



## Inspection Report on

**GJ Care and Training Ltd**

**Unit 1b  
Palmers Vale Business Centre Palmerston Road  
Barry  
CF63 2XA**

## **Date Inspection Completed**

14/08/2024

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## About GJ Care and Training Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	GJ Care and Training Ltd
Language of the service	English
Previous Care Inspectorate Wales inspection	10 October 2023
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrate a significant effort to promoting the use of the Welsh language and culture.

### Summary

GJ Care and Training provides care and support to people in their own homes. People are happy with the service they receive and are complimentary about the care workers. People like the consistency they have, allowing them to build good working relationships with care workers. Care workers are reliable and punctual. Many people are supported to improve their independence when the service provides short term care and support, for example, after a person has fallen. The service is mostly responsive in addressing any matters that arise, with some flexibility to accommodate requested changes.

Improvements have been made to introduce monitoring systems so that the manager has a better understanding of the service, having the tools to identify when things are not running smoothly. This is in its infancy, with work still required to ensure this is embedded and effective. Personnel files are complete, but gaps in training and supervision meetings need to be addressed. People's personal plans have improved but these also need further work and consistent reviews demonstrating people are involved.

The provider has governance arrangements in place, but they are not ensuring the responsible individual, (RI), has a sound knowledge of regulatory requirements and effective oversight of the service. This is an area for improvement that still needs to be addressed by the provider.

## Well-being

People know what care and support opportunities are available to them, and they are helped to stay as healthy as possible. People have copies of the 'statement of purpose' and 'service user guide' that informs them what to expect from the service. They also have copies of their agreed personal plan. People are consulted about their care during assessments and the service listens to what is important to them, including their preferred language for communication. Care workers know people well and understand how they like their care delivered. People have a list of who will be delivering their care at any given time. The service helps people to access professionals such as social workers and district nurses if this is required. People are encouraged to stay healthy, with care workers promoting people's mobility to help improve their independence where possible. As part of agreed plans, people get help with prompts to take their medication and support with food preparation.

People are listened to, and their individual circumstances are considered. People can talk to their care workers or staff members at the office when they need to raise any issues or make requests. The service is mostly responsive and adjusts care times and other factors that makes the person feel more comfortable when their care is delivered. Good working relationships and communication systems ensure people can, and do, raise matters with the service, but these are resolved so that it does not escalate into a complaint. The RI speaks to people when they are considering the quality of care and people have opportunities to respond to quality assurance questionnaires. This helps the service to consider how it can improve.

The service mostly protects people from harm. The provider is not always recognising the risks to people due to lack of knowledge and understanding, or they are lacking attention to detail that can increase risks. An example of this is not recognising the distress it can cause to people when there are no on-call assistance arrangements at night, with one person telling us *"I never worry about receiving care, but I worry about the carers if they're late."* The service has detailed risk assessments, especially around people's mobility, but risk assessments and personal plans are not always reviewed together. Care workers are recruited in a safe way and improvements made to ensure documentation around this is maintained. People mostly feel confident their care workers receive appropriate induction and are knowledgeable to meet their needs. There are improvements in training coverage, but this still needs addressing. The provider has improved some aspects of the service since the last inspection. Further work is needed to ensure the monitoring and improving of the service is a continual process based on good understanding of risks and requirements to minimise these.

## Care and Support

People receive personalised care and support, and the service is responsive to people's needs. Improved personal plans provide detail around the person's care and support needs. Further work is underway to ensure personal plans capture people's desired outcomes and other important information that will help when reviewing care and support. The service makes every effort to work with the person and other professionals to assist a person in the safest way, while considering preferences, for example, with their mobility. People tell us how care workers have supported them, giving them confidence to improve and even regain some independence, for example, after a fall. One person told us how flexible the service is when they request a change of call time, and another person told us the service has been "*Adaptable and amenable*" over many years of providing their care and support. The service consults people about the language they prefer their care delivered in. One person told us they enjoy having a conversation in Welsh with one care worker.

