



Inspection Report on

Inn Care Limited

**In Care Ltd
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Cardiff
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Date Inspection Completed

20 October & 27 October 2022

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About Inn Care Limited

Type of care provided	Domiciliary Support Service
Registered Provider	INN CARE LIMITED
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	17 January 2020
Does this service provide the Welsh Language active offer?	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

Since the last inspection, the service provider has taken the necessary action to develop and improve the service in many areas. The management office team have increased, and they are working closely together to develop their roles. The service provider would benefit from further defining their responsibilities to be fully effectual.

We found a lack of progress in relation to staff receiving travel time to ensure they can deliver call calls on time. The service's medication policy is not written comprehensively enough to inform staff of the procedures to follow. This can compromise people's safety, health and well-being. We have issued a priority action notice and the service provider assured us that immediate action would be taken.

People and their representatives, where applicable, are involved in the planning of their care and have personal plans which accurately reflect their needs. People are given regular opportunities to share their views and preferences about how they like to be supported. People told us that the staff are kind, caring and they value the support they receive. The responsible individual (RI) is visible in the service and reports are completed as required to monitor and review the quality and safety of the service. Some improvement is needed to ensure service information collated is analysed to identify action to be taken when needed. Staff are well supported and trained for their role. Staff are complimentary of the management support they receive. People told us they felt confident to raise concerns, but they should be informed of the outcome in line with the service complaints policy.

Well-being

People have a voice and personal plans are written from their perspective. Personal plans give a good overview of the person, their personal history, likes and dislikes and what matters to them, but some improvement is needed to ensure all care information is complete. The staff feel that the care information enables them to get to know people well and build a good rapport. The service recognises the value of seeking views and regularly consults with people through visits and telephone calls. They use this information to assess the quality and effectiveness of the service. Although people receive their regular calls, we found that often they are allocated at different times which can compromise people's health and well-being, if not addressed.

People are treated with dignity and respect by care workers who feel supported and valued in their roles. Feedback from care workers about the service is positive with all saying they feel supported in their roles. Care workers are supported to register with Social Care Wales. People benefit from staff who are trained to understand the needs of people they support. People are safeguarded due to robust recruitment procedures being followed. People receive information which details what they can expect from the service. People told us that they feel confident to raise concerns if needed. However, people should receive a complaints acknowledgment and response in line with the service's own policy.

There are arrangements in place to ensure there is oversight of the service, but some improvement is needed. Since the last inspection, the management office team has increased to help with the overall management of the service and to monitor the quality. The service provider would benefit from defining the office staff roles and responsibilities to be fully effective. Some improvement is required to ensure information collated is analysed to identify patterns/trends and general compliance. This will ensure any issues are quickly acted upon and remedied. The responsible individual (RI) visits the service regularly and uses reports to monitor the safety and quality of the service. The RI routinely speaks with people receiving the service and their representatives. People using the service and staff are generally complementary about the management team and the support they receive. Most policies and procedures are in place for staff to follow.

Care and Support

People are given information to inform them about the service. The statement of purpose is available which informs people what they can expect. The service information guide is detailed but should be available as an easy-to-read format suitable for the people who use the service. People are given a service agreement when they commence the service which confirms the terms and conditions of their care and support.

The care manager visits people before the commencement of the service to consider a range of information to ensure they can meet the person's needs. People are given a copy of their care and support plans which is kept in their home. Most of the care plans and risk assessments are detailed to inform care staff how best to support people and the associated risks. However, we noted some instances when care documents were not fully complete which can lead to people receiving incorrect care and support. People told us, *"I'm so glad to be at home and the carers are so kind and caring"* and *"The staff are lovely, and I am happy with the service I receive"*. People contribute to their reviews to share their views and preferences about their care and support.

The staff are trained to safely administer people's medication and there are regular audits to ensure the safe management of medication. The medication policy is not written comprehensively enough to inform staff of the procedures to follow which can lead to incorrect decisions being made or the lack of action taken. This remains outstanding since the last inspection; therefore, we have issued a priority action notice and expect immediate action to be taken.

Care workers recognise their responsibilities in keeping people safe. They are aware of different types of abuse but unclear of the different agencies to contact when reporting concerns. We found that the safeguarding policy needs to be up to date in accordance with the Wales Safeguarding Procedures to accurately inform staff of the processes to follow. People we spoke with felt confident to raise concerns and felt that they would be acted upon. There is a concerns policy in place which is detailed but we found that the service does not always respond to concerns within their agreed timescales. The manager assured us this would be immediately addressed. Accidents and Incidents are reported properly, and appropriate action is taken. Care staff are safely recruited to ensure people are protected.

People told us that they regularly see the same staff and are grateful for the support they receive but say there is a lack of continuity around their call times. Complaints records show that half of concerns are related to call times. There is no formal process in place to ensure people are kept informed when there are changes in call times. Staff told us that people often raise concerns to them which can be difficult to explain. Call records show that calls are regularly early or late, and people do not always receive their full allocated time, which is contrary to their care plan. This is because there is a lack of travel time in-

between calls and no-one monitoring it properly to identify shortfalls. Staff told us they can feel rushed or work additional unscheduled time to fulfil the calls allocated. The responsible individual reports show that people using the service have raised concerns regarding calls being rushed which was a missed opportunity to adequately address the issue. Unplanned changes in call times can compromise people's health and well-being when nutritional needs are not met, pose increased risk to skin integrity and people can experience health issues when regular medication is not administered. People may also become anxious when their care worker does not turn up when they say they will. Staff productivity and morale can be affected which can impact on the retainment of staff at the service. This remains outstanding since the last inspection; therefore, we have issued a priority action notice and expect immediate action to be taken.

