



Inspection Report on

Cymru Care

**Caerphilly Colour Labs
1 Ystrad Buildings
Caerphilly
CF83 8BT**

Date Inspection Completed

17/05/2022
17 May 2022

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About Cymru Care

Type of care provided	Domiciliary Support Service
Registered Provider	Cymru Care UK Limited
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection since the service was registered under The Regulation and Inspection of Social Care (Wales) Act 2016
Does this service provide the Welsh Language active offer?	No. This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people /children who use, or intend to use their service.

Summary

Cymru Care is a domiciliary support service that provides care and support to people in their own homes in the Gwent regional partnership area. The service is a relatively small, family run business. People are very happy with the support they receive and enjoy positive relationships with their care staff as well as the office and management team. People appreciate the good communication they have with the office and that the care staff are reliable, warm and friendly. People have personalised plans of care which clearly inform care staff of how they would like to be supported. The review of these plans needs to be evidenced more clearly on the office versions of their plans.

The Responsible Individual (RI) and the manager take a very 'hands on' approach. They know the care staff and people who are supported well. The RI has a good oversight of the service and completes detailed, thorough quality of care reports every six months.

Care workers enjoy their jobs and feel well supported by the management team. Some improvements are required with the records kept for care staff, the frequency of their supervision meetings and their training.

Well-being

The service promotes people's rights and encourages them to have choice and control over their everyday lives. People and their families told us they are very happy with the care and support they receive. One person told us *"We are really grateful to them they are absolutely wonderful, very professional. The communication is very good with them we have an excellent relationship and we have become friends they are not just our carers."* A family member told us *"We get on really well with them they have been fabulous and are very flexible. They genuinely care and always make sure he has his food and drinks they are brilliant. They have good communications if ever there are any minor health concerns they tell us straight away they are very thorough. Reliability is perfect we know when they're turning up and there's never been an issue, they always let us know what's going on."*

People receive the support they need to maintain their health and wellbeing. The service assesses people's care and support needs and any associated risks. These are clearly documented in personal plans. Individuals are supported to access medical and specialist services as required.

The service helps to protect people from abuse and neglect. Care staff complete training in relation to the safeguarding of adults at risk and understand their role in protecting people. The service has a safeguarding policy, which reflects the Wales Safeguarding Procedures and is kept under regular review. People are encouraged to share their views about the service they receive.

Care and Support

People receive the support they require, as and when they need it. Individual's files contain all the required information including risk assessments and personal plans of care. These are reflective of each individual and include their preference of how to be supported in all relevant areas. The plans are person-centred and give clear detail to staff on how best to support each individual. We were assured by the manager that the plans in people's homes are reviewed but we saw that these reviews are not evidenced on the office copies, as required. While no immediate action is required, this is an area for improvement, and we expect the provider to take action. We will follow this up at our next inspection. People's social histories are summarised to allow care staff to understand each person's background and what is important to them.

Referrals are made to health and social professionals as and when required. Records are kept of previous appointments with health and social care professionals for reference as required. Detailed notes for each person evidence that care staff are providing care and support in line with people's personal plans. Record keeping is accurate and consistent in all areas required to support people to maintain their health.

Cymru Care do not administer any medication but will prompt people to take their own prescribed medication as required.

Infection prevention and control procedures are good. We were told that care staff wear appropriate personal protective equipment (PPE) and wash their hands regularly when supporting people in their own homes. COVID-19 testing is carried out on staff.

Leadership and Management

People benefit from a high standard of leadership and management. The statement of purpose tells people clearly how the service will be delivered. The RI and managers are dedicated and passionate about delivering the very best support possible to people. The RI undertakes regular quality assurance checks by visiting services to talk to people who are supported and care staff on duty as well as reviewing documentation. The RI completes detailed and thorough audits of the quality of the support provided as well as the wider running of the service. The reports highlight where the service is performing well and areas for improvement. The provider has relevant policies in place, which are kept under review.

All staff we spoke to told us they felt valued and well supported in their roles. One said *“the staff are fabulous we have tremendous support from the office. There is always someone at the end of the phone for any queries if someone is unwell or we just need some more information.”* Another said, *“They are a brilliant company it's a family run business. The runs are lovely, and nothing is a problem. All issues are reported to the management and dealt with promptly. There is good teamwork and communication right across the board.”* Care staff receive regular supervision with their line manager. This one-to-one support provides opportunity for staff members to discuss any concerns or training needs they may have and for their line manager to provide feedback on their work performance. The frequency of these supervisions, however, needs to increase. While no immediate action is required, this is an area for improvement, and we expect the provider to take action. We will follow this up at our next inspection

Care staff are confident and skilled in their roles. We saw that staff personnel files are well organised, but do not all contain all of the required information. Care staff complete a range of training courses, including regular refresher courses in important areas such as safeguarding people at risk of harm. However, not all of this training is up to date. While no immediate action is required, these are areas for improvement, and we expect the provider to take action. We will follow them up at our next inspection

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
16	Personal plans must be reviewed as often as required and at least every three months	New
35	Ensure all required information is kept in staff files	New

	and DBS renewals are made in sufficient time	
36	Ensure all care staff receive one to one supervision with their line manager at least every three months and ensure that training compliance is improved	New

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