



Inspection Report on

Everycare Bridgend Ltd

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

Date Inspection Completed

26/09/2024

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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	28 September 2023
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People benefit from a good standard of care and support. Everycare Bridgend Ltd supports people to have choice, enabling them to be supported in a way which suits them. People's personal plans are co-produced, with very strong reviewing arrangements in place to ensure any changes are identified and responded to. The service supports people to stay as healthy as possible and get the right care when they need it. Systems are in place to help protect people from abuse and neglect. Infection control measures help reduce the risk of transmission of potential sources of infection. People are supported to take their medication. Governance, auditing, and quality assurance arrangements support the running and management of the service. Recruitment and training arrangements are in place, but improvements are needed around staff registration and specialist training. Care staff enjoy working for the service and feel supported in their role. The service provides sufficient information to the public.

Well-being

The service supports people to have choice, enabling them to be supported in a way which suits them. The service supports relatives who care to be able to have a break and be assisted in the caring role, and helping to prevent people having to move out of their home into a care home. For some people, their support provides their only contact with other people, and they find it hugely beneficial to their well-being. Co-produced personal plans record people's routines and preferences, and care staff understand and follow these. People generally praise the conduct of care staff and have good relationships with them. Care reviews and quality assurance processes enable people to provide feedback on the care they receive. Information is provided on how to make a complaint, with records and feedback showing actions taken to address any issues. People can monitor their support arrangements via an electronic call scheduling system and are able to contact and seek support from the service office if needed.

The service supports people to stay as healthy as possible and get the right care. Issues around people's health and well-being are reported promptly and referred to the relevant health and social care professionals in a timely manner, with subsequent guidance acted upon. People are supported to receive their prescribed medication as directed in line with national and local procedures. Infection control measures are used correctly to protect people.

Systems are in place to help protect people from abuse and neglect. Personal plans identify potential risks to people or care staff and how to manage these. Regular reviews help to identify changes to people's needs and risks associated with these. Care staff understand their safeguarding responsibilities and know how to report issues. Policies and procedures are in place to support this. Care staff feel confident if they raised an issue with the manager, it would be responded to appropriately. The correct pre-recruitment checks are in place and regular supervision and training supports continued development. Improvements are needed around specialist training and care staff registration with Social Care Wales. Incidents and accidents are logged, with appropriate actions taken by the service in response. Ongoing quality assurance audits support systems to be effective and improvements are identified and addressed.

Care and Support

People benefit from a good standard of care and support. People and their families told us *“they bend over backwards to help”*, *“I wouldn’t cope without them”*, *“they’ve been a Godsend”*, and *“they’re very friendly – I can’t fault them”*. Care staff know the people they support well, with the same team of care staff usually working for the same people, which promotes continuity of care. People told us communication with the service is generally good, with the office being accessible and responsive. We found care and support is provided in line with personal plans, helping maintain people’s well-being. This is an improvement acted upon since the last inspection.

The service co-produces personal plans with people. A range of information is considered prior to the service commencing. Personal plans are sufficiently detailed, outcome-focused and person-centred, providing specific and tailored instructions on how people like to be supported. An electronic system is used for call scheduling and care staff notes, which people and their families have access to. This supports staff to ensure they deliver all areas of care in a person’s plan and enables people to have access to the most up-to-date information about their care and support. Daily recordings give information about people’s progress and evidence actions taken by care staff where issues or concerns arise. The service is exemplary in its approach to reviewing personal plans. A dedicated reviewing officer ensures three monthly meetings are undertaken with people and their representatives, or more often if needed. Both people and staff told us they found this to be very positive in helping to identify and address issues, and has a beneficial impact on people’s well-being.

Appropriate systems are in place to support people with their medication. Care staff receive training on how to manage and administer medication. Medication policies give appropriate instruction, reflect national guidelines, and are kept under review. Personal plans reflect people’s medication needs and medication administration records are free from gaps and errors.

Infection control measures help reduce the risk of transmission of potential sources of infection. Staff have access to a supply of appropriate PPE and use this in people’s homes, such as when supporting with personal care tasks. Care staff receive infection prevention and control training, and an infection control policy is in place which they are aware of and understand their responsibilities.

Leadership and Management

Governance, auditing, and quality assurance systems support the running and management of the service. The Responsible Individual (RI) undertakes three-monthly visits to meet with people and staff and completes six-monthly quality of care review reports. The RI also utilises a monthly auditing tool and produces an additional yearly quality assurance report. Regular staff meetings are held to enable care staff to discuss their work and allow any issues to be addressed. The required policies and procedures are in place, such as for medication management, complaints, and whistleblowing. We note the annual return report, which all services are required to produce, has not been completed for the last two years. We advised the RI this is a legal requirement and must be completed in all future instances.

Improvements are needed around staff registration and specialist training. Care staff files hold the correct recruitment information and evidence of required documentation, such as up-to-date Disclosure and Barring Service checks and proof of identity. The correct pre-employment checks are in place. New care staff undertake an induction programme, which includes training and shadowing experienced members of staff. Training records show care staff have up to date training in core areas of care, with care staff feeling able to request additional training if needed. However, not all care staff have the required specialist training. This is needed to ensure they have the necessary skills and knowledge to work for people with more specific needs. We also found not all care staff are registered with the workforce regulator, Social Care Wales. Registration is a legal requirement and an important measure to help ensure the suitability of care staff. We advised these are areas for improvement, and we expect the provider to take timely action to address these.

Care staff enjoy working for the service and feel supported in their role. They told us *“they’re very family orientated”*, *“I couldn’t have asked for better support and they take your well-being into account”*, *“the office are really helpful”* and *“deal with things straight away”*, and *“the office take things seriously”*. Care staff value the flexibility and ability to work when they are available. Rotas are managed on a geographic ‘patch’ basis, with additional calls only allocated after discussion with care staff. The service has sufficient staff to work for the people it supports and only offers a service to new people if it has the resources to do so. The service ensures regular supervision, performance spot checks, and a yearly appraisal take place so care staff can discuss any issues and explore their professional development.

The service provides sufficient 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, its values and the care provided, and is provided in people’s homes. People have access to information on how to make a complaint, if needed.

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.

Area(s) for Improvement

Regulation	Summary	Status
35	Not all care staff who are required to be registered with the workforce regulator, Social Care Wales, are	New

	registered. The service needs to ensure all required staff are registered.	
36	Catheter care training has not been provided to all staff that require this. The service needs to ensure all staff supporting people with these needs receive the required training.	New
21	Care and support is not always provided in a way which protects, promotes and maintains the safety and well-being of people.	Achieved

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