



Inspection Report on

Care Cymru RCT

**28 Commercial Street
Beddau
Pontypridd
CF38 2DB**

Date Inspection Completed

24/03/2022

24 March 2022

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About Care Cymru RCT

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	
Does this service provide the Welsh Language active offer?	No. This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people /children who use, or intend to use their service.

Summary

Care Cymru is a domiciliary support service that provides personal care and support to people in their own homes, in the Rhondda Cynon Taf area. The service provider has nominated a Responsible Individual (RI), who has oversight of the running of the service. There are two branches at the service in Beddau and Mountain Ash with a service manager at each, who are suitably qualified and registered with Social Care Wales as required.

We carried out an inspection at the service on 12 November 2021. The service ensures people receiving support have personal plans that detail their individual care needs, and these are reviewed regularly. However, issues around times of calls, length of calls, and some missed calls were ongoing since the previous inspection and was an Area of Improvement. We issued a Priority Action Notice for immediate action to address this area.

Well-being

This inspection was to focus on progress made in relation to people's care plans. As such, we only consider wellbeing in relation to this area.

People have choice about the care and support they receive. Carers arrive on time, calls are being provided for the length of time agreed, and tasks being carried out as per care plan is now consistent for people using the service. Staff develop plans with the individual and their representative, using good assessment tools and review their care packages regularly. People provide feedback either face to face or through telephone monitoring, which contributes to the quality assurance of the service. The manager completes a number of audits of care practices and call logs, to make sure people receive a consistent and good quality service.

Staff document people's needs and any risks to their safety and well-being, in personalised risk assessments. The service is responsive to changes in care needs. The service uses an electronic care monitoring system, which allows care staff to log call times and communicate any queries or issues with office staff and the management team. The system also enables office staff to communicate promptly with care workers about any changes to rotas or care tasks.

Care and Support

This inspection was to focus on progress made in relation to people's care plans. As such, we only consider care and support in relation to this.

Care plans consider people's personal outcomes, as well as the practical care and support they require. Issues identified at the previous inspection around times of calls, length of calls, and missed calls has generally been resolved. Care files, staff timesheets, and staff rotas viewed show call times are usually provided within a reasonable time of agreed call, taking into account any reasonable delays, and staff sickness/capacity issues. The length of calls and care tasks are carried out as per care plan, and there is more consistency around times of calls and staff attending calls. Care files also show regular reviews/phone monitoring of service plans are carried out. Records show a significant reduction in the number of complaints/safeguarding issues relating to early/late or missed calls. Feedback from a person using the service was positive and voiced significant improvement in these areas since the last inspection. They told us the carers 'make me feel nice...they're brilliant...I'm really happy now'.

Environment

As this is a domiciliary support service, we do not consider the environment theme, however the office premises appeared 'fit for purpose' during our site visit.

Leadership and Management

This inspection was to focus on progress made in relation to a care and support area (care plans). As such, we did not focus on matters relating to leadership and management.

It is evident the service has made significant progress in this area. The RI, present at the time of this inspection, visits regularly and has good oversight at the service. There is an Action plan in place since the last inspection. Weekly audits of care files and calls logs are carried out by service managers and reviewed by the RI. Recruitment and retention actions and incentives to address staffing and capacity issues are ongoing. The service is in regular communication with the Local Authority (LA) and commissioning team to address any ongoing issues/concerns with actions for improvements. Records show a significant reduction in the number of complaints/safeguarding issues relating to early/late or missed calls.

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
58	The provider is not ensuring the recording of medication administration charts are completed appropriately.	Reviewed

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