



## Inspection Report on

**Simply Safe Care Group (West Wales)**

**Unit 2  
Hendy Industrial Estate  
Swansea  
SA4 0XP**

**Date Inspection Completed**

27/02/2025

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## About Simply Safe Care Group (West Wales)

Type of care provided	Domiciliary Support Service
Registered Provider	Simply Safe Care Group Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">2 April 2024</a>
Does this service promote Welsh language and culture?	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 receiving care and support from Simply Safe are encouraged and enabled to remain in their own home and to maintain their independence as much as possible depending on their needs. On the whole people are happy with the quality of care provided. Personal plans hold the required information and guide care staff on the support and tasks to be undertaken. Risk Assessments are undertaken to keep people and staff as safe as possible.

The Responsible Individual (RI) works with the manager and has adequate oversight of the service. A report has been written by the RI since the previous inspection however strengthening of the report is required to ensure areas for improvement are identified and an action plan put in place. This will ensure people receive the best possible outcomes.

Care staff are supported by managers and the RI and are able to approach and discuss any concerns they have. Staff receive regular supervision and are supported to undertake mandatory training.

## Well-being

People have choice and control over the care and support they receive. They are supported to remain as independent as possible, enabling them to remain living in their own homes as long as possible. An information pack is provided to people when the service commences so that they are made aware of their rights and the choices available to them. Initial assessments and personal plans are created with people and their representatives and their views and wishes taken into account and recorded.

Risk assessments ensure people and care staff are kept as safe as possible. People are protected from harm and abuse because care staff are safely recruited and receive training in the safeguarding of vulnerable adults. They are aware of their duties and the process to follow if they have any concerns. People know who to contact within the service if they have any issues regarding the care and support they receive. There is inconsistent support when people voice their concerns and people feel that their concerns are not always addressed in a timely or appropriate manner. This has been addressed with the RI and manager who have agreed to make improvements in this area.

Care staff know people well and people told us that overall, there is continuity of staff. The staff rotas looked at confirmed this. Care staff notice changes in people's health and support needs and will make referrals to health and social care when required. People receive their call at the allocated time most of the time and calls are logged so that managers can check any missed or late calls.

On the whole people are treated with dignity and respect. One person told us, "*They (the carers) are 99% amazing*". Some people told us that care staff are sometimes rushed and do not always provide support in a way they would like.

## Care and Support

People can be referred to the service through the local authority and the local health board. Referrals are also received through the community assessment team to support with timely discharges from hospital and receive support to enable them to return to their own home. There are some individuals that are self-referred. An assessment is undertaken by a senior member of staff prior to commencement of support to ensure the person's needs can be met. Information is gathered from individuals, their families and any professionals involved in their care to produce a personal plan of care and support. The required information is recorded in personal plans however some would benefit from being more detailed and person centred. More information on people's social and personal history and personal preferences would assist care staff to enhance the quality of care and support provided.

Relevant risk assessments are in place, including environmental assessments to minimise the risk to individuals and care staff. Personal plans are mostly up to date and reviewed regularly with individuals and their representatives. Any changes in care and support needs are recorded and plans updated.

Care staff are consistent and reliable. Calls are logged on the digital system by care staff using their mobile phone. The system shows that calls are made at the agreed time or as close to this as possible. Calls can be highlighted when it is necessary for time critical medication to be administered. People receive the contracted time in line with their personal and local authority plans. Senior staff can audit and monitor calls as required.

Spot checks are undertaken by senior staff during care calls to ensure care staff remain competent and to identify strengths and areas for improvement or where additional training is required. Most staff members are registered, or in the process of being registered, with their professional body, Social Care Wales.

Care staff have access to Personal Protective Equipment (PPE) and follow infection prevention and control guidelines to minimise the risk of cross infection

## Leadership and Management

There is adequate oversight of the service and the manager works with the RI. Quality of care questionnaires are sent to stakeholders and the RI considers the responses when writing the quality of care review report. The report reflects the positive aspects of the care and support that is being provided. Further audits, monitoring and analysis by the RI would ensure that an action plan is produced to ensure people are receiving the best possible outcomes. A report was not available during the previous inspection therefore some improvements have been made. Further strengthening of the report and oversight of the management of the service is required. Whilst this is not currently impacting on people, this is an area for improvement, and we expect the provider to take action to address these matters and we will follow this up at the next inspection.

Staff spoken with told us they felt supported and are able to raise any concerns with managers and the RI. When they do raise concerns, they feel listened to and are confident the issues will be addressed. One staff member said, *"We have good support, both 'X' (RI) and the manager are great, I asked for a meeting and 'X' was here within 20 minutes"*. Staff receive regular one to one supervision sessions which provide an opportunity to reflect on practice and to identify any areas for further training or development. Staff spoken with also told us there are opportunities for training, both mandatory and additional more specific training when required. We are told that staff are up to date with most of their training requirements. Senior staff regularly undertake spot checks to ensure care staff remain competent in their role.

Communication between all staff is supported through several systems including staff meetings, questionnaires and a What's app group on their mobile phones to ensure information is shared in a timely manner. An on-call system provides guidance and support to care staff out of office hours.

The RI has not notified Care Inspectorate Wales as required when there has been a change in managers. This has been discussed with the RI previously and whilst there is no significant risks to people it has been identified as an area for improvement. We will review during the next inspection.

We looked at some key policies and found these to be relevant and available to staff. We found that the complaints procedure has not been consistently followed by senior staff and have discussed this with the RI and manager. Whilst this is not currently impacting on people, this is an area for improvement, and we expect the provider to take action to address these matters and we will follow this up at the next inspection. The Statement of purpose and the service user guide require updating to ensure people receive correct and accurate information.

### 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.

### Area(s) for Improvement

Regulation	Summary	Status
66	The provider/RI does not demonstrate adequate supervision and oversight of the management of the	New

	<p>service. The RI requires improvement to the oversight of the service to ensure policies and procedures are being followed appropriately, in particular the complaints policy. To ensure the RI and/or manager is able to send CIW notifications of notifiable events as required. To ensure there is a safe recruitment system in place and staff have the required vetting and checks undertaken. To ensure there are sufficient systems in place to monitor, analyse and review the quality and safety of the care provided and to ensure people have the best possible outcomes.</p>	
80	<p>The RI has not provided a Reg 80 report for the purpose of the inspection. Several requests have been made and ample time has been provided for the RI to send the report however this has not been done and no reason given for not making it available.</p>	Achieved

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