



## Inspection Report on

**Adferiad Cwm Taf Morgannwg Domiciliary Support Service**

**Unit B3  
Lakeside Technology Park  
Llansamlet  
Swansea  
SA7 9FE**

**Date Inspection Completed**

02/07/2024

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## About Adferiad Cwm Taf Morgannwg Domiciliary Support Service

Type of care provided	Domiciliary Support Service
Registered Provider	Adferiad Recovery
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	5 <sup>th</sup> & 9 <sup>th</sup> May 2022
Does this service promote Welsh language and culture?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

### Summary

Adferiad Cwm Taf Morgannwg Domiciliary Support Service is a small provision covering two counties of the Cwm Taf Region: Bridgend and Rhondda Cynnon Taf. The service is well regarded by those who use the service and their families. There is a well-established Responsible Individual (RI) and a manager who is registered with Social Care Wales.

People told us they are very satisfied with the support they receive, and they feel listened to. Positive risk management and empowerment supports people to achieve their goals and promote independence and wellbeing. The service is proactive and contacts the relevant healthcare professionals to support people's overall well-being. Medication administration is safe and supports people to maintain their health and well-being as they self-administer their own medication, although some further oversight would be of benefit.

Improvements have been consolidated since the last inspection, such as documentary evidence of staff receiving regular supervision and annual appraisal. Staff recruitment records were reviewed by us and were seen to have improved and met regulatory requirements. The Statement of Purpose (SoP) viewed had been reviewed and updated to ensure they have provided an accurate description of the service is provided.

## Well-being

People have control over their day-to-day lives. People are supported to grow, be independent and achieve their personal well-being outcomes. People told us they get on well with staff and commented, *“The staff let me grow and develop my skills and encourage me”* and another commented *“The staff know what they are doing and have helped me become more independent.”* 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 to best support them. Staff told us they feel well supported by the management team and commented, *“My line manager is approachable if I have any concerns and he is quick to get back to me with a response.”*

People get the right care and support. People and their representatives participate in reviews on a three-month basis. People said their personal plan met their needs and felt care workers include them in the development of their plan. Records reflect referrals are made to a variety of healthcare professionals such as social workers and nurses. Care workers receive appropriate training to support them in their roles.

Care workers offer companionship and support people to do things they need. 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 told us *“I am involved in developing my support plan”* and *“I feel able to tell staff anything, how I’m feeling.”*

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 a 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 Adferiad Cwm Taf Morgannwg Domiciliary Support service speak highly of both the management and care staff. Comments from people and their representatives include *“The staff have good social skills and are good at listening and let me get on with my day”* and *“Staff make me feel relaxed and treat me with dignity and respect.”*

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 and use the recovery wheel as a means of identifying people’s progress and satisfaction. The recovery wheel is an approach to helping people take control of their own lives. People decide what is important for them and what they would like their life to look like. 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. Policy and procedures have been reviewed to make sure they are relevant and up to date. Staff are aware these are in place to guide them and are supported by management in the team meetings facilitated by them. Staff have completed safeguarding training relevant to their role.

There is an appropriate medication policy and procedure in place. People administer and order their own medication and are supported by staff. 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, procedure, 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 Statement of Purpose and a guide to the service so people know what services 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 addressed appropriately.

Effective systems are in place to regularly check on the quality of care and support. People are asked their views in a number of ways including via questionnaires, face to face visits and telephone calls. The responsible individual (RI) completes their three-monthly reports after speaking with people and checking records. Audits of aspects of the service take place regularly and a six-monthly report is completed following a review of the service. These two processes are linked to the quality and audit systems in place.

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. The RI told us of investment such as *“We maintain a robust recruitment process and prioritize retaining experienced staff, valuing their commitment to clients. Ensuring staff welfare is key, we continue to invest in staff through ILM/QCF qualifications, enhancing their development. This supports recruitment, retention, a positive work environment.”*

People are supported by staff who are appropriately recruited and trained. Recruitment records viewed show checks are carried out on care staff before they start work. Staff are or are working towards registration with Social Care Wales and follow the induction framework. Staff tell us induction is good and they have good support to make sure they are confident and competent in their role. Training records show staff have access to training relevant to the job they do in the service. We discussed with the RI, the need to ensure that staff training is reviewed and to include compliance data in the training records for oversight.

Care staff feel supported in their role. They said the management are very supportive and can be contacted at any time. Staff told us *“Line management is fantastic; I can offload if I need. I really like the training it’s a mixture and we have a training calendar.”* There is a plan in place to make sure all staff have regular supervision and an annual appraisal of their work. Staff meetings take place regularly and staff confirm they can discuss any issues with the manager at any time and feel listened too. There are sufficient numbers of staff on duty and where needed gaps in staffing are covered by bank workers who are employed by the provider.

### 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
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N/A	No non-compliance of this type was identified at this inspection	N/A
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