



Inspection Report on

Carers Trust South East Wales - Cwm Taf

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Porth
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Date Inspection Completed

17 and 23 June 2022

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About Carers Trust South East Wales - Cwm Taf

| | |
|--|---|
| 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 | This was the first inspection since the service was re-registered under the Regulation and Inspection of Social Care (Wales) Act. |
| Does this service provide the Welsh Language active offer? | 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

Carers Trust South East Wales provides support to family members who are carers and a domiciliary support service to people in their own homes in the Merthyr Tydfil and Rhonda Cynon Taff regions.

People are happy with the care and support they receive. Personal plans are available for each person and reviewed on a regular basis. Specific risk assessments should be in place to accompany plans of care. Daily records are task focused and do not reflect achievement of individual personal outcomes. Care workers are happy in their role and feel supported. Care workers are knowledgeable about the people they support. Improvements in the frequency of training and specialist training for staff working with children is required. Low staffing levels and ongoing recruitment issues are impacting on service delivery. Staff recruitment records require improvement. Governance arrangements are in place to support service delivery and assess the quality of services. Communication systems require improvement.

Well-being

The care provided promotes people's overall well-being. Assessments of needs are undertaken with people before they receive a service. A personalised approach is taken by the service, people's preferences are acknowledged and understood, and how they wish their support to be provided is documented. People have as much control over their daily lives as possible. People receive support in their caring role from staff who have a good understanding of each individual person's needs and preferences.

Care workers treat people with dignity and respect. People tell us they receive appropriate, kind and caring support from their care workers who are familiar with their needs. People tell us they feel listened too by care workers and can contribute to decisions, which affect their life on a day-to-day basis. Communication systems require development to ensure people can contact the service and have a timely response to their queries.

There are measures in place to safeguard people. Care workers know what to do if they are concerned about someone, are familiar about the types and indicators of abuse and told us what action they would take. Staff said they were confident to report any concerns and they felt they would be listened to and actions would be taken. Staff files and training records, show care workers, receive training to ensure people's safety; these include training in safeguarding, food hygiene, moving and handling. Care workers keep people safe by following clear policies and procedures and take appropriate action when needed. Specific risk assessments should be in place to further safeguard people.

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. Preferrable language to receive care and support is asked during assessment. Written correspondence received in Welsh will be replied to in the language of choice. The provider can offer key documents in Welsh if requested.

Care and Support

People we spoke with are positive about the care they receive and are complimentary about care workers. One person said, *“the regular care workers are fantastic and I have full confidence in them”* and another said, *“care workers complete all their duties and I feel very confident leaving my loved one in their care.”*

People receive high quality care and support. Which enables primary carers’ the opportunity to have a break from their caring role and give people the opportunity to remain safely in their own home with support. An assessment of needs is conducted prior to a service being provided. These assessments identify people’s mental, physical and social care needs, taking into account care preferences. Personal plans are reviewed on a regular basis and give staff the information they need to provide care and support in line with people’s needs and wishes. Daily records are basic and task orientated. Due care and attention is required to ensure daily records are reflective of care and support being provided and the impact this has on people’s lives. Specific risk assessments are required to be in place to maintain people’s safety. For example, we were told that staff had started to provide support in the community for one individual without the correct risk assessments in place. We have identified this as an area for improvement and expect the provider to ensure all risk assessments are in place.

There are systems in place to manage people’s medication. Service medication policies and procedures are up to date and in line with current medication legislation. Care staff receive training in medication. Additional competency checks will be undertaken with staff in the community going forward. Due care and attention is required when staff complete medication records to ensure the correct coding system is used.

Communication systems across the organisation require improvement to ensure people receiving a service are updated about any changes to their service and can contact the provider easily. People receiving a service spoke about their frustration when contacting the office to discuss calls or concerns. For example, one person said, *“we have no communication from the company, when I ring the office, they do not have a clue”* and another said, *“I tried to cancel a call but could not get through to on-call so staff turned up the next day and we had to send them away”*. This is an area for improvement, and we will follow this up at our next inspection.

Leadership and Management

Governance arrangements are in place that support the operation of the service. The model of care documented in the service's statement of purpose and service guide reflects the support provided. A range of comprehensive policies and procedures are in place to support the delivery of care, which are kept under review. Reports evidencing regular visits to the service by the responsible Individual (RI) are available. They show discussions with people receiving a service and care workers and identify any areas for improvement. Appropriate auditing and quality assurance arrangements are in place. Quality of care reports are produced on a regular basis.

There are selection and vetting arrangements in place to enable the service provider to decide upon the appointment of staff. Following recent company mergers not all required pre-employment paperwork was available for review. Staff files do not contain all required identification documentation, employment histories and references to evidence the individual fitness of staff to work at the service. This is an area for improvement, and we will follow this up at our next inspection.

Care workers told us they are happy in their role and spoke positively about the support they receive. Care workers confirmed they had sufficient travel time. The service has an ongoing recruitment drive in place to try and reduce the number of staff vacancies. The retention and recruitment of staff is a wider issue across the social care sector currently. Care workers talked about the impact of low staff numbers. The requirement to cover additional calls and work additional hours. People receiving a service also spoke about staffing levels, continuity of care workers linked to high turnover of staff and calls being cancelled due to lack of staff. This is an area for improvement, and we will follow this up at our next inspection.

There is an induction process in place, which new staff undertake on commencement of their employment. Gaps in staff supervision were noted and confirmed by internal quality assurance systems. The staff training matrix identified gaps in refresher and specialist training. For example, out of date training for the use of gastronomy equipment, epilepsy management and limited training for staff working with children to meet their assessed needs. This is an area for improvement, and we will follow this up at our next inspection. In person training has been re-introduced and a new position within the service has been established to review and drive forward staff training.

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 |
|------------|---|--------|
| 36 | Gaps in formal supervision and training for care workers. | New |
| 34 | Insufficient numbers of care workers resulting in calls | New |

| | | |
|----|--|-----|
| | being cancelled or rescheduled. | |
| 35 | Not all required identity and safety checks were available for care workers. | New |
| 15 | Specific risk assessments were not available to provide guidance to staff to mitigate risks to the individual's well-being. | New |
| 66 | Communication systems require improvement to ensure people can contact the service in a timely manner and receive updates on any changes to the services they receive. | New |

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