



# Inspection Report on

**Care Cymru Newport**

**Cymru Care  
32 Bridge Street  
Newport  
NP20 4BH**

## **Date Inspection Completed**

01/11/2024

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## About Care Cymru Newport

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	20 July 2023
Does this service promote Welsh language and culture?	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

Care Cymru Torfaen is a domiciliary support service that provides personal care and support to people in their own homes, in the Gwent area. The registered office is in Newport.

The majority of people we spoke with are complimentary about the service provided. Each person receiving a service has a personal plan. Reflecting their individual care and support needs, these are updated regularly. People are encouraged to contribute to the development of their personal plan to share their views and preferences. A number of care calls do not start on time and are cut short. Staff rotas do not accurately reflect timing of calls or consistently contain travel time. Care staff are recruited and vetted appropriately with pre-employment checks in place. Regular one to one supervision, monitoring, and training is provided for all staff across the different areas of the service. Staff we spoke with are generally complimentary about working for the service. Quality assurance systems are in place, which support the running of the service. The Responsible Individual (RI) has oversight of the service and is a regular presence at the branch office.

## Well-being

People's physical and mental wellbeing is promoted. Care staff know people well and notice any changes in their care needs. Timely referrals to health and social care professionals are undertaken to ensure care and support plans remain relevant and people get the support they require as soon as possible. Care staff receive medication training and competency checks are carried out. There are medication management policies and procedures in place to support people to remain well.

People are protected from harm as much as possible. Health and safety risk assessments are undertaken and managed to promote the wellbeing of individuals and care staff visiting people's homes. Care staff have access to sufficient personal protective equipment (PPE) to minimise the risk of infection. Staff are recruited and trained appropriately. Their practice is monitored through formal supervision and spot checks. Staff know how to report concerns and are confident they would be dealt with. Up to date safeguarding and whistleblowing policies are in place to provide guidance and support to staff.

People do not always have as much choice as possible about the care and support they receive. Prior to the service commencing, an assessment of needs is completed and care visit times are agreed. Care staff often arrive early or late for calls and leave early once basic care tasks have been completed.

People have a voice and provide feedback about the service they receive in a variety of ways: face to face, through telephone monitoring, or through annual service satisfaction surveys. This contributes to the quality assurance of the service. A person-centred approach to care planning tries to ensure people are at the forefront of the care and support they receive. Complaints to the service are taken seriously and dealt with correctly in line with company policy.

## Care and Support

Feedback from people receiving a service was on the whole positive with comments including *“happy with the service I receive”* and *“my regular staff are great”*. Other comments included *“staff are in and out quickly”* and *“staff rush to try and fit everything in”*.

Each person receiving a service has a personal plan in place, covering core areas of care and support needs. Plans are person centred with tasks listed to be undertaken at each call and include risk assessments. Plans are reviewed regularly and people’s views about the service are noted during these reviews. Daily recordings can lack detail and do not fully reflect what or how care and support has been provided.

The level of support people need with medication is outlined within their personal plans. Care staff have an understanding of people’s medication needs and follow correct administration and recording procedures. Records confirm that care staff complete appropriate training before administering medicines and competency assessments are carried out by supervisors.

Care and support is not consistently delivered in line with people’s personal plans and agreed call times. Staff rotas which are intended to direct staff on the delivery of care calls each day don’t achieve this. Times shown on rota’s do not always reflect when staff start their calls each day. Additionally, staff rotas do not always allow travel time between calls. When travel time is included, five minutes is provided regardless of the geography or time of day and traffic conditions. This remains an area for improvement and we expect action to be taken.

An electronic call monitoring system is in use. This requires staff to log when they start and finish the call. We found there is a lack of oversight and monitoring of call times. When reviewing call monitoring logs, we noted calls are often early or late starting and are regularly cut short in their duration. Most people we spoke with told us that they were usually contacted by the service to explain the call would be late but not always. There needs to be increased auditing of people’s calls and the reasons for staff leaving calls earlier than expected. This remains an area for improvement and we expect action to be taken.

## Leadership and Management

Overall, the service is being provided in line with its statement of purpose; a key document that explains what the service aims to provide and how. People also receive a written guide to services, which explains what service they can expect to receive and how to raise a concern if they need to.

There are systems in place to monitor service delivery. Audits are undertaken to ensure compliance and to monitor and improve the quality of care and support provided. Information gathered provides the basis for the RI reports, highlighting what is working well and any areas for improvement. A log of complaints, incidents, and safeguarding events is kept at the service and audited by the manager. As discussed in the care and support section of this report better monitoring of call times is required to ensure the quality-of-service delivery. A number of policies are in place to provide guidance to staff which are reviewed regularly. Appropriate notifications are received by Care Inspectorate Wales (CIW).

Selection and vetting arrangements enable the service provider to decide upon the appointment of staff. We viewed care staff files and found the necessary pre-employment checks have taken place. All eligible care staff are registered with Social Care Wales (SCW), the workforce regulator. Care staff receive contracts for their role, however evidence of review for those staff on non-guaranteed hours was not available. We were told this would be added to supervision records as an agenda item to ensure contracts are discussed on a regular basis.

There are systems in place to support care staff and develop their skills. Newly appointed care staff complete an induction programme which includes shadow shifts and training. Additional support and guidance is provided to overseas workers as part of their induction to provide local and cultural knowledge and understanding. Staff training records indicate care staff have access to training opportunities, and most have completed a good level of training.

Staff meetings are held on a regular basis to keep staff up to date with service arrangements and any changes being introduced. Care staff receive regular formal supervision, to discuss any concerns and identify both areas of strength and areas for further development and training. Senior staff undertake spot checks during care calls to ensure care staff remain competent and professional in their role.

### 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.

### Area(s) for Improvement

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A

	inspection	
41	Staff rota's should accurately reflect care calls to be provided and should include sufficient travel time between calls.	Not Achieved
21	Care calls are often cut short and are not being provided at the times agreed and written in people's care plans.	Not Achieved



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**Date Published** 26/11/2024