



Inspection Report on

Care Cymru RCT

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

Date Inspection Completed

29/02/2024

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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	9 June 2023 (Focussed) 10 March 2023 (Full)
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

Care Cymru RCT provides support to people over the age of 18 years in their own homes.

People receiving a service from Care Cymru RCT receive care from staff who are happy in their roles and feel well supported. They receive regular one to one/individual supervision, attend team meetings, and have appropriate training. Staff have the skills and knowledge to carry out their roles effectively and the opportunity to raise any concerns. Appropriate and up to date policies ensure staff have the information and guidance they need.

People have accurate and up to date personal plans which detail their individual outcomes. People, and their representatives, are complimentary about the positive relationships they have with staff and are happy with the service provided. Care staff mostly arrive for calls promptly and provide support people need and in the way they want. There are medication management policies and procedures in place to support people to remain well.

There are good quality assurance processes in place, and the responsible individual (RI) carries out their regulatory duties. The provider is open to improvements and takes action if needed.

Well-being

People have choice about the care and support they receive. Staff develop clear and detailed plans with the individual and their representative, using appropriate assessment tools. People provide feedback during reviews and through satisfaction surveys, which contribute to the quality assurance of the service. People's language and communication needs are considered. The service is currently working towards the Welsh language active offer. The service has some Welsh speaking staff and service users. One Welsh speaking family told us how staff use basic Welsh language with them and show interest in this, which they appreciated. There is a Welsh language policy in place and the service is exploring training for staff.

Staff document people's needs and risks to their physical, mental health and emotional well-being, in personalised risk assessments. The service is responsive to changes in people's care needs and reviews are carried out. The service is in the process of moving over to an electronic care monitoring system, which allows care staff to communicate with each other, office staff and the management team. The system also enables office staff to communicate promptly with care staff about any changes to rotas or care tasks.

Staff help protect people from potential harm or abuse. Staff receive safeguarding and whistleblowing training and have knowledge of the procedures to report any concerns they have. Up to date safeguarding and whistleblowing policies are in place to provide guidance and support to staff. There are also robust recruitment processes in place.

There are medication policies and procedures in place to ensure this is administered as prescribed and supports people to remain well.

Care and Support

People and their families have positive relationships with staff. People told us the communication is generally good. We saw a service guide people are given and a statement of purpose, which are consistent with the service provided. Staff use a care monitoring application on work phones to access care plans, rotas, and daily notes. Feedback from people and their families is positive. One person said *'They're fantastic...marvellous...I'm happy...I've got no complaints.'* Another told us *'They're a good bunch of girls...they know me well.'* A relative said *'They are wonderful people...we're very lucky to have them...can't ask for more.'*

Care plans consider people's personal outcomes, as well as the practical care and support they require. These are reviewed regularly involving people and their families. The service has good communication with other professionals such as social workers and health care workers. People mostly told us carers arrive when expected, support them with the things they want and need, and do not feel rushed.

There are measures in place for assisting people with their medication, if needed. A medication policy is in place. All staff have up to date medication training, and the management team check their competence through spot checks, care worker and competency assessments. Staff complete MAR (Medication Administration Records) charts on hard copies and electronically on the care monitoring app. This is monitored by the management team, with action plans put in place for any issues identified and discussed with staff in supervision and team meetings.

The service aims to protect people from potential harm and abuse. All staff receive safeguarding training and there are policies in place informing them how to report abuse. Staff told us they feel confident they would know what to do if they were concerned about someone at risk of harm and could approach management with these issues.

There are infection control measures in place. Staff have received training in this area and there is an up-to-date policy and procedure in place. During our office visit, we saw there were good supplies of Personal Protective Equipment (PPE) such as masks, gloves, and hand sanitiser. People receiving care and support told us staff use PPE when in their homes.

Leadership and Management

Staff are knowledgeable in their roles and responsibilities and feel well supported by the management team. Staff told us they have time to gain the knowledge and experience they need before visiting people on their own. There is an induction process in place, which includes training and shadowing other staff with additional support if needed. Staff have regular supervision that includes one-to-one discussions with the management team regarding their wellbeing and professional development, 'spot checks', and competency assessments. Staff receive training, which includes a mix of online e-learning and some face-to-face training. The service has a dedicated trainer to provide training, support, and maintain high compliance.

Staff told us they receive rotas via the care monitoring application and the office advises them of any changes. Management ensures they inform staff of everything they need to know to provide good daily care and offer channels to feedback any concerns or queries. Staff told us they feel happy and confident in their roles. One staff member said of the manager '*Marvellous fair play...approachable...really good...I love her*'. Recruitment and vetting processes are in place and are robust. All staff have up to date Disclosure and Barring Service (DBS) checks and are registered or in the process of registering with Social Care Wales (SCW). Recruitment is ongoing at the service.

The provider has incentives for existing and new staff such as 'carer of the month/year', option to get pay in advance, medical and wellbeing support, 'refer a friend', electronic bikes and option to pay for driving lessons for walking staff, with paid MOTs and travel mileage/petrol allowance for drivers. The provider is also in the process of developing a wellbeing HUB for staff that includes links with local community services such as food banks, housing, financial advisors, childcare services, citizens advice, health and wellbeing services.

There are monitoring and auditing processes in place to maintain the quality of the service and ensure people receive a good standard of care and support. The management team carry out regular audits of things such as MAR charts and communication logs. The provider has a compliance manager who visits the service regularly and also carries out service/branch audits. People and relatives provide feedback on the service during visits and through 6 monthly satisfaction surveys, and staff told us they can call the office with any issues or queries. A log of complaints, incidents, and safeguarding events is kept at the service and a number of policies are in place to provide guidance to staff which are reviewed regularly. Appropriate notifications are received by Care Inspectorate Wales (CIW). The RI also visits the service regularly and has good communication/contact with people and staff to ensure oversight of day-to-day occurrences with the service. The RI carries out Quality of Care Reviews that considers all the information gathered above and puts improvement plans in place if needed.

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
N/A	No non-compliance of this type was identified at this inspection	N/A
36	The provider is not ensuring that all staff have regular 1:1 supervision at least every 3 months	Achieved
16	The provider is not ensuring care plan reviews are consistently carried out at least 3 monthly or evidencing people's involvement in these.	Achieved
21	Not all people are receiving their care calls on time or for the length of time agreed on their care plans. The service provider must ensure that care and support is provided to each individual in accordance with their care plan.	Achieved

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