Environment

The environment is not a theme which is applicable to a Domiciliary Support Service. However, we saw that paperwork is stored in locked filing cabinets and electronic records are stored on password encrypted devices and can be accessed remotely if required. Environmental risk assessments are in place prior to the commencement of the service in people's home to ensure a safe working environment for care staff.

The service promotes hygienic practices and manages risk of infection. Care workers spoken with confirmed they are well stocked with their personal protective equipment (PPE) needs. We observed staff appropriately wearing and disposing PPE to keep people safe. The service has an infection control policy in place, and they adhere to the updated guidance.

Leadership and Management

There is governance and oversight of the service, but this requires some improvement. The responsible individual (RI) regularly visits the service, and a quality care report is produced which keeps the provider informed about the quality and safety of the service. The reports are detailed, and the service values the views of people using the service and staff. Overall, the views and experience of the service are positive. People said, *“Lovely carers and mostly a good company”* and *“Thank you for the help making life comfortable and safe for my relative and the kindness and care shown is greatly appreciated”*. The reports also identified some concerns about care workers having difficulties attending care calls on time and people using the service saying that staff are often rushed. This was a missed opportunity to promptly address the issues to ensure people’s voices are heard.

Since the last inspection, the service provider has financially invested in electronic systems and have increased the management office team to develop the service. We found that the service provider would benefit from clearly defining the roles and responsibilities of the management office team to ensure all aspects of the service is effectively monitored and evaluated. There are systems in place to monitor the general performance of the service, but there is a lack of auditing systems to evaluate the effectiveness of the allocation of calls, care records, complaints, safeguarding and accident/incidents. This is a missed opportunity to identify patterns/trends and remedy where failings are found. The service provider assured us that action would be taken, and we will check progress in this area at the next inspection. The management team is well respected and valued by people using the service and the staff team. They told us, *“Management are always responsive”* and *“you can ask the management anything and they have really helped me.”* People using the service told us that the care manager sometimes visits to observe the staff and they are helpful.

People receive support from care workers that are suitably trained and supported. Staff told us that the management team are always helpful and approachable. Records show that staff receive regular opportunities to meet with their manager which care workers found of value. Staff receive a thorough induction and regular up to date training for the role they perform. The service provider assured us that some other training areas will also be planned to improve awareness of care in relation to; people who live with learning disabilities, mental health, skin integrity, nutrition, oral care and other areas. The individuals and their representatives consider care workers as knowledgeable and understanding of the needs of people they support. All staff are appropriately registered with Social Care Wales to provide care and support in a social care service. We saw that the service provider has recently offered staff the choice of continuing to be employed under a guaranteed hours contract, if they intend to work on a regular basis. The staff we spoke with, welcomed this opportunity which gave them recognition for their commitment and felt

valued by the service.

Most policies and procedures are up to date. Staff can access policies and procedures and they are given the opportunity to read through the information as a part of their induction to the service. There are arrangements in place to ensure policies are regularly reviewed to keep them up to date. The service provider assured us that the safeguarding policy will be revised in line with current guidance.

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
58	The medication policy is not robust enough to give staff clear information to ensure the safe administration of medication.	Not Achieved
41	A schedule of visits must delineate the time allocated for travel, the time allocated for each visit and time allocated for rest breaks.	Not 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
8	The service provider to have systems and processes in place to monitor, analyse and improve the quality and safety of the service	New
59	Regulation 59 (3), (a) - The service provider must ensure that records relating to individuals are accurate and up to date. – Care documents should be fully completed	Achieved
12	Regulation 12 (1) and (4), (a), (b), (c) – (1) The service provider must ensure that policies and procedures are in place in the service. (4) (a) appropriate to the needs of individuals for whom care and support is provided, (b) consistent with the statement of purpose, (c) kept up to date - We found several policies required revision and consistent with the statement of purpose	Achieved
7	Regulation 7 (2), (a), (b) and (6), (a), (b), (c), (d) - In relation to the Statement of Purpose – Document to be kept under review, revised and a copy should be given to the people using the service, their representatives if appropriate and the regulator.	Achieved
15	Regulation 15 (1), (c) - The steps which will be taken to mitigate any identified risks to the individual's well-being - Risk Assessments should be comprehensive to inform staff how best to support the person	Achieved
21	Regulation 21 (1), (2) (3), (b) – (1) The service provider must ensure that care and support is provided in a way which promotes, protects and maintains the safety and well-being of individuals. (2) Care and support is provided to each individual in accordance with the individual's personal file. (3), (b) Ensure care and support is provided in a way that (b) encourages and assists staff to maintain good personal and professional relationships with individuals	Achieved
36	Regulation 36 (2), (c), (d) – The service provider must ensure that any persons working at the service (c) receives appropriate supervision and appraisal, (d) receives core training appropriate to their role	Achieved
42	Regulation 42 (1), (a) and (b) - The service provider must offer staff the choice of continuing to be	Achieved

	employed under a contract of employment where the number of hours required to be worked per week are (a) at least the average number of hours they have worked; or (b) less than those worked, during the preceding three months.	
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