



Inspection Report on

The Care Collective - Cardiff

**West House Cottage
Stanwell Road
Penarth
CF64 2YG**

Date Inspection Completed

13/11/2023

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About The Care Collective - Cardiff

Type of care provided	Domiciliary Support Service
Registered Provider	The Care Collective De Cymru Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	17 06 2022 and 23 06 2022
Does this service promote Welsh language and culture?	Yes. This is a service that is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture

Summary

The Care Collective Cardiff is a domiciliary service providing support to people in their own homes and to family members who are carers in the Cardiff and Vale regions. People told us they receive a good standard of care and support and are very complimentary of the service provided. The service designs care and support in consultation with people using the service and their representatives, considering their needs, wishes and aspirations. People are supported with their physical and mental health, emotional and social well-being.

Staff are well trained and supported in their role. Safeguarding processes and oversight is well managed. The service has been without a Responsible Individual (RI) for more than six months. Regulatory visit reports have not been completed as required. These reports are used to evidence engagement with people who receive a service and staff in order to drive service improvement. The service provider has appointed a new RI who is in the process of registering with Care Inspectorate Wales (CIW). Quality assurance reports and management oversight has been maintained by senior and operational managers. Recruitment procedures are in place but require strengthening in some areas to ensure processes are consistently safe.

Well-being

Care staff consider people's individual circumstances and anticipate their needs on a day to day basis. We viewed a selection of personal plans and associated care records. People's preferences are acknowledged and understood, and how they wish their support to be provided is documented. The provider reviews care documentation on a regular basis and updates information when required. People receive support from staff who have a good understanding of each individual person's needs. Records show the provider makes referrals to social and health care professionals in a timely manner to support people to remain healthy. Staff are well trained and have a thorough understanding of their responsibilities. They are therefore confident in their role and able to provide a quality service to people.

Measures are in place to safeguard people from harm. The service undertakes a risk assessment as part of the initial assessment process to support staff in managing any areas of potential risk. People we spoke with know whom to contact if they have any concerns. Staff confirm they receive training to help them understand their role in protecting and supporting adults at risk. Policies and procedures are in place and staff display a good knowledge of who to contact if they have any concerns. Records show incidents are recorded and reviewed to ensure the practices are safe and continuously developed. There is an on-call process providing guidance and management support. The service ensures Disclosure and Barring Service (DBS) checks are carried out on staff. The recruitment process needs improvement to ensure documentation reflects staff are safely recruited. This process is important to consider a staff member's suitability to work with vulnerable people. Medication systems are effective, and auditing of medicine management is in place.

The service provider maintains oversight of the service. We received positive feedback from staff who told us they feel well supported. Learning and development systems in place ensure care workers receive the necessary support and induction in the role. We saw quality assurance reports completed by a senior manager reviewing various areas of service delivery. The service provider has not had a RI in post for more than six months. This has had a negative impact on the providers ability to capture the views and opinions of people receiving support, including staff. Senior and operational managers have overseen and continue to develop service delivery. The service provider told us no person currently requires a Welsh language service, although there is a clear commitment in making provision for the Welsh language 'Active Offer', which is included in service documentation and development.

Care and Support

People and their families are happy with the care and support provided and have good relationships with care workers. People told us they feel listened to. One person commented, “*Carers’ listen to me if I have any issues and treat me with respect.*” People receive support from regular care staff which gives good continuity of care and fosters positive relationships between people and care workers. One member of staff told us they feel valued in their role, and they love the work they do.

Personal plans set out how individuals’ care and support needs are to be met. Plans evidence people are supported to achieve their personal outcomes. Daily logs of care delivery reflect people receive the care and support they need as outlined in their care documentation. Some daily log entries include more person centred detail than others. Personal plans are updated and revised as required. People told us they feel involved in their care, and personal plans we examined reflect regular care reviews involving the individual take place. The service supports people obtain the professional intervention they need.

People are safe and medication practices are well managed. Staff receive safeguarding training, and they demonstrate a good understanding of their roles and responsibilities in relation to safeguarding people from abuse. We were told staff wear personal protective equipment (PPE) and people feel safe. A safeguarding policy is available and contains the relevant information. People are provided with information about the service. People told us they have contact details for the office in their home and know how to contact someone if needed.

We sampled a small number of medication administration records and found care workers complete these well. The provider completes competency assessments of staffs’ ability to administer medication and spot checks are in place to ensure systems are safe. Office staff audit medication and daily care log records and any follow up action is recorded. Staff we spoke with were complimentary regarding the support arrangements in place out of office hours, if they needed to contact someone for advice, or in the event of an emergency.

Leadership and Management

There are arrangements in place for the oversight of the service. The statement of purpose (SOP) is fundamental in reflecting the vision for the service. The SOP is up to date, outlining the service provided, including provision of the Welsh 'Active Offer.' We reviewed a selection of organisational policies; these reflect information is reviewed and updated. CIW were provided with the findings of surveys utilised by the provider in 2023 to understand the experiences of people who receive a service, staff, and commissioners. Findings are captured and actions to develop the service are recorded. The quality of care is reviewed on a six-monthly basis. The quality of care report evaluates the service delivery including stakeholder engagement. However, the service provider must ensure quality assurance reports are completed separately, for each individual geographical area. The RI appointed by the service provider stepped down from their position in March 2023. One of the RI's fundamental responsibilities is to visit the service at least three monthly, review a selection of records and obtain feedback from people receiving a service, including care staff. Visit reports completed by the previous RI prior to relinquishing their role do not reflect visits were conducted in line with regulatory requirements. In the absence of the RI, the service provider has given some consideration to ensuring the oversight of the service was maintained by a senior manager. The service providers processes to ensure regular, meaningful engagement with people receiving a service requires attention. This is an area for improvement, we expect the provider to take action to address these matters and we will follow this up at the next inspection.

There are strong arrangements in place for supporting and developing staff. Staff we spoke with consistently told us they feel supported and valued. Employment contracts are offered in consultation with staff taking into consideration their personal circumstances. Induction, supervision, and training records indicate support and development processes are in place. Staff informed us they completed an induction when they started, and this was informative. Regular reflective and structured supervision is provided. CIW were provided with a matrix indicating care workers are either registered or in the process of completing a relevant qualification to register with Social Care Wales.

Selection and vetting arrangements are in place to enable the service provider to decide upon the suitability of staff, however, these are inconsistent. DBS records reveal the relevant checks have been completed. Staff files contain most of the relevant information, including pre-employment checks and contracts of employment. However, we identified some discrepancies in relation to employment histories, reasons for leaving previous employment with vulnerable adults, references, and identification. This is an area for improvement, we expect the provider to take action to address these matters and we will follow this up at the next inspection.

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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8	Ensure arrangements are in place for seeking the views of individuals, any representatives and staff working at the service.	New
35	Ensure full and satisfactory information and documentation is available for all persons working at the service.	Not Achieved
36	Care workers are not receiving regular formal supervision.	Achieved

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