



## Inspection Report on

**Cariad Domiciliary Support Services LTD**

**Cariad Domiciliary Support Services Ltd  
Commercial Street  
Griffithstown  
Pontypool  
NP4 5JF**

## **Date Inspection Completed**

19/07/2023

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## About Cariad Domiciliary Support Services LTD

Type of care provided	Domiciliary Support Service
Registered Provider	Cariad Domiciliary Support Services LTD
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">05 July 2019</a>
Does this service provide the Welsh Language active offer?	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

The service supports people to live independently in their own homes. People receiving services are happy and settled. Staff know individuals well and are familiar having supported some for years. The Responsible Individual (RI) conducts the dual role of manager of the service. There has been a lack of effective management oversight at the service with reporting mechanisms not sufficiently robust to protect people. The agency is to introduce an electronic documentation system to increase overview of people's personal plans and staff's personnel records. Senior staff have not received regular supervision and appraisal for some time. Quality assurance systems which review and inform the development of the service have not been routinely conducted. We have identified areas of improvement and expect the service provider to take action before our next inspection.

## Well-being

People are encouraged to make everyday choices. Staff support individuals to take an active part in their lives such as cooking, cleaning, shopping, and maintaining living arrangements. Risk assessments assist individuals with positive risk taking. Care staff are familiar to people with several staff having known some service users for years. There are examples of individuals who have flourished since receiving services from the agency. People told us they are happy receiving services from Cariad Domiciliary Support Services.

People are supported to access healthcare services as or when needed. Individuals are encouraged to be active and keep themselves healthy. The agency works in collaboration with healthcare professionals to support individuals receiving services. Healthcare referrals are made when a change in a person's need is identified. Staff are knowledgeable about individual's needs.

People are not fully safeguarded from harm. Incidences which have affected individuals' safety have not always been reported to the relevant agencies in accordance with protocols. This has meant some individuals being placed at an unnecessary risk of harm. Accidents and incidents are monitored. Staff receive safeguarding training which outlines how to report events. Discussions with professionals to support individual's best interests have taken place although, they are not always documented. Individuals can access independent advocacy when needed.

People are supported to maintain contact with their family and friends. The agency supports individuals to attend regular activities and work opportunities which enables them to be a part of the local community. People are supported to attend social events, day trips and holidays. Individuals can choose to spend time alone using computers and or watching TV.

## Care and Support

People are treated with dignity and respect. People's personal plans set out how they want to be supported. The plans are person centred and include their likes and preferences. Personal plans are routinely reviewed, and some people are involved in the process. There is an intention for everyone's personal plan review to be extended to include family, representatives, and relevant healthcare professionals to assess if each individual's personal outcomes are met.

People are supported with positive risk taking to promote their independence. People are encouraged to make everyday choices. Risk assessments are in place to support people to maintain their daily living needs. People have a variety of ways to express their views and opinions. Staff know individuals well. There are meaningful interactions between staff and service users.

More robust measures are needed to safeguard individuals receiving services. Managers have failed to report incidents in accordance with safeguarding protocols. Actions have been taken to mitigate such events reoccurring which has included changes in management and revision of the safeguarding policy. This is an area for improvement, and we expect the provider to take action.

Medication management systems are in place. Assurance was given that a medication omission was an isolated error and sufficient internal audits are in place to ensure it does not happen again. Staff are trained to administer medication to people. Weekly and monthly audits of medication take place in each of the schemes.

## Leadership and Management

Governance systems to support the running of the service are not effective. There have been major changes at the service which has resulted in the RI taking over its day-to-day management. An administrator has been appointed to support them. During the inspection, we found they were not fully conversant with the storage of documents. The RI explained the service is moving towards transferring all documents to an electronic storage system to provide greater oversight. The majority of staff we spoke with welcome the move.

There has been a lack of oversight from the RI as quality and audit systems to review and inform the development of the service have not been routinely conducted. There have been minimal documented visits made by the RI to speak with people receiving services and staff supporting them. The regulations require such visits are conducted on a three-monthly basis. In addition, the RI has failed to compile a six-monthly quality of care review to demonstrate arrangements are in place to assess, monitor and improve the quality and safety of the service. We identified the lack of clear arrangements for the oversight and governance of the service as an area for improvement. The RI told us the future management of the agency is being considered.

Staff are not always sufficiently trained and developed to support people. The organisation monitors staff's training. We found staff supporting certain individuals do not have up to date training to meet their individual needs. The RI has identified this shortfall and measures are being put in place to update staff's skills. The agency's senior staff have not had regular supervision and an appraisal for some time. Supervision plays a key role in supporting a workforce to deliver high quality care and support. Senior staff who are managing others confirmed there has been a lack of direction for them. The RI has introduced senior staff meetings and commenced individual supervisions with house managers. We have identified the lack of regular supervision and appraisal for staff as an area for improvement and will expect the provider to take action.

Staff recruitment practices have been strengthened. We looked at staff's personnel records and found they contain the necessary pre -employment checks and forms of identification. Gaps were noted in staff's personnel records at our last inspection. It is expected that documentation will benefit from electronic storage of records.

### 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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26	People are not fully safeguarded from harm as incidences which have affected their safety have not been reported to the relevant agencies in accordance with protocols.	New
36	People working at the service do not have regular supervision and appraisals.	New
6	The service provider must have clear arrangements for the oversight and governance of the service which ensures best outcomes are achieved for individuals using the service and to meet the Regulations.	New
35	Fitness of staff (Regulation 35 (2) (d) Schedule 1): Full and satisfactory information or documentation was not available for all staff employed at the home.	Achieved



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