



## Inspection Report on

**Gentle Care Services Limited**

**Croeserw Community Centre  
Bryn Siriol Cymmer  
Port Talbot  
SA13 3PL**

## **Date Inspection Completed**

23/01/2024

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## About Gentle Care Services Limited

Type of care provided	Domiciliary Support Service
Registered Provider	Gentle Care Services Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	07 December 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

Gentle Care Domiciliary Support Service provides a good standard of care and support to people. We spoke to people, relatives, care workers, managers and the Responsible Individual (RI) to gather their views on the service. All feedback received was extremely positive about the quality of service provision and working culture in the service. We found robust and thorough support planning processes and documentation in the service. The provider ensures people are fully involved and participate in decisions regarding their care and support needs. There are robust governance and quality assurance processes across the service. Care staff receive regular supervisions and appraisals and access both core and specialist training. Care staff told us managers are very supportive. There are robust staff vetting and compliance checks in place. There are detailed policies and procedures in place to guide staff and the Statement of Purpose (SoP) is reflective of the service provided.

## Well-being

People contribute to decisions that affect them, and participation, choice and inclusion is actively promoted and upheld by the provider. We saw a good standard of documentation across the service. This includes people's personal plans, health information, reviews and record keeping. People and relatives gave us very positive feedback about the quality of service provision. Although staff recruitment continues to be challenging across the sector, the RI told us they are hoping to grow the service in the future and continue to recruit more staff to achieve this. All people and relatives spoken with confirmed the service provided is of a high quality and communication with and from the provider is good.

The RI and manager work regularly in the service along with a deputy manager. There are consistent checks and audits to monitor the quality of service provision. A recent quality of care review includes feedback from people, staff and an overview of service provision. Since the last inspection the RI and manager have strengthened quality auditing and documentation in the service. All care staff told us they have a positive working relationship with their managers, feeling supported and listened too. We saw regular staff meetings are planned and documented. Staffing levels reflect people's needs as documented in care plans and assessments. People confirmed there is continuity in relation to care workers and they are generally informed about any changes in relation to call times etc.

There are experienced, knowledgeable and trained care staff working in the service. We saw staff information evidencing compliance with regulation in respect of required checks. Care staff receive a range of core and specialist training to ensure they can carry out their work roles effectively and to a high standard. Care staff receive regular planned supervision and appraisals. Care staff gave consistently positive feedback about the support and training they receive and positive working culture in the service.

People are protected from abuse and neglect as care workers know what to look out for and how to raise concerns if they suspect someone's wellbeing is at risk. Care workers receive training in safeguarding and have access to clear and detailed policies and procedures to guide them. There are robust personal support plans in place to keep people safe and promote independence as far as possible. Care workers receive training in relation to infection control and food hygiene.

## Care and Support

The provider ensures there is care planning documentation in place which is reviewed routinely to reflect the needs of people. We completed an audit of three personal files. These are detailed and reflect current care needs. Personal plans are reviewed quarterly with consultation and involvement from people. Review documents show people are encouraged and supported to make decisions about their care. People told us they are fully involved in their care and if they have any concerns, they can speak to the care staff or manager. We saw recordings of the care provided by staff. Record keeping is detailed and thorough. At present, skin integrity is not recorded routinely. We discussed this with the manager and RI and recommended this is recorded following each skin integrity check and as detailed in personal plans.

People are provided with a good standard of care and support. We spoke to people, relatives, care staff, managers and the RI. Feedback provided was positive about the quality of care and support provided. People spoke highly of care staff and told us; *"When it comes to care, they are top"* and they feel the service is *"one of the best around"*. People and staff told us care is provided flexibly and around individual care needs. Daily recordings reflected this and we saw people's preferences with regards to their care was respected and upheld. We saw people are at ease with care staff and receive positive, respectful interactions. People told us; *"there is nothing I would change with the care"*. People told us the manager is approachable and that *"nothing is too much trouble"*. People said they had the opportunity to meet with the manager prior to the care package starting to discuss their care needs and wishes.

The provider has mechanisms in place to safeguard people using the service. Care staff have completed safeguarding training. There is a policy in place which reflects the Wales Safeguarding Procedures which is reviewed annually. Care staff spoken with are aware of the procedures to follow if they have any concerns about the people they support. At present, the care team are small in size and can therefore provide a very flexible, personalised service. People we spoke with said that there are regular staff visiting daily and they have a good understanding of their care needs.

## Leadership and Management

The RI and manager have a strong presence in the day to day running of the service. The provider ensures regular audits are completed in relation to the quality of service provided. These include the use of feedback questionnaires, regular management audits by completing home visits and staff team meetings. We read a recent very detailed quality of care review document. The document includes feedback from people, staff and relatives. The RI and manager told us they are actively looking to further grow and develop the service. They are currently working closely with commissioners to help achieve this.

We spoke to care staff and gathered information as part of the inspection. A care worker told us; *“It's a fantastic company to work for, where you get to make a difference to others, also the staff members including management, are awesome to work with”*. Another care worker stated; *“Management encourages me to look at progressing in the job It's a company that carers care about how they do the job and the standards set”*. We completed an audit of care worker files and saw robust and thorough employment checks such as Disclosure and Barring (DBS) checks and references are in place. All care staff are now either registered with Social Care Wales (SCW – the workforce regulator) or working towards it. Care staff receive regular documented and planned supervision and appraisals. We read the latest SoP which is an accurate reflection of the service provided. The RI informed us it has been a challenging period, particularly in relation to staffing. Despite this the RI is optimistic and positive about the service moving forward and there are no current financial concerns regarding business continuity. We viewed a selection of policies and found them to be regularly reviewed, detailed and informative.

### 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
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N/A	No non-compliance of this type was identified at this inspection	N/A
80	A full inspection took place on 7th December 2022. A quality of care review document was seen as part of the inspection. This was completed as part of an improvement action plan put in place by NPT LA. The document provided was not dated and only one was provided since the last inspection. This will continue as an AFI and as discussed with the RI during inspection feedback.	Achieved
36	A full inspection took place on 7th December 2022. There is no evidence the registered manager is currently receiving planned and documented supervisions and appraisals.	Achieved
36	A full inspection took place on 7th December 2022. Not all core and specialist training is current for care workers.	Achieved



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