



Inspection Report on

Caredig Care and Support

**Caredig Ltd
43 Walter Road
Swansea
SA1 5PN**

Date Inspection Completed

21/03/2023

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About Caredig Care and Support

| | |
|--|---|
| Type of care provided | Domiciliary Support Service |
| Registered Provider | Caredig Ltd |
| Registered places | 0 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | [Manual Insert] |
| 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

People are satisfied with the care and support they receive from Caredig Care and Support Domiciliary Support Service. The service is well managed by an effective management team and has motivated staff. There is good information available for staff to understand how to best meet people's care and support needs.

Staff are available in sufficient numbers and mix of skills to provide support to people. Support staff are knowledgeable, respectful, and caring. Specialist equipment is in place and health referrals are made to promote peoples' health and well-being.

The service provider has developed systems to enable them to capture people's views and has good systems to develop person-centred information but this could be strengthened. The management team have put checks and processes in place to keep service delivery under review with quality assurance measures. There are managers in place who are registered with Social Care Wales and a Responsible Individual (RI).

Improvement is needed with risk assessments and staff formal appraisals.

Well-being

People have control over their day-to-day lives. People indicated to us they get on well with staff. 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, *“I feel valued and supported in this team,” “it’s a very rewarding job and you have fun doing it”* and *“the organisation as a whole is friendly and supportive and encourages growth and development.”*

People get the right care and support. Records reflect referrals are made to a variety of healthcare professionals such as social workers and nurses. This is also confirmed by comments from visiting healthcare professionals who told us they are satisfied with the care with the service. They said, *“I have a few clients placed with Caredig, I find the staff excellent to work with, they communicate extremely well regarding our mutual clients”* and *another said, “They manage their needs very well, always keep me updated when things change.”* Care workers receive appropriate training to support them in their roles. People are happy and receive support from staff who know them well and have good genuine relationships. People who use the service told us they were happy with the support they receive with one person commenting *“I can honestly say, support from Caredig has changed my life.”*

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. The manager regularly monitors care workers’ practice to ensure they are providing safe, appropriate care. People supported by the service indicated to us they feel safe and secure.

Staff recruitment is safe as pre-employment checks are completed prior to employment commencing. These checks are important as they determine a person’s suitability to work with vulnerable people. But supporting and developing staff through formal appraisal is in need of improvement.

Care and Support

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 and follow correct procedures. The services visited were clean and tidy. Staff maintain appropriate standards of hygiene and cleaning schedules are in place with oversight from the manager.

People are provided with the care and support they need. Staff know people well through their relationships with them but would benefit further by developing person centred information through questions such as 'what is important to me (the person)' and 'how to best support me (the person).' Personal plans are developed in consultation with people, considering existing care and support plans provided by health and social care commissioners but reviews of some of these plans require updating. Records of daily activity are recorded accurately and succinctly. Records show the service provider ensures medical advice and professional help is sought where needed.

Improvement is needed with the implementation of risk assessments and their records. This is because in the sample of files seen by us some of these files did not contain appropriate risk assessments. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

There is an appropriate medication policy and procedure in place. Audits are in place completed by senior staff assisting people with their medication. People supported by the service are assisted to administer their medication. Medication is stored securely in the person's home. Staff who support individuals to manage their own medication are trained and assessed as competent.

Environment

The quality of the environment is not inspected as part of a domiciliary support service inspection, as care is provided in the service users homes. However, we made the following observations.

The office is well established and suitably equipped for the purposes of the day-to-day operation and management of the service. People using the service and employees can have confidence that their personal information is stored securely.

Premises visited were in a good state of repair and very homely for people living there.

Leadership and Management

The service provider has governance arrangements in place to support the smooth operation of the service. Arrangements for the oversight of the service are in place, such as systems for auditing of medication and health and safety. The service is provided in line with the objectives of the Statement of Purpose which is regularly reviewed. Policies and procedures are in place and up to date.

People can be assured that the service provider and management monitor the quality of the service they receive. The RI visits the service to meet with people and staff. We looked at documentation that confirmed the RI conducts quarterly visits to the service for quality assurance monitoring. The RI produces the six-monthly quality of care report. We saw evidence the RI has good oversight of the service. There are systems in place to assess the quality of the service in relation to outcomes for people, which includes feedback from people using the service and their representatives. Records show the service provider ensures oversight and auditing of care and support activities is conducted regularly.

The service provider has oversight of the financial arrangements and invests 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 plans to *“invest in staff, providing a wide range of training opportunities covering topics such as health and safety, safeguarding and support planning. We have also committed to continuing to pay the National Living Wage to our employees to ensure we are able to recruit and retain well trained and experienced staff.”*

Staff recruitment is safe as pre-employment checks are completed prior to employment commencing. There are enough staff on duty to safely support and care for people. Records show there is a mixture of experienced and new staff available, and this was seen during our inspection. The service conducts a training needs analysis which is reviewed regularly. We viewed a training matrix which showed staff received appropriate training, but we discussed with the RI, the need to ensure this is updated with compliance figures maintained for each course.

Improvement is needed with supporting and developing staff with formal staff appraisal. The sample of records seen by us showed that staff received appropriate supervision but did not receive annual appraisal at the required frequency. While no immediate action is required, this is an area for improvement, and we expect the provider to take action

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 |
|------------|---------|--------|
|------------|---------|--------|

| | | |
|----|---|----------|
| 21 | Some care files contained no risk assessments. Ensure all care files contain risk assessments where appropriate. | New |
| 36 | Not all staff members received an annual appraisal. Ensure all staff receive regular annual appraisals.' | New |
| 80 | There is no current record of Regulation 80 quality of care reviews being completed. | Achieved |

Where we find the provider is not meeting the National Minimum Standards for Regulated Child Care but there is no immediate or significant risk for people using the service, we highlight these as Recommendations to Meet National Minimum Standards.

We expect the provider to take action to address these and we will follow these up at the next inspection.

Date Published 25/04/2023