



Inspection Report on

Cynefin Care Ltd

**Suite H Britannia House
3 Caerphilly Business Park
Caerphilly
CF83 3GG**

Date Inspection Completed

06/03/2024

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About Cynefin Care Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	Cynefin Care Ltd
Language of the service	English
Previous Care Inspectorate Wales inspection	29 February 2024
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

Cynefin Care provide domiciliary services in the Gwent area. People who use their services told us they are happy with the care they receive. Families also told us they are happy with the care their loved ones receive.

Personal plans are very detailed and of a good quality. People's voice is clear within their personal plans. People express their choices, and these are respected by staff.

There are structures in place for management to have good oversight of the service. These structures ensure the safe delivery of the service. Staff feel valued by management and receive plenty of training to be able to complete their role. Staff also feel they deliver a high quality of service to people.

There are clear policies and procedures in place within the service. These policies are effective and in use within the service.

Well-being

People told us they receive a good quality of care from this service. People are treated respectfully and are receive the care they need to maintain their health and wellbeing. People told us they feel involved in all aspects of their care, and staff were supportive and kind.

People told us the Responsible Individual (RI) is very visible and not *“just sat behind a desk.”* Families feel reassured the RI is involved in the creation of personal plans and also conducts reviews.

Families told us they feel staff go over and above to support their relatives, and their support is invaluable. Families also told us they are very happy with the care given to their relatives.

The service has a plentiful stock of personal protective equipment (PPE) which is available for all staff to use as they need. Team meetings are an opportunity for staff to obtain more PPE as needed.

People are protected from harm and abuse. Staff follow the safeguarding policy that is in place. The management team plan to upskill staff to become more involved in these processes in future.

Management within the service review the electronic Medication Administration Record (e-MAR). This is a thorough review which identifies any medication errors and support the analysis of causes and trends for any medication related issues. As this is an electronic system, reviews can happen in real time so any errors can be identified quickly and rectified as needed.

Referrals are made to other agencies as needed to promote wellbeing of all people using the service. Families told us they feel staff know their loved ones well and report any changes they observe quickly to ensure their health is maintained.

Care and Support

People are happy with the care and support they receive. People told us care staff are “*absolutely excellent*.” People feel valued by care workers, and feel their needs are met by friendly and kind care workers. People said the care workers are “*good at helping me*” and that they “*do a good job*.” Family members of those receiving support also told us they are happy with the care their loved ones receive. Everyone we spoke with felt they were treated with respect and were happy with the care and support they receive.

People receiving support and their families told us they feel able to speak to management at the service if they need to. They also said all staff are approachable and easy to talk to.

Personal plans are written together with the person and their family members. They include information from other sources, like the Local Authority. The personal plans are very detailed. They include people’s likes and preferences as well as important information about how to support the person. Personal plans contain wellbeing goals that are unique to each person. The plans also explain how care workers can support people to achieve their goals.

Personal plans are reviewed regularly. This could be in a meeting or over the phone. These reviews are detailed and include the person and their family members. People receive care and support at the times they are happy with. This is discussed when people’s personal plans are reviewed, and any changes made, as necessary.

Referrals to other agencies are made to ensure the health and wellbeing of people receiving support.

The service uses a mobile app so care workers can access people’s personal plans during their calls. This app includes a personalised overview of each person the care worker visits. This ensures that care workers can access the most up to date information for each person receiving care and support. Family members can also use this app to see the information written by care workers after each call. Families can also add any important information that care workers need to know.

People’s medication is administered safely. There are systems in place to monitor this and any errors are identified quickly.

Leadership and Management

The RI is an active part of the management team of the service. The RI is very involved in the day to day running of the service. The RI meets new people using the service, conducts initial meetings and compiles people's personal plans when they commence with the service.

Staff are supported in their roles by the service's comprehensive policies and procedures. These are comprehensive policies but also easy to read and understand. The organisations policies are reviewed regularly and are used effectively within the service.

Team meetings happen regularly. Staff are encouraged to participate in these meetings. During inspection goody bags were being prepared to give to all staff at their next meeting.

The service offers two different types of supervision. Firstly, an individual supervision looking at the staff members and their performance as well as other issues important to the person. Secondly, there is also a themed supervision. These sessions look at a theme for example "infection control" and are a way to ensure consistent practice across the whole service. Since the last inspection staff supervisions are taking place more regularly for all staff, however we found not all staff receive supervision in line with the regulations. While no immediate action is required this is an area for improvement and we expect the provider to take action.

The induction process within the organisation is thorough and supportive to new staff. All staff undergo a variety of training before starting in their roles and undergo refresher training when required. The RI has good oversight of the training undertaken by staff meaning training compliance rates are high across the service. All staff felt they had lots of opportunities to attend training.

All staff feel valued and supported in their roles. They feel they deliver good quality support to people using the service. Staff can talk to the management team if they have any issues and told us they are happy in their work.

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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N/A	No non-compliance of this type was identified at this inspection	N/A
36	Ensure all staff employed at the service receive an induction appropriate to their role and records are kept on file.	Not Achieved
35	Ensure all persons working at the service provide full and satisfactory information or documentation, as the case may be, in respect of each of the matters specified in Part 1 of Schedule 1.	Achieved
80	Ensure suitable arrangements are in place to establish and maintain a system for monitoring, reviewing and improving care call times and call management.	Achieved
18	Ensure within 7 days of the commencement of the provision of care and support for an individual, the service provider assesses how the individual's care and support needs can best be met.	Achieved
16	Ensure personal plans are reviewed at least every three months.	Achieved

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