



Inspection Report on

Respite Care Service

**Beaumont House
Bloomfield Road
Blackwood
NP12 1QB**

Date Inspection Completed

15/11/2023

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About Respite Care Service

| | |
|---|---|
| Type of care provided | Domiciliary Support Service |
| Registered Provider | Age Cymru Gwent |
| Registered places | 0 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 15 February 2022 |
| 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

Respite Care Service offer respite for full time carers, allowing them some time away from their full-time caring responsibilities. This can range from ad hoc and one-off services to regular and long-term respite support. The work undertaken by the charity is greatly appreciated by carers and people alike.

People are supported by care workers who know their needs. Personal plans offer key information which enable care workers to deliver appropriate support. Care workers have the skills and knowledge to deliver safe and effective care. Emotional support is offered to people in a meaningful and dignified way.

A dedicated manager has embedded governance processes to ensure the effective and smooth running of the service. Some of these processes require strengthening to improve service delivery further. The Responsible Individual (RI) has a regular presence at the service and knows people well. More robust quality arrangements are needed to ensure effective RI oversight and continuous improvement of the service.

Well-being

Wellbeing is at the heart of what Respite Care Service does. Both full-time carers and people benefit from the respite support offered by the charity. The service makes a massive impact to people's lives with limited resources. One carer told us *"I think they [Respite Care Service] are just wonderful. I am so grateful for what they do for me and X."*

Support is delivered in-line with people's individual circumstances. Care workers offer meaningful and person-centred care, meaning they tailor their care delivery to best suit people's needs and enhance their wellbeing. People have control over their day-to-day lives and can choose what they want to do during their supported hours. Some people choose to be supported on a community activity, whilst others utilise the time for some additional emotional support. Positive risk taking is promoted where it enhances wellbeing. Care workers encourage people to be independent whilst maintaining their safety.

People's voices are listened to. Care is delivered in-line with people's wishes to benefit their wellbeing. The service operates an open culture. Feedback is encouraged and acted upon. People's carers complete quarterly satisfaction surveys where they are encouraged to be honest. Feedback we reviewed was very positive and complimentary. People's carers told us they feel involved in their loved one's care.

People's emotional and physical wellbeing is promoted. Detailed risk assessments outlining key risk areas have been introduced since our previous inspection. New care planning documentation is being developed which focusses on key wellbeing areas. People and their representatives are involved in the development of initial personal plans, although these have not been consistently reviewed with people since our previous inspection. We were offered assurance this would be done going forward to ensure wellbeing needs are reflective of peoples' current needs.

Care and Support

People are treated with dignity and respect by a familiar care worker. Care workers know people well and have built up positive relationships with them. Continuity of care is important to Respite Care Service; effort is made to keep the same care worker with people receiving longer-term respite support whenever possible. Placement visits are timely and consistent. Respite support focuses on offering emotional support and companionship for people, whilst their loved-ones and full-time carers use the time for personal activities.

Care and support is delivered in-line with people's personal plans. A robust assessment process identifies key needs before respite support is started. A dedicated assessment officer reviews all personal plans following the initial respite placement to ensure all support needs are outlined correctly. New and improved care planning documentation has been developed since our previous inspection. Personal plans now focus on key wellbeing areas, such as physical health and emotional needs. Personal outcomes are developed for each wellbeing area; care workers deliver personalised care to help people achieve these outcomes. Detailed risk assessments provide proactive information to help mitigate common risks, such as falls and choking. Personal plans are not consistently reviewed at regular intervals. We were offered assurance that personal plans will be reviewed with people and their representatives on at least a three-monthly basis, in-line with the regulations going forward. This remains an area for improvement; we expect the provider to take action to address this and we will follow this up at the next inspection.

People are mostly safe from harm and abuse. Care workers are well-trained and know how to report a safeguarding concern. A safeguarding policy helps to keep people safe. Relevant contact details should be added to this policy so that people know who to contact in the event of a safeguarding concern. We were given assurance this would be acted on promptly.

Peoples' carers offered very positive feedback about the service; one carer described it as *"only something small but it has made such a massive difference to us."* Another person's carer described the quality of care delivered as *"second to none"* and *"absolutely brilliant."*

Leadership and Management

Respite Care Service is led by a dedicated manager who knows people well. The manager is taking continuous and positive steps to improve the service. Governance processes have improved since our last inspection to support a smoother and more effectively run service. The Responsible Individual (RI) is passionate about their role and has a regular presence at the service, although more robust quality assurance procedures are needed to provide better oversight. The RI has undertaken some of their regulatory requirements, such as completing a Quality-of-Care review and obtaining people's feedback. More in-depth analysis of data to recognise trends and patterns, and formal quarterly visits are required to fulfil their RI regulatory responsibilities. We expect the provider to take action to address this and we will follow this up at the next inspection.

People are not always provided with accurate information about the service. The Statement of Purpose (SOP) contains some incorrect information, and the regulator has not been provided with an up-to-date version. We expect the provider to take action to address this and we will follow this up at the next inspection. A comprehensive Service User Guide (SUG) is made available to people at their initial placement. This offers an overview of what people should expect from the service. Some documentation included in the SUG requires update, including the SOP and safeguarding policy. We were given assurance that prompt action would be taken to remedy this.

People are supported by suitable care workers who have the knowledge, competence, and skill to fulfil their roles. Care worker training statistics have greatly improved since our previous inspection. Care workers are mostly recruited safely. More robust safe recruitment checks are required to keep people safe. The manager gave us assurance safe recruitment checks will be completed in-line with the regulations going forward.

Care workers are dedicated and enthusiastic about their work. One care worker described the culture of the service as "*caring*", adding they could not think of anything they would change. Care workers feel supported in their roles and offered positive feedback about management. One care worker told us they feel "*100% valued and supported.*" Care workers can offer feedback about the service at regular one-to-one meetings and at improved care staff team meetings.

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 |
|------------|---------|--------|
|------------|---------|--------|

| | | |
|----|--|--------------|
| 66 | RI lacks sufficient oversight to adequately supervise the management of the service. | New |
| 16 | Personal plans had not been reviewed at least every three months. | Not Achieved |
| 7 | The statement of purpose did not accurately reflect the service provided and how it would be provided. | Not Achieved |
| 20 | People who are paying for their own care did not have a written contract. | Achieved |
| 15 | Personal plans did not detail how identified risks would be managed. | Achieved |
| 42 | No evidence of care workers on non-guaranteed hours contract being offered alternative contract if they have worked regular hours over a three month period. | Achieved |
| 36 | Care staff had not completed core training or timely refresher training. | Achieved |

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