



Inspection Report on

Cartrefi Cymru Co-operative Cwm Taf

**Cartrefi Cymru
284 Brithweunydd Road
Tonypandy
CF40 2NZ**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

27/04/2023

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About Cartrefi Cymru Co-operative Cwm Taf

Type of care provided	Domiciliary Support Service
Registered Provider	Cartrefi Cymru Co-operative Ltd
Registered places	0
Language of the service	Both
Previous Care Inspectorate Wales inspection	07/06/2021
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People and their relatives are very complimentary about the service they receive from Cartrefi Cymru. Personal plans are clearly written and kept under review to ensure staff understand how to support each person. Medication is administered safely and risk assessments are in place when required. People have opportunities to engage in the local community and receive support to build friendships and meet personal outcomes. A committed team of staff offer flexible person led support and help people to lead rewarding lives.

Sufficient recruitment checks are in place to ensure people are suitable for their roles. Supervision and training is offered routinely and staff feel supported and happy working for the service. Policies are comprehensive and up to date. The service maintains positive relationships with people, relatives, various professionals, and a range of local service providers. Adequate staffing provide people with the level of support they require. The RI has effective oversight over the service and measures are in place to assess the quality of care provided.

Well-being

The service supports people's overall wellbeing. A range of personal plans and risk assessments identify how to meet each person's care and support needs. Detailed plans provide a real sense of the person, their life experiences, preferences, and routines. Plans centre on positive outcomes and provide staff with an understanding of how care should be provided. People are supported to be as independent as they can and strengths are recognised and built upon. Relationships with family members and friends are supported and people enjoy day trips, holidays, and accessing the community. Healthy lifestyles and eating are supported. Medication is managed in line with prescriptions and regular health appointments support people's overall health and wellbeing.

People feel listened to and are at the centre of their care. People are included in the development of plans, can participate in reviews and are given opportunities to feedback on the care they receive. The service encourages choice and decision making and people tell us they are able to spend time doing things they enjoy. Forums and regular house meetings offer people a chance to give group feedback and share ideas. The service has invested in new care planning systems to support information sharing with people and their relatives. The Responsible Individual gathers feedback on people's experiences on a three monthly basis.

Potential areas of harm and risk are considered. Staff receive core and specialist training to ensure they are sufficiently skilled and understand their role in protecting people. Routine supervision and a range of up to date policies are in place to support and guide good practice. Timely referrals are made to safeguarding teams as and when required and action is taken by the service to ensure the provision of positive care. Staffing levels are of a good standard and six monthly quality of care reports consider what the service does well and outlines any further improvements needed.

Care and Support

People are able to meaningfully occupy their day and maintain relationships. The service organises a range of group sessions in community venues as well as one to one tailored activities. Staff confirm people have regular access to the community and make choices about how they wish to occupy their day. People tell us of regular community trips and opportunities to take holidays with staff members of their choosing. A person spoke of how they enjoy growing vegetables in their greenhouse and showed us their artwork on the walls of the home. A relative commented *"They are always going out and doing things"*. Feedback shows the service recognises the need for regular contact with family and friends. A relative told us staff transport them too and from their home so they can maintain regular contact and people report they meet with friends on a regular basis.

Personal plans are detailed and the service promotes people's wellbeing. Plans detail physical and emotional health needs and provide staff with guidance on how to promote positive outcomes. The service has a positive focus on what people can do for themselves and plans are used to achieve next step goals. Reviews are undertaken routinely to ensure plans remain up to date and accurate. People are supported to budget and they or their relatives/advocate are asked about any ongoing contributions or spending arrangements. Capacity and decision making is considered and advocacy support is available. Referrals are made to health and social care professionals as and when required. Potential risks are considered and least restrictive strategies are in place to reduce these. All medication is stored and administered safely. PRN (as and when required) medication is administered in within guidelines.

People are happy with the service and the support they receive. People and relatives tell us they have an excellent relationship with the service. Throughout the inspection we saw lovely interactions between people and staff. People told us they feel listened too and are comfortable speaking with staff. Comments include *"I like (staff member) she's funny"*, *"I am very happy here"* and *"I can go out and see friends"*, *"I can go on holidays"*. Relatives tell us the service is *"Second to none, staff go above and beyond"*, *"We have an excellent relationship with all staff"* and *"Staff are always available"*. *"It's the happiest he has been he's very settled"*, *"Staff seem devoted to caring"* and *"The service is absolutely fantastic"*.

Environment

This theme does not currently form part of the inspection remit of domiciliary support services.

We found appropriate arrangements for entry and securely storing confidential information. The premises contained the equipment necessary for the management of the service. Personal information relating to people is stored securely, with files kept in a lockable facility and IT systems being password protected.

Leadership and Management

The home benefits from effective leadership and management. The staffing structure for the service is clear and all staff we spoke with understand their roles and responsibilities. We viewed a number of staff rota's which show sufficient staffing numbers are in place to achieve people's personal outcomes. The management team considers compatibility issues before agreeing tenancy support and have a range of flexible options in place to meet people's changing needs. The service has invested and is piloting in new electronic systems to enable people and their relatives to have greater access to information and plans. The RI visits on a regular basis and maintains sufficient oversight over the service. Quality assurance reports are completed every six months to consider the quality of service provided and if any areas of improvement are required.

Safe recruitment and training systems are in place. We found recruitment files are well organised and include all of the required information and checks. This includes up to date Disclosure and Barring Service (DBS), written references, and evidence of completed registration with the workforce regulator Social Care Wales. Feedback from staff and the training matrix we viewed evidence staff complete a wide range of training courses and feel sufficiently skilled. This includes regular refresher courses in core areas such as, medication administration, behavioural management, and safeguarding training and specialist training related to specific individual needs.

Staff receive regular supervision and feel supported. Staff we spoke with are very happy working for the service and tell us the management team are very good at accommodating childcare /family commitments. Several service and area managers spoke of positive staff morale and accessibility of support and advice. A staff member commented managers are "*very good and always available*". A newly appointed staff member spoke of a positive induction and shadowing experience, with opportunities to read plans and become familiar with people's needs. Overall, staff report the service is well managed, with clear structures and promotion opportunities at all levels. The supervision matrix and staff feedback confirm regular one to one, formal, supervision is offered. This provides an opportunity for staff to discuss any concerns or training needs they may have and allows their line manager to provide feedback on their work performance.

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
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N/A	No non-compliance of this type was identified at this inspection	N/A
35	Recruitment checks were not available for all persons employed at the service.	Achieved
36	Some staff members do not receive regular supervision.	Achieved
58	Medication administration is not consistently recorded or managed in line with personal plans	Achieved

Date Published 18/07/2023