



Inspection Report on

Cadog Homecare Ltd

**Old Kingdom Hall
Foundry Road
Ammanford
SA18 2LS**

Date Inspection Completed

28/09/2023

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About Cadog Homecare Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	Cadog Homecare Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	12 th July, 2022
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

Cadog Homecare Ltd is a domiciliary support service providing good-quality care from motivated care staff. People we spoke with are happy with the care and support they receive and are treated with dignity and respect. People are supported by professional care staff, with whom they have developed effective relationships.

A new manager has recently been employed by the service. Arrangements for the effective management and oversight of the service are in place.

Well-being

People and their representatives speak positively about the care provided by care staff at the service. A family member of a person using the service told us that care staff feel like family and take extra steps to ensure good care and support; *“Maen nhw’n mynd y cam extra...maen nhw’n teimlo fel rhan o’r teulu”*.

People are treated with dignity and respect and receive appropriate, kind, and caring support from care staff they know. Staff enjoy spending time with people. Individuals and representatives told us that care staff are good, make you feel safe and respond to any issues. A family member told us, *“We have a joke and a sing song. We know them and they know us”*.

People can communicate in Welsh, to Welsh speaking staff. A family member told us care staff who do not speak Welsh take opportunities to use Welsh words where they can, and this has an impact on how the individual feels; *“Hyd yn oed y rhai sy ddim yn gallu siarad Cymraeg yn dweud pethau fel ‘reit ‘te’ neu ‘dere ymlaen’. Mae hyn yn meddwl lot”*.

People are safe and protected. They receive care and support from care staff who have been safely recruited. People receive a good standard of care and support from a well-trained and supported care staff team, who know how to raise concerns. People and their representatives know how to raise a complaint and have confidence in this being dealt with by the service.

Care and Support

People are happy with the care and support they receive at the service. A person using the service told us they are kind and good; *“Maen nhw’n dda. Maen nhw’n garedig.”* The process for admitting new people into the service is well-planned. Personal plans are clearly written and contain information including personal preferences, risk assessments, and detailed plans on how care and support should be delivered. Personal plans are reviewed in a timely manner and as and when needed. People and their representatives are involved in this process. People’s personal plans direct care staff to deliver care and support in a consistent way. A family representative told us *“They are familiar faces...things are going smoothly and working well.”*

Care staff provide individual support to people as detailed in their personal plans. Care staff are knowledgeable about the people in their care and are empathic and patient in their approach. A family representative told us that care staff know how to provide care in a personalised way; *“Maen nhw’n gwybod yn union beth i wneud”*.

People’s physical health and wellbeing is promoted. Personal plans show people receive support to access social and health care professionals when needed. The service understands people’s health conditions, the support they require and can identify changes in the usual presentation of people they support. Arrangements are in place for the safe management of medication within the service.

People are protected from harm and abuse. All care staff receive appropriate safeguarding and whistleblowing training which supports them to keep people safe. Care staff have completed safeguarding training and have a clear understanding of how to report matters of a safeguarding nature. Refresher training is received in an appropriate and timely manner. Care staff ensure people are as safe as possible by adhering to clear policies and procedures. Records show the service deals promptly and appropriately with arising issues which could impact on people’s care and support.

Infection prevention and control procedures are good. All care staff receive appropriate training on infection control. The new manager ensures that PPE is always available for care staff. People and their representatives told us care staff wear the relevant personal protective equipment (PPE) and they feel safe.

Leadership and Management

People are provided with accurate information about the service. There is a written guide which gives people who live at the service, their relatives and others, information about the service. There is a statement of purpose (SOP) which describes how the service is provided. The service provision is reflective of information contained within the SOP.

The service has strong quality assurance arrangements in place to monitor and review the quality of care and support provided. This oversight ensures a good-quality service, focussed on meeting the needs of people and promoting their wellbeing. The responsible individual (RI) visits the service and spends time talking to people. The service also has effective procedures for obtaining feedback from people and care staff, to inform service delivery. The most recent quality of care review identifies areas for development and improvement and uses the experiences of people to develop and improve the care and support provided.

There have been changes to the management of the service. The service has recently appointed a new manager who has taken over the day-to-day operation of the service. The new manager is not yet suitably qualified for the role and is working towards being appropriately registered with Social Care Wales (SCW), the social care workforce regulator. The manager is in regular communication with the RI. The manager is supported by an office staff team. We were told that the management team are approachable and always there to help or advise staff when required. A member of care staff told us *“I find them good. You can talk about stuff and if there are issues, they are solved”*.

We reviewed the service's staffing rota and saw sufficient numbers of care staff at the service to provide care and support. Steps being taken by the service to increase staffing were noted on inspection. Disclosure and Barring Security (DBS) checks are in place and current. Staff recruitment records contain nearly all the information required by Regulations to ensure they are safe and fit to work at the service. The service has a robust system in place to ensure care staff are registered with the social care workforce regulator, Social Care Wales. We observed the service was in the process of strengthening recruitment procedures at the time of the inspection.

Newly appointed care staff complete a thorough induction programme which includes training, shadow shifts, staff competency checks, introductions to policies and procedures and induction supervisions. Care staff training records indicate they have access to a variety of training opportunities and all staff files we viewed showed staff had completed a good level of training.

Care staff are provided with one-to-one support, through supervisions and annual appraisals. The new manager has implemented a system to ensure supervisions occur in a timely manner. Management offers daily support to care staff when required and undertake

spot checks for quality assurance. A member of care staff told us, *“I have a lot of support from the management...[they] are very approachable, confidentiality is important and respected”*.

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
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