



Inspection Report on

Cariad Care Group Cardiff and Vale

**Cariad Care Group
Unit 2 Charterhouse Links Business Park
Fortran Road
Cardiff
CF3 0LT**

Date Inspection Completed

27/09/2024

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About Cariad Care Group Cardiff and Vale

Type of care provided	Domiciliary Support Service
Registered Provider	Cariad Care Group LTD
Language of the service	English
Previous Care Inspectorate Wales inspection	24 August 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

People and relatives are pleased with the service they receive. Care staff know people's routines and support their needs effectively delivering person centred care. People describe the staff as *"Lovely, genuinely caring and loyal."* The service regularly seeks people's views, but these should be evaluated to identify strengths and areas for improvement. Effective systems are in place for the safe management of medication. Staff are well trained but need additional development to undertake delegated health tasks. People receive a good response from the office staff and describe them as *"Helpful and supportive."*

Since the last inspection, the service has grown, and the team is developing. Although we noted good improvement in some areas, more robust oversight is needed to ensure systems and processes are in place to monitor, evaluate, and continually improve the service. The deployment of care staff and scheduling of calls require improvement. We have issued a priority action notice. The service provider has already taken steps to address these issues.

Well-being

People are actively consulted, but their voices are not always heard. The provider sent out survey questionnaires to people using the service and staff, but the feedback was not evaluated leading to unresolved issues at the time of inspection. People contribute to developing their personal plan to ensure their preferences are known. Regular reviews take place to note any changes. People value the support they receive and told us all their needs are met. Care staff are *"Kind and caring"*, and people look forward to their visits.

Care staff support people to maintain their physical and mental wellbeing. People can be confident in the good management of medication and staff are adequately trained. The auditing of medication is lacking but the responsible individual (RI) is addressing the issue. Detailed risk assessments are in place to inform staff of any health risks and the best ways to support the person.

The provider ensures people are safe from the risk of abuse and neglect. Staff understand the importance of safeguarding people from harm and receive relevant training. People using the service and staff are well supported by the office staff and describe them as *"Always helpful and address any concerns."* The manager and RI have appropriate systems in place to formally report any safeguarding matters when there is reason to believe a person may be at risk of harm. Recruitment checks and staff contractual arrangements are not as robust as they should be to protect people from harm, but this was immediately addressed.

The RI is involved in the daily service operations, but the roles of the RI and manager need to be clearly defined to ensure effective governance and leadership. Quality assurance arrangements require improvement to identify patterns/trends, ensuring actions are followed through. Staff feel *"Listened to"* and *"Can always receive help."* While staff are well trained in core areas, specific training is needed for delegated health tasks. Call scheduling must improve to provide staff sufficient travel time between calls and breaks when working long shifts. The RI assured us these areas would be immediately addressed.

Care and Support

People receive clear information about the service, outlining what they can expect. Both people using the service and staff know how to raise a concern and feel confident that these will be addressed. The service responds well to concerns and receives many compliments about the overall experience of using the service.

People are complimentary about the service, describing the care staff as always caring, respectful and attentive. A relative told us, “*Staff take time to talk to Mum and laugh together*” and “*Staff provide warmth and compassion.*” The service consults with people to ensure they contribute to the personal plan and their preferences are known. Detailed personal plans and risk assessments reflect people’s needs. Daily care records show that staff consistently deliver the required care. Care staff feel they receive good information to help them get to know the person and stay updated on any changes which helps to ensure continuity of care. The provider gave assurance that people’s plans will be reviewed after seven days to allow adjustments if needed. The service contacts people every three months to review their care and support which people appreciate. People value their relationship with staff, and they look forward to seeing them.

People can be assured that there are safe medication systems in place. There is a detailed medication policy for staff to follow but it requires updating to reflect current guidance. Staff receive regular medication training, and they are observed periodically, to ensure they administer medication with confidence and skill. Records confirm that people receive the right medication. However, there needs to be improved oversight in medication audits to identify and address any patterns or trends.

Staff understand the importance of safeguarding people from harm. All staff are trained in safeguarding and there is a policy in place for staff to follow. Records show that care staff directly contact the management team when incidents, accidents or concerns arise. People using the service and care staff feel the service is responsive and takes the necessary actions.

Leadership and Management

The RI is actively involved in the service delivery. However, the existing quality assurance arrangements to evaluate the care and safety of the service are not sufficient and effective to meet the regulatory requirements and ensure proper oversight. This has led to missed opportunities to address key issues promptly. Policies and procedures are regularly updated to guide staff practice. In May 2024 the service consulted with people, their representatives, and staff. However, the service provider failed to evaluate the results within a reasonable timeframe, and key areas for improvement were not addressed. Despite this, the feedback was positive, with most people satisfied with the service and willing to recommend to others. Care staff feel they could get help at any time and had the right information to support people well.

The evaluation and improvement systems are lacking, leading to no progress since the last inspection. This is due to ineffective monitoring and analysing of the service. This missed opportunity affects scheduling of calls, medication management, care information, staff recruitment and support. Without these systems, the service quality can be inconsistent and unreliable. This issue was noted at the last inspection. Due to the lack of progress, we have issued a priority action notice and expect the provider to act.

The manager feels supported by the RI. However, there are no formal arrangements for supervision in their role, nor to monitor if management systems are followed. The RI and manager gave assurance they would clarify their roles and responsibilities to reduce overlap and ensure each role focuses on its specific duties. This issue was identified at the last inspection. Although efforts have been made, it remains a priority for effective leadership and management.

The service has an electronic system for scheduling and monitoring calls, which alerts the office of any late or missed calls. However, people told us that they are not always informed when call times change. Everyone we spoke with would like to access the electronic phone app to stay informed about call times. Staff are allocated travel time between calls, but this is not always sufficient. We saw travel time set as five minutes each time regardless of distance or whether they drive or walk. We found a few staff working long shifts without a break which could affect their well-being. These matters were highlighted in the May 2024 staff survey but has yet to be addressed by the service provider. Everyone using the service acknowledged the problem, emphasising that it's not the staff's fault when they are late. One individual mentioned feeling rushed at times. Addressing this issue is crucial for ensuring timely and effective care.

Recruitment checks and contractual arrangements for staff, including sponsorship staff are not fully robust to protect people. While staff receive regular supervision, its quality needs improvement for effective feedback and professional development. The induction process is valued by staff. However, training for delegated health tasks hasn't been adequately provided, which can leave staff underprepared and increased risks to people's health and well-being. There are processes in place to support staff to develop competence within their roles. However, these are not always implemented in a timely fashion, particularly for new staff to confirm they have the competence and confidence to work on their own. People told us that there are times when staff do not fully understand their role and needs to be told. This places people at increased risk of receiving incorrect care and support. Addressing these issues will enhance the quality of care and staff performance.

We have issued a priority action notice for the above areas and expect immediate action to be taken.

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
34	The service provider failed to ensure that care staff are appropriately deployed which can lead to unreliable care. Care staff to receive consistent support and training to fully understand their role and the health needs of people	New
8	The provider failed to have consistent, and effective monitoring systems in place to identify issues or areas where the service can be improved.	Not Achieved

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
42	Care staff to receive the opportunity for no-guaranteed hours contracts and the choice of alternative contractual arrangement. Sponsored staff to receive a contractual agreement and working hours in accordance with the Home Office agreement. The service provider to allocate sufficient travel time between calls and allocated time for breaks when working long shifts.	New

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