spot checks carried out by the management team help ensure staff are always following correct procedures. The Responsible Individual (RI) has good oversight of the service and a regular presence at the branch offices. Feedback is sought from people using the service, their family, and professionals, so the service has insight about what is working well and where improvements might be made.

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. People are involved in the reviewing of their care and have a say about any changes they want to see. People say how they want to be supported, what is important to them, what they like and do not like. People provide feedback face to face, through telephone monitoring, or through service satisfaction surveys, which contributes to the quality assurance of the service. The times of calls to people can vary from what is written in their care plan on occasion. A person-centred approach to care planning tries to ensure people are at the forefront of the care and support they receive.

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. Monitoring and audits of medication records have identified errors in the administration of medication for some people and is being monitored closely.

People are safe and protected from abuse. Staff are trained in safeguarding and there are policies and procedures they follow. Risks to people are assessed and their safety managed and monitored so they are supported to stay safe, and their freedom respected. The management team carry out spot checks while staff are working, to ensure they are following policies and procedures correctly and are meeting the expectations of the service. Staff have regular meetings with a manager where they can voice any concerns they may have. 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. The service has a Quality Assurance Officer who visits the service regularly and carries out service delivery audits. Service managers carry out monthly branch audits that the RI oversees. Complaints to the service are taken seriously and dealt with correctly in line with company policy. People's language and communication needs are considered. The service is working towards the Welsh language offer, with information such as the statement of purpose and written guide, available in both English and the Welsh language.

Care and Support

The service considers a wide range of information and views before confirming they can meet a person's needs. Each person receiving a service has a personal plan in place, covering core areas of care and support needs. Plans reflect the local authority commissioner's assessment of need. 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, involve people, their relatives, and other relevant professionals. Evidence to show risk assessments are also reviewed as frequently will be provided moving forward. 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, if needed. 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. Medication errors have been noted and reported to the local safeguarding team. A range of actions have been taken by the provider to address these. These include enhanced spot checks by supervisors, additional training for staff and performance reviews with staff when improvements are not made. Internal quality assurance systems will continue to monitor the administration of medication and address any identified deficits.

An electronic care monitoring system is in use. This requires staff to log when they start the call and finish. The system provides oversight of calls ensuring late or missed calls are managed and reduced. We were told by people receiving support that call times can vary from their planned times and they were not always contacted by the service to explain the call would be late. This was discussed with the RI who gave assurance that daily oversight of calls is robust, to ensure they are as close to planned times as possible and going forward there would be better evidence of reasons why planned calls are altered.

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. Staff rotas allow travel time between calls. During staff supervision the frequency and duration of their calls are discussed, any improvements required are logged and monitored. 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

There are governance arrangements in place to help ensure the operation is running smoothly. A range of policies and procedures help ensure safe, consistent practices and compliance with regulations. The RI has oversight of the service and is accessible with a regular presence at the branch offices. The managers are suitably qualified for the role and registered with the workforce regulator, Social Care Wales (SCW).

There are monitoring and auditing processes in place to maintain the quality of the service. These consider the views of people receiving a service, their relatives/representatives, and staff. People receiving support provide feedback during visits, monitoring calls from office-based staff and annual questionnaires. Regular audits are carried out by service mangers and a quality assurance officer, which the RI oversees. The RI produces formal reports of checks they have undertaken every three months such as reviewing any complaints, compliments, supervision of staff including spot checks of their work. Check lists are used to ensure all the required information is in place. The service receives compliments and when complaints are received these are considered, recorded and actions taken if required.

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.

Records show robust recruitment procedures are followed including thorough vetting of staff, induction and training. 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 including financial incentives. Care staff training records indicate care staff have access to a variety of training opportunities, and recent improvements in the completion of refresher training was noted. This now needs embedding and sustaining going forward.

The frequency of staff supervision has also improved. This 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.

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

N/A	No non-compliance of this type was identified at this inspection	N/A

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