The service is reliable, and people are treated with dignity and respect. People know in advance who will be visiting them to provide care and support, and they generally arrive on time. People tell us they have never been left without care, and electronic monitoring systems alert managers if a call is slightly late so they can take action to make sure a care worker is attending. Care workers are polite, and respectful. People tell us "*They always ask if there's anything else I need done before they leave,*" "*They're as good as gold*" and they're "*Hyfryd,*" (lovely). People enjoy chatting with care workers as this is beneficial to their mental health, especially when someone is living alone. Care workers know people well, and people get to know their care workers, developing good working relationships and communication. One person told us that they see their care workers as "*Friends who provide care,*" and they consider this to be important, with continuity promoting their well-being, as it prevents constantly repeating themselves.

People are supported with their health and social needs. People are prompted to take their medication when prescribed. When health care professionals give directions to be followed, such as a dentist, district nurse or occupational therapist, these are followed and recorded. Managers can see instantly if a care worker is raising an issue that needs referring to a health professional and this is arranged. People are supported to access the community if this is part of their care and support needs. Care workers are not always staying for the length of time required at a call. This was discussed with the manager who is using new monitoring tools to identify patterns and assured us they will address any issues. One person told us they tell care workers they can leave when everything they need doing has been completed, which could account for the shorter call times.

## Leadership and Management

Governance arrangements are in place but the monitoring and improving of the service needs strengthening. The provider has made some improvements since the last inspection to address issues, however, their compliance is impaired by the lack of knowledge and understanding of the responsible individual (RI) and senior members of the organisation who assist them. The RI consults with people and staff on a three-monthly basis and visits the service. They are not producing the required reports around these activities. A six-monthly report is being produced but this needs refining to demonstrate the RI is analysing information and drawing conclusions to support the development and improvement of the service, having consideration to people's outcomes. Policies sometimes lack clarity, have conflicting information and are not always followed. We found a general lack of attention to detail by the provider, for example, when updating the statement of purpose, when considering risks around lone working and when considering safe working practices.

The RI is also the manager for the service. The manager is supportive of the workforce, approachable and shows genuine care for the well-being of people. They acknowledge that they have lacked knowledge and understanding around regulatory requirements but is working to improve this. Some improvements have been made to enable oversight of the service by the manager, including use of audits and monitoring tools. While the provider has ensured action has been taken to introduce monitoring and improving of the service, this now needs to be embedded and sustained. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Improvements have been made to ensure the workforce is fit to work with people, but further improvement is required around the support and development of employees. Personnel files have been updated to include all necessary information around pre-employment checks. Contracts of employment are not complete and do not consider the shift patterns of care workers. There is no official 'on call' system at night so care workers and people who receive a service after ten at night cannot be confident of gaining the support they may need. The RI is now addressing this. Improvements have been made to support care workers to register with Social Care Wales, the workforce regulator. Care workers shadow others as part of their induction and are not considered able to work with people until their competencies have been tested. Care workers and people confirm this. Improvements have been made to ensure training is provided. The quality of the training is good, but care workers still have gaps in their training and knowledge, some of which is essential to support people's needs. Supervision meetings to support care workers have been introduced but consistency is required. This forms part of the requirements for the provider to improve the overall monitoring and improving of the service.

### 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.

### Area(s) for Improvement

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A

	inspection	
8	The provider has failed to fully develop systems for monitoring and improving and ensure these are effective. While some improvements have been made since the last inspection, this is insufficient to give the regulator assurances that the provider has accurate and up to date information for analysis when considering the quality of the care people receive.	Not Achieved
36	Staff to receive regular supervisions, appraisals and core training appropriate to their role and the needs of people they support. Staff must be appropriately registered with the workforce regulator Social Care Wales.	Achieved
80	The quality care report to be produced at least six monthly to analyse and evaluate the quality and safety of the service.	Achieved
73	The Responsible Individual to seek the views of people and care staff at least three monthly to evaluate the performance of the service in relation to its statement of purpose and maintain oversight.	Achieved
35	To ensure full and satisfactory recruitment checks are in place for all care staff	Achieved
15	Personal plans to be reflective of people's needs and kept up to date	Achieved
58	Medication audits to be in place to maintain oversight of medicines in line with the medication policy.	Achieved



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