



Inspection Report on

Care Cymru Torfaen

**Ty Clarence
Clarence Street
Pontypool
NP4 6LG**

Date Inspection Completed

02/08/2023

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About Care Cymru Torfaen

Type of care provided	Domiciliary Support Service
Registered Provider	Care Cymru Services Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	16 April 2021
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

Care Cymru Torfaen is a domiciliary support service that provides personal care and support to people in their own homes, in the Gwent area. The registered office is in Pontypool, there is an additional office based in Newport.

The majority of people we spoke with are complimentary about the service provided. Each person receiving a service has a personal plan. Reflecting their individual care and support needs, these are updated regularly but need more involvement from people and their families. Plans currently do not focus on individual goals that are meaningful to the person. A significant number of calls are late and/or cut short. Staff rotas do not routinely contain travel time between calls. Care staff are recruited and vetted appropriately with pre-employment checks in place. Regular one to one supervision, monitoring, and training is provided for all staff across the different areas of the service. Staff we spoke with are complimentary about working for the service. Systems are in place, which support the running of the service. The Responsible Individual (RI) has oversight of the service and is a regular presence at branch offices.

Well-being

People do not have as much choice as possible about the care and support they receive. Prior to the service commencing, an assessment of needs is completed and care visit times are agreed. Care staff often arrive late for calls and leave early once basic care tasks have been completed. Staff continuity is not always provided. People and/or their families are not always involved in the development and review of care plans. Individual goals that are meaningful to the person are not always included in their plans. People are given information about the service and how they can complain if they are not happy with the service they receive.

People receive the support they need to maintain their health and well-being. The service assesses people's care and support needs and any associated risks to their health and well-being. These are documented in personal plans and risk assessments, providing guidance for staff on how to support individuals with their needs. The service has systems in place for the management of medication. Care workers receive medication training and competency checks are carried out. Daily records evidence referral and involvement with other professionals, for example district nurses and GPs.

There are safeguarding mechanisms in place to protect people from harm and neglect. Risks to people are assessed and their safety managed and monitored so they are supported to stay safe, and their freedom respected. Care staff receive safeguarding training and are clear about their responsibilities and the procedure to follow if they have any concerns regarding the people they support. There are policies in place at the service such as Safeguarding and Whistleblowing, which are up to date and reviewed regularly. The provider makes referrals to the Local Authority safeguarding team when required. Staff recruitment is safe and robust as pre-employment checks are completed prior to employment commencing.

Care and Support

Each person receiving a service has a personal plan in place, covering core areas of care and support needs. Plans are person-centred, concise and clearly written, providing care staff with guidance on how to meet people's needs. Plans contain risk assessments. Plans are reviewed on a regular basis. The involvement of the person or their representative in the production and review of personal plans is not consistent. Care plans do not always focus on individual goals that are important to the person receiving support. The service will be introducing a new electronic care documentation system. We were told this would enhance service delivery and evidence person-centred and inclusive service delivery. We were also told of future plans to improve outcomes for people, enhancing their wellbeing alongside continuing to support people to stay in their own home.

People receiving a service told us *"The staff are great, treat our home and both of us with respect"* and another said, *"staff help to motivate me"*. We were also told *"I don't feel listened to"* and *"they do all their tasks, ask if anything else then ask if they can leave"*. In relation to call times, one family member stated, *"We understand they cannot guarantee when they will call"* and another person said, *"They are often late"*. Care staff we spoke with confirmed, *"I will start earlier to try and stay on top of calls"* and *"if all tasks are completed, I will ask if I can leave to get to next call"*.

Care and support is not consistently delivered in line with people's personal plans and agreed call times. An electronic care monitoring system is in use. This requires staff to log when they start and finish the call. Staff rotas still do not always allow travel time between calls. When travel time is included, five minutes is provided regardless of the geography or time of day and traffic conditions. This remains an area for improvement and we expect action to be taken. The electronic call monitoring system confirmed a high number of calls being late and/or cut short. Evidence to show the reasons why calls are cut short or late is not routinely logged. People we spoke with told us that they were usually contacted by the service to explain the call would be late. People who are dependent on support with medication are prioritised for care visits. We were also told that staff continuity is not always reliable. People sometimes do not know who will be arriving and have lots of new staff attending, and this can impact on building relationships with the staff who provide their care. Care staff continuity is very important as it ensures that people can receive care in their preferred way. The above area requires improvement and we expect action to be taken.

There are measures in place to assist people with their medication. A medication policy and procedures are in place that provides clear guidance to staff. Personal plans document the extent to which individuals need support with medication administration. Staff undertake medication training and competency assessments are carried out by supervisors. Issues with recording on medical administration records (MAR) charts are highlighted in audits and addressed with care staff accordingly.

Leadership and Management

Effective systems are in place, which support the running of the service. The service has good oversight and clear governance arrangements in place. The responsible individual (RI) is a regular presence at branch offices and makes themselves available to speak to people receiving a service and staff. This is reflected within the regulatory visit reports and the quality-of-care reviews. People receiving support provide feedback on the service through review visits, monitoring calls, and satisfaction survey questionnaires.

Policies and procedures, such as for complaints, medication, and safeguarding, are in place. They give guidance to care staff, for example telling them what to do if they thought someone was at risk of harm. We saw the service has procedures to deal with complaints.

The service has robust and safe recruitment systems in place. They include the required references and current Disclosure and Barring Security (DBS) checks. Newly appointed care staff complete a thorough induction programme which includes training, shadow shifts and competency checking. Care staff are supported to register with the workforce regulator, Social Care Wales (SCW). There is commitment to ensuring all care workers undertake the qualifications required to enable them to register.

Care staff training records indicate staff have access to a variety of training opportunities, and care staff have completed core training. Staff have regular supervision that includes one-to-one discussions with their line managers regarding their wellbeing and professional development, 'spot checks', and assessments in the community are also completed. Staff told us they feel happy and confident in their roles. One person said, "*I feel supported and can always get advice if needed*". Team meetings are held to inform and update staff.

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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21	Call times are not being provided at the times agreed and written in people's care plans.	New
41	Sufficient travel time should be allocated between calls.	Not Achieved

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