



# Inspection Report on

**Cariad Care Services Ltd**

**Office 1  
23 Windsor Road  
Neath  
SA11 1NB**

**Date Inspection Completed**

03/04/2023

**Welsh Government © Crown copyright 2023.**

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk)*  
*You must reproduce our material accurately and not use it in a misleading context.*

## About Cariad Care Services Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	Cariad Care Services Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	First inspection
Does this service provide the Welsh Language active offer?	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

Cariad Care Services Ltd is a very small domiciliary service working in the Neath area, supporting people in their own home. This is the first inspection since registration with CIW (Care Inspectorate Wales). The service supports a small number of people. People told us they are happy with the service being provided to them. People are supported by a small, dedicated staff team, with the relevant recruitment documentation and skills and knowledge to provide the service.

Personal plans are written with the people as much as possible, reviewed routinely and updated with people as needed. Care and support is provided in a timely manner with sufficient time for staff to travel between calls.

The service has processes and systems in place to ensure their ability to provide a service suitable to the needs of people they support.

Overall, there is good oversight of the service, the Responsible Individual (RI) works within the service on a day-to-day basis and is accessible to staff. Feedback is gathered by the RI using questionnaires and visiting people in their own homes, which feeds into the quality reports.

## Well-being

People have a voice and inform their personal plan. Personal plans give a good overview of the individual. Regular reviews take place, and the individual is included in the process. People are happy with the service they receive. The RI visits people to obtain their feedback this feeds into their quality monitoring tool. Questionnaires are also circulated to encourage people to share their views to drive improvement within the service.

People feel safe, secure, and protected from abuse and neglect. The provider has systems and processes in place to safeguard people. This includes the safeguarding policy and the Wales Safeguarding Procedures (Social Care Wales). Online safeguarding training is provided to staff, staff told us they understand their responsibilities around safeguarding people and would report any issues raised. Staff files and training plan shows staff have received mandatory and speciality training.

People are supported by staff who are recruited and vetted appropriately with employment checks in place. Personal files contain relevant documentation and background checks to ensure staff fitness to work in social care. All staff have a DBS (Disclosure and Barring service) check in place.

People's physical and emotional well-being is supported well, we saw well written support plans and risk assessments supporting people's independence.

There is good oversight at the service. The provider uses an electronic system to ensure care calls are provided. The RI and manager are working together to slowly build on the numbers of people they support while maintaining a good quality service. The RI visits individuals in their own home who are using the service which feeds into the quarterly and bi-annual regulatory reports.

## Care and Support

The service has procedures in place to safeguard people they support. There is a safeguarding policy in place that reflects the Wales Safeguarding Procedures and staff spoken to are aware of their responsibilities to safeguard people. Staff told us; *“If the clients are unsafe, if you have concerns you flag it up with manger”*. And; *“If I saw another carer do something I would report it, to the manager straightaway.”* Staff receive safeguarding training; this was confirmed by staff and the training plan seen on inspection. Staff use electronic devices which record the time they enter the call and provide information about the person including the care plan. Staff can record notes while in the property around support delivered. Staff can note any concerns with people’s health and well-being which can to be addressed in a timely manner. Staff told us; *“The app is amazing, you have information on each client, we have their care plan, we had a new client start, I read the care plan and I knew what to do and expect before I arrived”*. Personal plans contain outcome based and person centred risk assessments to support the wellbeing of people.

People receive the care and support they need through a service designed in consultation with them. We looked at people's files and saw they are written well and are easy for staff to follow. Personal plans contain good information on the needs and preferences of people, giving good oversight of the person and what matters to them.

There are good systems in place for the management of medication. The provider has in-house medication training and utilises the MAR (Medication Administration Recording) training supported by the local authority, to ensure the competency of staff. The training plan shows most staff are receiving this training.

The provider must ensure that every individual is given a copy of any agreement relating to the care and support provided. The service provides terms and conditions to people. Those seen were not yet signed by people, however the RI assures us this is in hand.

## **Environment**

The quality of environment is not a theme that is applicable to a domiciliary support service. However, we visited the office premises. There was no personal information on display and information at the service is mainly stored electronically on password protected devices. Environmental risk assessments are carried out in people's own homes prior to staff providing a service to ensure a safe working environment.

## **Leadership and Management**

The provider has arrangements in place for the effective oversight of the service through ongoing quality assurance. The manager and RI ensure the quality of care delivered is monitored and maintained. The RI actively visits people to obtain their feedback of the service to drive improvements. Regulatory visit reports seen verify this. As part of the ongoing quality assurance, providers are required to produce a bi-annual quality of care review. At the time of this inspection those reports did not fully capture the quality monitoring information however, the RI assured us that this will be addressed, and the CIW (Care inspectorate Wales) templates will be used as a guide for future reporting. There is no impact on people, an improvement notice has not been issued on this occasion, but we expect the provider to ensure this is embedded and sustained. People are supported by a service that meets their needs by staff with the knowledge and skills to support people to meet their individual needs and outcomes. Staff told us; *“Yes, we have ongoing training, all the mandatory and refreshers which is all online”*. And *“Amazing, the induction it’s not easy, but I didn’t feel I was under any pressure”*. Staff files seen show good recruitment processes. Disclosure Barring Service (DBS) checks are undertaken in line with regulations and most staff are registered with Social Care Wales, the workforce regulator.

People receive a consistent service with staff who know them. We saw that staff are supported through regular supervisions and team meetings. Staff told us they felt well supported by the manager and RI. *“They are so supportive, and I can tell them anything and not be judged”*. *“I love it I really do”*. The supervisions seen in staff files and the supervision plan supports this.

The service provider ensures there is a schedule of visits in place that details the time allowed for travel time. Also, the time allocated for each visit and if applicable the time allowed for rest breaks. The provider has an electronic system in place for managing this. The system is attached to an auto route which highlights calls red, amber, green to ensure travel and time are within regulatory requirements. This system is audited by the manager to ensure travel time is adequate. The audit process was seen and discussed on inspection.

Domiciliary care workers on non-guaranteed hours contracts must be given the choice of alternative contractual arrangements. All staff are on a zero-hour contract as this is a very small and new service. Recruitment documentation shows staff are aware of their contract, however the RI assures us contracts will be reviewed with staff in line with regulations. The manager will document contract discussions in staff supervision. There is no impact on people, an improvement notice has not been issued on this occasion, but we expect the provider to ensure this is embedded and sustained.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
-----	--	-----

**Date Published** 16/05/2023