



Inspection Report on

Caredig Care and Support

**Caredig Ltd
43 Walter Road
Swansea
SA1 5PN**

Date Inspection Completed

23/07/2024

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About Caredig Care and Support

Type of care provided	Domiciliary Support Service
Registered Provider	Caredig Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	11 April 2023
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

Caredig Care and Support Domiciliary Support Service is a service covering the West Glamorgan area which includes Swansea and Neath Port Talbot. The service is well regarded by those who use it and their families. The service has a well-established management team in place and there is a Responsible Individual (RI) and managers who are registered with Social Care Wales.

People and their relatives are carefully consulted in the development of their personal plans to ensure their wishes and needs are fully considered. These plans contain good levels of detail for care staff to follow, clearly explaining the service each individual requires.

Staff recruitment records were reviewed by us and met regulatory requirements. The Statement of Purpose (SoP) viewed had been reviewed and updated to ensure they have provided an accurate description of where the service is provided.

Improvements have been made since the last inspection, such as documentary evidence of staff receiving an annual appraisal and care files contained risk assessments where appropriate.

Well-being

People have control over their day-to-day lives. People told us they get on well with staff and commented, *“The staff are great, they are always available when needed.”* and another commented *“they know what they are doing, it’s like telepathy.”* Records show people are offered choices to make everyday decisions. The RI told us they regularly speak with people they support and their families about what is important to them and how best to support them. Staff told us they feel well supported by the management team and commented, *“I would happily recommend Caredig as they are a supportive group and have the best person centred approach for tenants.”* Another commented *“Caredig is a lovely place to work and there are often opportunities to advance should staff wish to do so.”*

People get the right care and support. People and their representatives participate in reviews. People said their personal plans mostly meet their needs and feel care workers include them in the development of their plan. Records reflect referrals are made to a variety of external professionals such as social workers and nurses. This is also confirmed by comments from visiting healthcare professionals who told us they are satisfied with the care at the service. Care workers receive appropriate training to support them in their roles.

People commented care workers support people to do things they need, and on several occasions referred to staff as being *“good, very good or excellent.”* People’s relationships with others are considered during the development and review of their personal plans. These acknowledge the input people’s family and friends have in their care and support. The views of people’s representatives are regularly sought as part of the service’s quality monitoring process.

People are safe and protected from abuse and neglect. The service provider has safeguarding policies and procedures, which are aligned to current legislation and national guidance. Staff demonstrate sufficient understanding of their role and responsibilities. People are familiar with the care workers supporting them and value the relationships they have developed. Care workers are recruited in a safe way and have a good understanding of safeguarding and whistleblowing procedures. People supported by the service tell us they feel safe and secure.

Care and Support

People receiving a service from Caredig Care and Support speak positively of both the management and care staff. Comments from people and their representatives include *“It’s very good, in fact it’s excellent, the carers are wonderful.”* And *“All we have to do is ask, nothing is too much trouble.”* This was further supported by family of people receiving a service such as *“The staff are more than thorough.”* And *“The staff are great, they’re brilliant.”*

People are provided with the care and support they need by staff who know them well. Personal plans are developed in consultation with people, considering existing care and support plans provided by health and social care commissioners. We discussed with the manager that people’s communication plans need to be reviewed to ensure that these plans are explicit in detailing how people like to communicate and ensuring the implementation of this.

People can expect to receive care and support which meets their needs. The manager or RI carefully consider any risks, and risk assessments are reviewed regularly alongside personal plans. Care staff complete notes of their visits and these record care, which is delivered in line with the personal plan and at the times agreed. Records of daily activity are recorded accurately. Records show the service provider ensures medical advice and professional help is sought where needed.

People are protected from abuse and neglect. Policies and procedures have been reviewed to make sure they are relevant and up to date. Care workers are aware these are in place to guide them and are supported by management in team meetings attended by them. Staff have completed safeguarding training relevant to their role.

There is an appropriate medication policy and procedure in place. Audits are completed by senior staff assisting people with their medication. People supported by the service are assisted to administer their own medication and this is stored appropriately in the person’s home. Staff who support individuals to manage their own medication are trained and assessed as competent.

Policy, procedures, and application of hygienic practices are in place to reduce risks of infection. Staff demonstrate an understanding of infection control and the use of personal protective equipment (PPE). Staff wear appropriate PPE when needed and follow correct procedures.

Leadership and Management

People have access to information about the service. There is an accurate and up-to-date SoP and a guide to the service so people know what they can expect to receive. The relevant contact details are available to enable people to enquire about the service, make a compliment/complaint or to contact the relevant regulatory authorities. People tell us they know how to raise any concerns they may have about the service and are confident they will be listened to and concerns addressed appropriately.

Systems are in place to regularly check on the quality of care and support. People are asked their views in different ways including via questionnaires, face to face visits and telephone calls. The RI completes their three-monthly reports after speaking with people and checking records. There are good records of the RI investing time in speaking to people and staff for their views and reviewing a selection of care records. Audits of aspects of the service take place regularly and a six-monthly report is completed following a review of the service.

The service provider has extensive oversight of the financial arrangements and investment in the service. The RI assured us the service is financially sustainable to support people to be safe and achieve their personal outcomes.

Care workers feel supported in their role. Care workers told us management are excellent and can be contacted at any time. Supervision meetings with staff are taking place at the required frequency. Annual appraisals provide feedback on their performance and identifies areas for training and development to support them in their role. Care workers told us *“Management are really supportive and easy to approach.”* And *“Management always ask staff for input and staff always feel valued.”* Staff meetings take place regularly and Care workers confirm they can discuss any issues with the manager at any time and feel listened to.

People are supported by staff who are appropriately recruited and trained. Recruitment records viewed show checks are conducted on care workers before they start work. We saw records of disclosure and barring service (DBS) checks, references and identification for care staff. The manager and RI ensure regular training is completed, including specialist training to support individuals with specific care needs. Care workers are or are working towards registration with Social Care Wales and follow the induction framework. The RI told us care workers have access to training relevant to the job they do in the service and this was confirmed by records seen by us.

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
21	Some care files contained no risk assessments. Ensure all care files contain risk assessments where appropriate.	Achieved
36	Not all staff members received an annual appraisal. Ensure all staff receive regular annual appraisals.'	Achieved

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