



Inspection Report on

Care83

**Care 83 Ltd
Suite 1a3 The Octagon Van Court
Caerphilly Business Park
Caerphilly
CF83 3ED**

Date Inspection Completed

20/05/2024

Welsh Government © Crown copyright 2024.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

About Care83

Type of care provided	Domiciliary Support Service
Registered Provider	Care 83 Limited
Language of the service	English
Previous Care Inspectorate Wales inspection	[This is the first inspection since registration.]
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

This was the first inspection for the service since registering to provide domiciliary support. The service is currently small and has spent time getting to know people and the area to ensure they can meet people's needs. People told us they are happy and receive good quality care and support from the service. Care staff keep records of the care and support provided, and as the service is small at present, are able to provide person centred care. However, we found the service does not currently provide care staff with sufficient and up to date information or guidance to support people, as personal plans need improvement, and review.

The responsible individual (RI) is invested in the development of the service and spends time supporting the team. There is currently an interim manager in post at the service who is new to the role. The RI is providing support for their development. The RI is undertaking their role in line with the regulations and seeks feedback from people and care staff. However, we found some processes, policies and procedures require improvement.

Well-being

People experience control over day-to-day life with care and support provided at times that suit people and their needs. People are highly complimentary about care staff and told us they would recommend the service to others. One family member told us *“They go above and beyond”* when describing the care provided to their loved one. People are treated with dignity and respect by care staff who are familiar. There is a written guide to the service to outline the care and support available to people, and copies of this are provided at the commencement of the service. However, the guide requires updating to ensure it reflects current legislation and guidance in Wales. The RI seeks regular feedback from people about the care and support they receive and uses this to enhance service delivery. We saw that action is taken in relation to the feedback provided.

The service provider is currently reviewing and amending processes and procedures in order to improve the service delivery and increase consistency across the service. As part of this, the provider has developed documentation to increase the involvement of people in their care and support. There are currently processes in place to assess people’s care and support needs prior to the service commencing however the outcome of these assessments are not always reflected in people’s personal plans, nor ongoing reviews.

People’s physical, mental, and emotional well-being is maintained through good relationships with care staff. People are supported to maintain their health and wellbeing in their own homes, through support with personal care, or support to access social events. People get the right care and support, as early as possible. We reviewed care notes outlining the care and support provided is in line with people’s personal plans. People told us care staff are friendly and professional.

People are protected from abuse and neglect. The service has a policy and procedures in place to manage safeguarding. We found the policy is comprehensive, however it requires reviewing and updating to ensure it is appropriate to the needs of the service. People told us they are able to communicate any concerns to the service, the RI or manager without any issues and feel confident any issues are resolved effectively.

Care and Support

People told us they benefit from the care and support they receive. People have good relationships with a small, consistent team of care staff who know them well. Care staff speak positively about their roles, and their work, and hold the people they support in high regard. Care calls happen on time, people are happy with the frequency and duration of their calls. One person told us there were some issues when support commenced but these were rectified quickly by the service.

The service has processes, procedures, and documentation in place to assess people's needs prior to the commencement of the service. However, these have not been consistently implemented. We found that information gathered from assessment was not always included or utilised in the development of the personal plans. This has been identified by the RI prior to the inspection, and the service have a plan in place to address this.

The service is small at present, as such people are supported by a small and consistent care team who have time to get to know them and build relationships. People told us they receive good care and support and care staff know their needs well. The service has developed personal plans to support care staff to deliver care and support. However personal plans do not contain social histories, nor information on how staff can meet identified needs on a day-to-day basis. Personal plans have not been developed with people or their families, and did not identify any personal well-being goals, nor guidance on how the service will support people to achieve these. The service provider has not reviewed personal plans with people and/ or their families and representatives. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

The service has a policy and procedures in place to provide support to people with their medication. The RI is seeking to implement further processes to increase competency in this area as part of the service development.

Leadership and Management

The service is currently small but it is being delivered in line with the Statement of Purpose. There have been several changes to the manager of the service since registration which has impacted on some aspects of the oversight and governance of the service. However, there are governance arrangements in place to support the running of the service, and the RI is working alongside the interim manager to develop and enhance service delivery. The RI visits the service to undertake their role and responsibilities in line with the regulations and seeks feedback from people and care staff about the service. We saw action is taken as a result of feedback, with clear plans to improve and develop the service. There is an electronic system in place to support with oversight of care and support as well as staff management such as rotas, and monitoring of call times. We saw there are plenty of care staff to meet people's needs and rotas are planned appropriately.

The service has policies and procedures in place as outlined in the regulations. However, not all policies are appropriate to meet the needs of the service and could place people at risk of harm. This is an area for improvement and the RI is taking action to address this.

Care staff receive an induction which is appropriate to their role and told us they feel confident and competent in providing care and support in line with people's needs. Care staff receive good opportunities for learning and development within their roles and speak highly about this. Care staff told us they feel confident to ask for support from experienced team members if needed. However, care staff do not receive formal opportunities for supervision or appraisal. . While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Care staff are supported to register with Social Care Wales the workforce regulator, and the service ensures all care staff have up to date registration with the Disclosure and Barring service to safeguard people receiving support. However, the service did not have a system for ensuring safe recruitment procedures and could not provide all required documentation or evidence of staff fitness to practice. This is an area for improvement and the RI is taking action to address this.

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
------------	---------	--------

15	Personal plans do not contain sufficient information or guidance to support care workers to meet people's day-to-day needs consistently. The provider must ensure that personal plans are developed alongside people and their families and contain sufficient detail and guidance to meet people's daily care and support needs consistently.	New
16	The service provider has not ensured personal plans are reviewed in line with the regulations. The provider must ensure all personal plans are reviewed as a minimum every three months, involving people and/ or their families and representatives.	New
35	The service provider has not ensured care staff have provided full and satisfactory information or documentation, as the case may be, in respect of each of the matters specified in Part 1 of Schedule 1. The service provider must ensure this information or documentation is available at the service for inspection by the service regulator.	New
36	The service provider is not currently providing supervision to staff in line with the regulations. The provider must ensure that all staff receive appropriate supervision and appraisal.	New
12	The provider has not ensured policies and procedures are appropriate to the needs of individuals for whom care and support is provided. The provider must ensure that policies are appropriate to the needs of individuals for whom care and support is provided, consistent with the statement of purpose, and kept up to date.	New

Was this report helpful?

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

Date Published 17/06/2024