



## Inspection Report on

**Q Care Gwent**

**Q Care Ltd  
The Office Block D Nantgavenny Business Park  
Nantgavenny Lane  
Abergavenny  
NP7 6LG**

**Date Inspection Completed**

17/12/2020

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## About Q Care Gwent

Type of care provided	Domiciliary Support Service
Registered Provider	Q Care Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	Yes

### Summary

A virtual inspection has been undertaken to review areas of the service where improvement has been required. Improvements have been made throughout the service. We find complaints are recorded appropriately within timescales set out in the statement of purpose (SOP) and actions taken and recorded where necessary. Improvements have also been made to ensure staff receive regular supervision. While there are still some issues in relation to call times, some of the issues are attributable to the current pandemic. These are generally being monitored and people have expressed satisfaction with the standard of care they receive. Inspection findings have highlighted that while the service has a clear infection control policy which the management team have shared with all care staff and implemented throughout the service, there have been breaches of policy by some staff and improvements have commenced to monitor staff working in the community and ensure the wellbeing of service users and staff alike.

## Well-being

People are treated with dignity and kindness. We saw service user feedback comments describe staff as "respectful" and stated, "*There is nothing to complain about.*" People we spoke with are positive about the care staff who support them. There is a real appreciation of continuity of care and consistency of care staff. People overall feel like they are given choice about their care and support. Their preferences are considered in their personal plans. We found call timings can still sometimes be an issue and people understand when call times may have to be changed but like to be kept informed when this happens.

There is commitment to protecting people from harm or abuse. Incidents that occur are reported promptly and investigated where necessary. Safeguarding issues are reported in a timely manner. Risk assessments are implemented on people's personal plans. The management team set high standards regarding the provision of good quality care and support and act decisively when they feel the wellbeing of service users may be compromised. The leadership team work to provide the service with care, competence and skill.

## Care and Support

People are overall satisfied with the quality of care and support they receive. We spoke to people who told us they enjoy good support from their regular carers. The service aims to ensure consistency so people are able to enjoy regular support from staff who know them well and their needs. There have been some improvements with call times although people have indicated sometimes this can vary and they are not always advised if care staff are running late. We saw this is being monitored by the service and considered as an area for further improvement. We spoke to professionals who work with the service, who told us the quality of care the service provides is “*Overall, very good*” and particularly praised the hard work of the service and staff through the pandemic, especially when short-staffed due to staff sickness or isolation.

There have been improvements in staff support. There has been an extensive review of the service following the last inspection and senior staff recruited. The responsible individual (RI) has discussed there are still some challenges in some areas but we found there have been efforts to ensure carers working in more remote areas away from an office base have access to support from senior staff. We also saw there had been improvements in the supervision for staff, as well as spot checks being undertaken. Staff initiatives such as “Employee of the month” awards have been implemented to maintain staff morale.

There are improvements needed in respect of managing the risk of infection. We found that management have clear policies in place and guidance on infection control procedures which have been provided to all staff. However we found there have been a number of breaches in this area relating to staff failing to use personal protective equipment (PPE) appropriately and some incidences of staff failing to follow procedures. The RI and management have taken decisive actions to address these breaches when identified, and have taken advice from external agencies about increasing monitoring visits with care staff during calls in the community. This will continue to be monitored through a multi-agency approach.

## Leadership and Management

There is good oversight of the service. There has been an extensive revision of processes within the service, which has built on the improvements noted at the last inspection. There have been changes to staff recruitment and whereas previously recruitment was managed by each individual area office, a centralised recruitment service has been implemented with the aim of ensuring a consistent and standardised approach and helping to ensure quality and compliance checks were fully completed.

The service has recognised improvements were needed to fully involve people in all aspects of their care, including planning and agreeing the type of care they receive. An action plan for each area of the service has been developed, reflecting on what can be improved. There have been regular team meetings held wherever possible, although this has been affected by the current pandemic but we found staff feedback is sought and encouraged in the meetings. The pandemic has impacted upon some aspects of training but this is being maintained where possible and where mandatory classroom training has been necessary, detailed risk assessments have been undertaken and social distancing strictly adhered to.

Incidents including safeguarding reports, and notifiable events to CIW are made promptly when issues arise and the service communicates clearly with external agencies.

There have been clear improvements in the recording and management of complaints. We saw there is a clear complaints process in place and all complaints are logged with outcomes, dates and actions. These are reviewed and considered as part of the service's quality assurance process.

## **Environment**

We did not consider environmental issues as part of this inspection; however we are assured that personal information relating to service users and staff are stored securely and electronic systems have appropriate protection.

**Areas for improvement and action at the previous inspection**

Standards of care and support	Regulation 21 (1) b	<b>Achieved</b>
Staffing requirements	Regulation 34(1)(b)	<b>Achieved</b>
Management of Complaints	Regulation 64(2)(b)	<b>Achieved</b>

Where providers fail to improve and take action we may escalate the matter by issuing a priority action (non-compliance) notice.

**Areas where immediate action is required**

None

**Areas where improvement is required**

The service has policies in place to manage and limit the spread of infection; however there have been some breaches by staff in the community resulting in service users and staff contracting Covid-19. We have not issued a notice on this occasion as we have found the provider has dealt with all the breaches through investigation and disciplinary action The service has acted promptly on advice from external professionals to manage the situation. We will continue to monitor the situation.	Regulation 56 (2)
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**Date Published 16/02/2021**



No noncompliance records found in Open status.