



## Inspection Report on

**April Complete Care Solutions**

**April Complete Care Solutions Ltd  
14 Hendre Road Pencoed  
Bridgend  
CF35 5NW**

## **Date Inspection Completed**

24/01/2022  
**24 January 2022**

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## About April Complete Care Solutions

Type of care provided	Domiciliary Support Service
Registered Provider	April Complete Care Solutions Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	11/2/2020
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

### Summary

People are able to make choices about the support offered to them and are happy with the service provided. Care staff have a good understanding of their roles and responsibilities and know how to protect people from abuse. Personal plans document peoples individual needs and risks are assessed and monitored. There are arrangements in place for the safe administration of medication. Care staff use positive infection control measures when undertaking visits.

Experienced, well-trained staff ensure the care provided is safe and of a good standard. Sufficient staff are employed to cover scheduled calls. Up-to-date robust policies are in place and the complaints process is clear and understood. Recruitment checks ensure staff are suitable for their roles. Regular spot checks and supervision supports ongoing good practice. Quality assurance systems monitor the service offered. Care staff are happy and feel valued. People receive support from a service that considers their Welsh language needs. This report covers both the Western Bay and Cardiff and Vale region of the service.

## Well-being

The service recognises people's individual needs and voices. People receive support to make decisions on how their care is provided. Documents contain information on individual preferences and care workers understand people's everyday routines. Language needs are considered, information is available in a Welsh language format and Welsh speaking staff are linked with people who prefer to communicate in Welsh. Feedback is sought on a routine basis and wishes or suggestions are actioned whenever possible. A complaints policy provided at the start of the service ensures people know how to raise any issues.

Skilled care staff are kind and caring in their approach. Personal plans are followed and care staff are knowledgeable about the support needed. People and relatives have positive relationships with care staff and indicate the service improves their day-to-day lives. Care staff respect difference and adapt their approach to meet people's needs and preferences. Care staff demonstrate the necessary skills to provide high quality care. Good medication management ensures people remain as healthy as they can be and staff report changes in people's care needs. Individual strengths are recognised and care staff consider people's dignity when providing care.

People are protected from abuse and avoidable harm. Care staff recognise the signs of potential abuse or harm and know what actions to take to protect people. Ongoing training ensures a good understanding of protocols and supports safe practice. Risks are identified and managed and there are systems in place to monitor practice and drive improvements. Care staff have knowledge of what good infection control measures look like. The recruitment process minimises the risks of the service employing unsuitable staff. Procedures are in place to investigate and respond to complaints and the service reports incidents in a timely manner.

## Care and Support

Personal plans outline the care and support people require. We found evidence the service encourages people to contribute to their individual plans and found signatures to show people are in agreement with the service provided. Plans we viewed document people's personal outcomes and contain detailed information around their individual care needs. Risk assessments identify any hazards and outline how to reduce or eliminate these. Routine reviews are completed at least three monthly. These consider how well individual goals are met, whether plans remain accurate and identify any changes in people's needs. Care staff complete daily logs and monitoring forms to record the care and support received and identify any changes.

Care staff provide a safe and positive care experience. People told us their calls are not rushed or hurried and staff complete tasks in the way they like. The manager advised there is a stable staff team in place and many care staff have worked for the service for a number of years. Care staff we spoke with are very knowledgeable on individual needs. People told us staff keep to agreed call times and care calls are never missed. Care staff notify people if they are running late, however we were assured this rarely happens. People and relatives are aware of how to raise a complaint and feel they would have no problem raising any issues. People told us they like the members of care staff supporting them. Comments include:

*"Staff were wonderful" and "they take their time with me."*

*"We have a good relationship".*

*"I feel like they are family", "they do extra" and "I look forward to them coming to see me."*

The service has received several written compliments, which include:

*'X (staff) was very effective in the way she tried to accommodate changes to (Z's) hours.'*

*'I wouldn't know what I would do without them'*

There are appropriate arrangements in place for managing medication and infection control. People told us they receive their medication as and when they need it. We viewed a sample of medication administration records (MAR's) and found these to be completed appropriately. Routine audits ensure medication tasks are managed correctly and documents contain no gaps or errors. The service has an infection control policy in place and care staff have access to guidance relating to Covid 19. Care staff understand how to use personal protective equipment (PPE) to reduce the risk of cross contamination.

## Leadership and Management

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Care staff benefit from ongoing training and recruitment is safe. A robust induction period and shadowing opportunities with experienced staff ensures newly appointed staff members feel supported and skilled. Ongoing core and specialist training provides care staff with the skills and confidence to provide effective care. Staff told us they attend sufficient training and feel skilled in their role. The recruitment process is thorough; we found staff files in good order and contained a number of checks and information to ensure they are of good character.

Care staff feel supported. Care workers feel confident in approaching their manager with any queries or concerns. Communication within the service is good and staff feel informed of any changes in policy, procedures or people's needs. An open door policy means care staff feel comfortable visiting the office for advice or guidance. This was evident on the day of inspection as a number of staff visited to collect PPE or update on events. The service is committed to ensuring staff morale remains high by recognising good practice with employee of the year awards, team and quarterly employee awards.

Comments include:

The manager is *"spot on with everything she really is very good"*, *"we are a close knit team"*.

*"I love my job"*, *"best company I have worked for."*

*"Fantastic company"* and *"a fantastic manager."*

*"Really nice people to work for."*

An effective management structure and quality assurance helps the service to develop and make improvements. The provider has detailed policies and procedures in place to guide staff on good practice. The Responsible Individual meets with people who use the service, relatives and staff in line with their legal obligations. Information gathered from audits, monitoring and feedback helps the service to recognise any shortfalls and improve the quality of care offered. Complaints are recorded and addressed in a timely manner. The service notifies appropriate professionals of any accidents or incidents and records any follow up actions taken to prevent re-occurrence.

Rotas are stable and well managed. We looked at care staff rotas and saw sufficient staff in place to ensure people receive calls as agreed in their personal plan. Care staff told us calls are not changed or added without consultation and visiting the same people every week helped them to build up positive relationships. Rotas and feedback confirms sufficient time is given to carry out care calls and adequate time is allocated to travel from one call to the next.

### 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. 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
N/A	No non-compliance of this type was identified at this	N/A

	inspection	
73	Regulation 73 - Three monthly visits	Achieved



**Date Published** 11/03/2022