



Inspection Report on

Cara Caring Services Limited

**Primrose House
34 Godfrey Road
Newport
NP20 4PE**

Date Inspection Completed

13/10/2020

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About Cara Caring Services Limited

Type of care provided	Domiciliary Support Service
Registered Provider	Cara Caring Services Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	No

Summary

A focused inspection was completed in response to non-compliance identified at the previous inspection. Information was provided electronically and evaluated in order to consider compliance. There are significant improvements, which demonstrate effective oversight of the service is now evident. Improvements to systems available at the service including staff recruitment, training and supervision are in place and assist the provision of safe, reliable and consistent care and support to people. People are happy with the service they receive and feel their well-being is enhanced. The service has now fully met Regulatory requirements.

Well-being

People have as much choice and control over their daily lives as possible. They are aware of the types of support available at the service and are enabled to make informed choices. Documentation records what matters to individuals, their preferences and how they want their care and support provided, which enhances people's feelings of well-being. People talk positively about the support they receive, with particular emphasis on the development of relationships with the care workers employed at the service. There is a strong commitment to providing individualised care and to supporting individuals to achieve their personal goals.

Attention is paid to ensuring people are protected from harm and their well-being is prioritised. People's personal plans have detailed risk assessments in place and include identified ways of appropriately reducing risks. There is close attention to ensuring people are protected from harm, particularly with regard to the current coronavirus pandemic. Safeguarding issues that arise are recorded and reported in a timely manner. Guidance provided by Safeguarding is adhered to. Oversight at the service has improved and there are effective systems in place to ensure the care and support provided is safe and the well-being of individuals is enhanced. There is a supportive management team who set high standards regarding the provision of good quality care and support. They demonstrate commitment to providing the service with sufficient care, competence and skill.

Care and Support

People receive good quality care and support as recorded in their personal plans. Pre-assessment documentation identifies if the service is able to meet the individual's support needs before the service commences. All care and support provided is person centred and reflective of what matters to individuals. There are safe systems in place to support the management and oversight of medication. Adult safeguarding issues are identified in a timely manner.

Personal plans are detailed, comprehensive and include desired/planned outcomes and contain meaningful information to support care workers to provide individualised, consistent care in a way that matters most to individuals. Risk assessments are completed quickly and include sufficient measures to ensure risks are appropriately identified and reduced. Extensive social histories and people's preferences about how they like their care and support to be delivered is a particular strength of the service. Reviews are completed at regular intervals, which reflect compliance with Regulations. Personal plans are updated following the completion of reviews when required.

Safe medication systems are in place. Care workers receive appropriate support, training and competency checks to ensure they remain able to safely support those individuals who require assistance with their medication. Management at the service complete thorough medication audits at regular intervals and any issues are appropriately identified and addressed. Consideration of the circumstances around medication errors is evident. Appropriate actions are identified to ensure the likelihood of a similar error happening again is reduced. Re-training is available for staff who require it. Any gaps in care worker signatures on medication administration records (MAR) are identified and a full analysis of the reasons for this are considered. Staff are routinely reminded of the importance of safe medication practices. Knowledge and good practice is shared amongst care workers on a frequent basis.

Issues that come under the remit of adult safeguarding are appropriately reported to the Local Authority Safeguarding Team. There is an open and honest culture at the service and there is a strong commitment to the ongoing development and improvement of the service. All care workers receive appropriate safeguarding training and have signed to say they are aware of the Safeguarding Policy. The Safeguarding Policy is up-to-date and personalised to the service. It contains information to enable care workers to contact the Safeguarding Team directly should this be required.

Leadership and Management

Improvements in the leadership and management of the service are evident. Systems are available to support appropriate daily oversight of the service. Strong mechanisms to ensure effective and safe staff recruitment, training and supervision are in place.

Previous identified deficits in the oversight of the service have been rectified. We considered the most recent Regulation 73 quality visit completed by the Responsible Individual (RI). The information is detailed and comprehensive and demonstrates the RI has frequent, thorough and effective oversight of the service. The views of individuals receiving a service, their representatives and staff are considered at frequent intervals during the year. People's feedback is complimentary. We saw some improvements are put in place because of the feedback received, which demonstrates this is a service that listens and strives to further develop and improve. We noted positive comments in particular in regards to the consistency of care workers, overall reliability and the commitment of staff to go the extra mile. There is a strong emphasis on the identification and achievement of the goals of individuals which results in overall positive outcomes for people.

There is an up-to-date statement of purpose (SOP) available at the service and people are provided with this information as part of the pre-assessment process. Individuals have a good understanding of the types of support available before the service commences which promotes people's choice and control. Information contained in the SOP is reflective of the service people receive.

Improvements in regards to staff recruitment, training and supervision are now evident. We saw copies of Disclosure and Barring Service checks (DBS) are available on care workers' files and demonstrate these are requested prior to the commencement of employment. A structured induction process is now in place for care workers and this has proved positive with newly recruited staff. Staff are working towards achieving qualifications, which will enable them to register with Social Care Wales, which is a legal requirement. There are systems in place to ensure all care workers have received appropriate mandatory training and more specialised training is available when required. Staff supervision information evidences staff receive appropriate supervision time with a line manager, which happens on a three monthly basis or more often as required.

Areas for improvement and action at the previous inspection

Ensure the service is provided with sufficient care, competence and skill.	Regulation 6	Achieved
Ensure care and support is provided in a way which protects, promotes and maintains the safety and well-being of individuals	Regulation 21 (1)	Achieved

Areas where immediate action is required

We did not find any areas requiring immediate action during this inspection.

Areas where improvement is required

We did not find any areas requiring improvement during this inspection.

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