



Inspection Report on

Cwm Taf Morgannwg Community Homecare

**Cwm Taf Morgannwg Homecare
Ty Heulog
Cowbridge Road
Pontyclun
CF72 8FH**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

23 June 2022

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About Cwm Taf Morgannwg Community Homecare

Type of care provided	Domiciliary Support Service
Registered Provider	Hafod Housing Association Ltd
Registered places	0
Language of the service	Both
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

Cwm Taf Morgannwg Community Homecare is a domiciliary support service that provides personal care and support to people in their own homes, in the Cwm Taf Regional area. There are two Extracare schemes at the service in Bridgend and Merthyr with Community Homecare services also working out of the site in Bridgend and the registered office in Rhondda Cynon Taf.

The service ensures people receiving support have personal plans that detail their individual care needs, but these need to be reviewed regularly for all people across the different schemes at the service. People and their representatives are complimentary about the positive relationships they have with care and office staff. Staff feel well supported, confident and happy in their roles. However, regular one to one supervision and up to date training needs to be provided for all staff consistently across the schemes at the service. This will ensure they have the skills and knowledge to carry out their roles safely and effectively and have the opportunity to address any concerns. There is an application in process for a new Responsible Individual (RI), but the interim 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 registered office and other premises appeared secure and 'fit for purpose' during our site visits.

Well-being

People have choice about the care and support they receive. Staff develop plans with the individual and their representative, using good assessment tools. People provide feedback face to face, through telephone monitoring, or through annual service satisfaction surveys, which contributes to the quality assurance of the service. The service has an internal Auditing Team, and the manager has oversight of audits carried out by team leaders at individual schemes, 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.

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, but more regular reviews of people's personal plans is required consistently across all schemes at the service. 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, more regular supervision and up to date training for all staff across the schemes in the service, is required to reduce issues such as recording on Medication Administration Records (MAR).

Care and Support

People and their families 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 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. Feedback from people and their families is positive. One person said staff are *'great...very good...no complaints at all...all my mates...happy with everything'*. One relative also told us staff are *'like members of the family...absolutely terrific...respectful...remarkable...fun...very caring...management choose the right people'*.

Care plans consider people's personal outcomes, as well as the practical care and support they require. We saw evidence these are reviewed regularly at some schemes across the service, and involve people, their families, and other professionals, such as social workers and occupational therapists. However, this needs to be consistent for all people across all the schemes at the service. While no immediate action is required, this is an area of improvement and we expect the provider to take action.

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. Some staff have medication training, and supervisors check care workers' competence in supporting people with medication through spot checks and competency assessments. However, some MAR charts show unexplained gaps, medication/dates handwritten, coloured pens being used, and scribbling out. The issues are highlighted in Audits and the RI Quality of Care Reports, but it is unclear how this is addressed with individual staff due to some's limited supervision and training.

The service aims to protect people from potential harm and abuse. Some 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. Some staff have received training in this area and there is a clear policy and procedure in place. During our office visit, we saw that there were good supplies of Personal Protective Equipment (PPE) such as masks, gloves, and hand sanitiser. People receiving care and support told us that most staff still use PPE when in their homes.

Environment

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

Leadership and Management

Staff are knowledgeable in their roles and responsibilities and feel 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. Some staff have regular supervision that includes one-to-one discussions with their line managers regarding their wellbeing and professional development, 'spot checks', and competency assessments. Some staff receive training, most of which has been online e learning during the pandemic, but some face-to-face training has now started again. However, records show that regular supervision and up to date training is not consistent for all staff across all schemes within the service. This does not allow for issues such as the recording of MAR charts to be addressed and resolved with individual staff. While no immediate action is required, this is an area of improvement and we expect the provider to take action.

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 '*Hafod are the best company I have ever worked for...manager really supportive*'. 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 such as the medicash scheme.

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. 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 can call the office with any issues or queries.

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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36	Some staff are not receiving 3 monthly supervision, annual appraisals or up to date training. The provider must ensure regular supervision, appraisal and training for all staff.	New
16	Reviews of people's personal plans are not being carried out at least every 3 months consistently across the different schemes at the service. The provider must ensure all people's plans are reviewed at least every 3 months.	New

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