



Inspection Report on

Care Cymru RCT

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

Date Inspection Completed

12/11/2021

12 November 2021

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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?	Working Towards. The service 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

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.

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 are ongoing since the previous inspection, and the service is required to address these immediately. Issues with Medication Administration Record (MAR) charts and recording of medication also requires improving. Some people and their representatives are complimentary about the positive relationships they have with care and office staff. Staff are suitably trained, receive regular supervision, and feel well supported, confident and happy in their roles. The RI visits the service regularly and carries out her regulatory duties. As this is a domiciliary support service, we do not consider the environment theme, however the office premises appeared generally secure and 'fit for purpose' during our site visit.

Well-being

Some people have choice about the care and support they receive, but due to ongoing issues around times of calls, length of calls, and missed calls since the last inspection, this is not consistent for all 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 are receiving a consistent and good quality service. People's language and communication needs are considered. The service is working towards the Welsh language offer, with information such as the statement of purpose and written guide we are told is available in both English and the Welsh language. The service also has a number of Welsh speaking staff.

Staff document people's needs and 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 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.

Staff help protect people from potential harm or abuse. They receive safeguarding training and have knowledge of the procedure to report any concerns they have. There are policies in place at the service such as Safeguarding and Whistleblowing, which are reviewed regularly.

People can have assistance with their medication if required. There are medication policies and procedures in place at the service, and staff have training and monitoring to ensure they can carry this task out safely and appropriately. However, recording of medication on MAR charts requires improvement.

Care and Support

People and their families usually have positive relationships with staff. People told us that the communication is generally good. We saw a service user guide that people are given and a statement of purpose, which is mainly consistent with the service provided. Management ensures they inform staff of everything they need to know to provide good daily care, and provide channels to feed any concerns or queries back to the office. Staff use a care monitoring application on their phones to access care plans, rotas and daily notes. Some feedback from people and their families is positive. One relative said *'I can't speak highly enough of the staff...I don't know what we would do without them'*, and another said staff *'have always been lovely'*.

Care plans consider people's personal outcomes, as well as the practical care and support they require. We saw evidence these are reviewed regularly and involve people, their families, and other professionals, such as social workers and occupational therapists. However, some people told us issues around times of calls, length of calls, and missed calls is an ongoing issue since the previous inspection. Call logs were not made available for this inspection, despite requesting these, but some complaints/reporting issues logged of similar issues were viewed during the site visit. Some concerns have also been brought to our attention since the previous inspection. This was an area of improvement at the last inspection. This is placing people's health and well-being at risk and we have therefore issued a priority action notice. The provider must take immediate action to address this issue.

There are measures in place for assisting people with their medication, if needed. A medication policy and procedures are in place that provides clear guidance to staff. Staff have medication training, and supervisors check care workers' competence in supporting people with medication through spot checks and carers assessments. We viewed samples of MAR charts with all evidencing unexplained gaps or blue pen being used, details of medication handwritten or dates missing. Evidence of these issues is highlighted in Audits viewed during our site visit, but concerns have also been raised with us since the last inspection and appear to continue. While no immediate action is required, this is an area of improvement and we expect the provider to take action.

The service aims to protect people from potential harm and abuse. Staff receive safeguarding training and there are policies in place informing them how to report abuse. Staff told us they could approach management with these issues.

There are infection control measures in place to reduce the risk of transmission of COVID 19. Staff have received training in the correct use of Personal Protective Equipment (PPE) and there is a clear policy and procedure in place. During our office visit, we saw that there were good supplies of PPE. People receiving care and support told us that staff use PPE and practise good hand hygiene whilst in their homes.

Leadership and Management

Staff are knowledgeable in their roles and responsibilities, feel supported by the management team, and benefit from the training and development programme that is in place. 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. Staff have regular supervision. They have one-to-one discussions with their line managers regarding their wellbeing and professional development, 'spot checks', and carer's assessments. Staff receive training, some of which has been online e learning during the pandemic. Staff told us they receive rotas in good time via the care monitoring application and management advises them of any changes. Staff told us they feel happy and confident in their roles. One staff member said *'I like it'* and another said *'manager is lovely...very supportive...I would never leave'*. Recruitment and vetting processes are in place and are robust. All staff have up to date Disclosure and Barring Service (DBS) checks. Recruitment is ongoing at the service using online platforms, attending job fayres, job centres, and incentives for existing and new staff. Although, we were told this remains a challenge as the role is not attracting the same numbers of applications as in the past.

There are monitoring and auditing processes in place to maintain the quality of the service. The RI visits the service regularly and has good oversight of day-to-day occurrences with staff and people receiving care. Quality of care reports and quality assurance reviews are completed. A log of complaints and reportable incidents is kept at the service and was viewed during the site visit. A Complaints policy is also in place and appears to be followed. People receiving support provide feedback on the service during visits, through monitoring calls, and satisfaction survey questionnaires. They told us they are able to call the office with any issues or queries.

Environment

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

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
21	Not all people are receiving their care calls or receiving these 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.	Not Achieved

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.	New
41	Regulation 41: Delineation of travel time and care (5 areas)	Achieved

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