



Inspection Report on

Everycare Bridgend Ltd

**61 Bridgend Road
Aberkenfig
Bridgend
CF32 9BG**

Date Inspection Completed

29/09/2023

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About Everycare Bridgend Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	Everycare Bridgend Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	6 March 2023
Does this service promote Welsh language and culture?	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

People generally receive good care and support from care staff, but some improvements are needed. Feedback from staff, people using the service, their relatives, and social care professionals is mostly positive. People have outcome-focused personal plans put together with people and their families, with very good review arrangements in place. People are supported to manage their medication. Arrangements are in place to raise safeguarding concerns and complaints. Infection control measures are in place. The service has relevant policies and procedures. The service has auditing systems and meets the legal requirements in relation to Responsible Individual (RI) visits and quality of care reviews. Care staff are recruited following recruitment checks, receive regular supervision and training, and generally feel supported in their work.

Well-being

Overall, people's well-being is promoted by receiving support in a caring and dignified way. People told us the service supports them to maintain their independence and helps maintain important family relationships, for example by helping to prevent admissions to a care home, and for some, providing their only contact with other people. People told us they "couldn't cope" without the service and were generally positive about their care staff. Personal plans contain person-centred information and guidance for care staff to follow and are reviewed regularly with people and their representatives. People have access to their care and support information via an electronic online system. Some improvements are needed to ensure the safety and well-being of people is maintained.

The service takes measures to support people to remain healthy. The service works with health and social care professionals to refer and report issues, making sure people get the right support at the right time. People are supported to take their prescribed medication. The service has a sufficient supply of personal protective equipment (PPE), with infection control measures in place and in line with its policy.

The service takes measures to protect people from abuse and neglect. Care staff know their safeguarding responsibilities and how to report issues if they are concerned for a person's well-being. Care staff told us they feel confident if they raised an issue with the manager, it would be responded to. Policies and procedures support care staff to know how to promote people's safety. Recruitment arrangements meet the legal requirements, and ongoing supervision and training supports continued staff development. Ongoing quality assurance audits support the RI and manager to maintain oversight of the service and highlight where improvements are needed. Regular reviews of people's care and support helps to identify changes to people's needs and risks associated with these.

We were told the service does not routinely provide a service to people in Welsh and does not provide an Active Offer.

Care and Support

Care staff generally have positive relationships with people. People and their relatives told us care staff are “great”, they “look after me well”, they are “bubbly and make us feel at ease”, and “I can’t fault them”. Social care professionals told us the service “has excellent values”, “they go the extra mile”, “the manager was amazing”, and feel the service works well with its multi-disciplinary partners. Care staff know the people they support well and feel confident they could identify a change in their needs if this happens. People told us communication with the service is mostly good, with the office usually returning calls if they are not available. While we received very positive feedback, we also saw evidence care and support is not always provided in a way which protects, promotes and maintains the safety and well-being of people. People’s care and support is not always provided in line with their personal plans, which impacts on their well-being. We advised this is an area for improvement, and we expect the provider to take timely action to address this.

Care staff have up-to-date knowledge of people’s needs and goals. Personal plans are person-centred and outcome-focused, with associated risk assessments in place. Plans are produced in partnership with people and their representatives and are reviewed regularly. A dedicated reviewing officer was put in place earlier this year to ensure plans are reviewed regularly. Both people and staff told us they found this to be a positive development, has helped to identify and address issues in a timelier way, and represents extremely good practice. An online electronic care planning system is used. This supports staff to deliver all areas of care in a person’s plan. Staff generally find this easy to use. People and their representatives have access and find it helpful to view information about their support, such as care notes, rota times, and which care staff will be supporting them.

People are supported to take their medication. Care staff receive training on how to manage and administer medication, and are currently undertaking an updated training programme run by the Local Authority. Medication policies give instruction on how to manage medication, reflect national guidelines, and have been recently reviewed. This is an improvement acted upon since the last full inspection.

There are systems in place to help protect people from potential harm and abuse. The service has safeguarding and whistleblowing policies in place. Staff know where to find safeguarding information and have received safeguarding training. Staff told us they feel confident they would know what to do and who to contact if they identified a potential safeguarding issue.

Infection control measures are in place to help keep people safe from the transmission of potential sources of infection. Staff have access to a supply of appropriate PPE. Staff

receive training on infection control and understand their responsibilities around this. People told us staff wear appropriate PPE in their homes when supporting with personal care tasks.

Leadership and Management

The recruitment of staff is safe and effective. Staff files show the correct recruitment arrangements are in place and contain all legally required information, such as confirmation of up-to-date Disclosure and Barring Service checks and proof of identity. Care staff start work once pre-employment checks are completed. New care staff undertake an induction programme, which includes training and shadowing experienced members of staff. Care staff are registered with the workforce regulator, Social Care Wales. Training records show care staff have up to date training in core areas of care. More specialist training programmes are also available for staff. Staff told us they feel well-trained and would approach the service for more training if needed.

Care staff generally feel supported in their role. Care staff told us they are “*enjoying it*” and “*it’s great*”, they have “*lovely service users*”, they “*like the flexibility*” of choosing which hours they can work, and the managers are “*fantastic*” and “*they listen to you*”. Staff have regular supervision and contact with their managers, including unannounced spot checks. This gives care staff an opportunity to reflect on their performance, identify support they might require, and discuss any issues. The spot checks represent very good practice, with staff finding them a positive measure to help maintain good standards of care. Care staff feel confident if they approached their managers with an issue, they would make efforts to address this. The service has sufficient staff to work for the people it supports and told us they feel well-placed with current workforce levels, having recruited new staff in recent months. Improvements have been made since the last inspection around consultation with staff on the use of ‘zero hour’ contracts.

Systems are in place to support the running of the service. The service has governance, auditing, and quality assurance arrangements. These help to self-evaluate and identify where improvements are needed. The RI has good oversight of the service and is involved in the day-to-day running. The RI undertakes the legally required three-monthly service visits, and six-monthly quality of care reviews. Policies and procedures, such as for infection control, medication, and whistleblowing, are in place. They give guidance to care staff, for example telling them how to raise an anonymous complaint using the ‘whistleblowing’ procedure. We discussed with RI updating the safeguarding policy. The service gathers the views of people and care staff. Procedures are in place to deal with complaints.

The service provides information to the public. The Statement of Purpose sets out the service’s aims, values, and support provided. A written guide contains practical information about the service and the care provided, which is given to people in their homes.

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
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21	Care and support is not always provided in a way which protects, promotes and maintains the safety and well-being of people.	New
42	The service provider does not offer domiciliary care workers the choice of contractual employment where the conditions are met.	Achieved
58	Medication Administration Records are missing entries. The medication policy has not been reviewed nor updated to reflect current practice.	Achieved

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