



Inspection Report on

MiHomecare Cwm Taf

**Unit 2b
2 Waterton Road
Bridgend
CF31 3PH**

Date Inspection Completed

01 February 2022

Welsh Government © Crown copyright 2022.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

About MiHomecare Cwm Taf

Type of care provided	Domiciliary Support Service
Registered Provider	MiHomecare Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection under the Regulation and Inspection of Social Care (Wales) Act 2016.
Does this service provide the Welsh Language active offer?	Working Towards. The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People are supported by care staff who know them well. Systems are in place to ensure people feel their voices are heard. Regular reviews through the year enable people to share their views and for records to be appropriately updated. Some documents such as personal plans and risk assessments need to be improved to ensure information is consistent. Care staff appear confident in their roles and good levels of staff means people receive consistent care workers they know and like. However, care staff files and recruitment checks need to be improved to ensure staff are fit to work. Care staff supervisions also require improvement and training needs to be clearly identified within systems available. The Responsible Individual (RI) completes their regular checks in line with regulation. Regular reports are completed which work towards identifying positives within the service and areas for improvement. There are good systems in place to ensure there is a level of oversight and management within the service.

Well-being

People have control over their day-to-day lives. We saw that regular reviews are in place and different options available for people to provide feedback. We saw that most people are consulted and involved in their reviews. People told us that they can make changes to their care when they choose. One person said, "*my care has been fantastic*". People have access to information, which includes important phone numbers, enabling them to get support if needed. People told us they like the people that support them and can share any views or concerns they may have.

People's physical, emotional health and well-being is considered. People have the appropriate health professional assessments when needed. People are supported with the appropriate equipment in line with their personal plans and risk assessments. We saw that some plans and assessments require an update in order for information to be consistent. People and their relatives told us consideration is given as to who supports the person in order that they have someone they like and a consistent staff team. People told us how carers go above and beyond for them.

People feel safe and are happy with their care. People can talk openly with those who support them. Care staff feel confident in raising concerns with their supervisors and/ or manager. A training matrix shows that the majority of care staff are up-to-date with their mandatory training. People feel confident ringing the office in order to speak with a manager. Policies and procedures are in place; these provide a good level of information and guidance for people, their relatives and care staff.

Care and Support

People are happy with the care they receive. Regular reviews ensure the information regarding people's care is up to date. We saw that most of the time people are involved in their reviews. Clear, detailed information is provided to care staff so they know how to support a person. People told us they get along well with care staff who know them well. One person told us "*I get on extremely well with my carers*". Some personal plans are very detailed and person centred. We saw information regarding the person's nutritional needs and mobility. However, information throughout the personal plans is inconsistent. We found that plans, risk assessments and carer's tasks differed in the information provided. This could cause confusion to a newer member of staff and lead to mistakes and/or accidents. We expect the provider to take action to address this and we will follow this up at the next inspection

There are lots of opportunity for people and their relatives to share any concerns. There are several reviews which are conducted over the telephone and face to face. People have the office number easily accessible to them if they need to make any changes to their care. One person told us they had recently changed their care hours in order to better suit their lifestyle. The RI conducts regular discussions with people to gain their feedback. People have access to policies and guidance on how to raise a concern and or complaint and this information is reviewed by the RI. People told us they felt safe and could raise any issues with their carers if they needed to. Care staff know how to raise a concern and the majority felt confident in taking this to external agencies.

Medication support is provided appropriately. We saw that medication administration records (MAR's) are completed in full. This means people are getting the right medication at the right time and in the right way. Care staff told us they receive regular medication competencies to ensure they are competent in administering medication. A competency assessment matrix shows some care staff had received their competency. We saw some risk assessments and personal plans in place explain how the person would like to be supported with their medication, these had been recently reviewed. People told us they get the right the level of support with their medication. There is a detailed medication policy in place for staff and people to seek guidance.

Leadership and Management

The RI gains feedback from people and care staff. We saw that one to one conversations are conducted which enable people to share their views and any concerns. The RI completes a six monthly quality of care review in line with regulation. This document enables the provider to reflect on what they have done well and what they could improve. A monthly events analysis ensures that managers and the RI maintain oversight of the service analysing complaints, safeguarding's, accident and incidents. This information could be included in the six monthly quality of care review in order to strengthen the document and possibly identify further improvements. Policies and procedures are in place and these can be provided in Welsh if required. There is a statement of purpose and service user guide in place.

Care staff appear passionate and knowledgeable within their roles. People and their relatives told us consideration is given as to who supports the person in order that they have someone they like and a consistent staff team. One person told us how their care staff treat them as an individual and show genuine acts of kindness.

The service is currently changing the way they record and store information. This meant that many records at the time of inspection were being stored on different systems. Care staff files appear inconsistent. We found some care staff files only had one reference in place, some had gaps in work history and some had not had appropriate checks completed such as a probation review or spot check. This means care staff may not be appropriately fit to work with vulnerable people. We are aware that the provider is taking action to address this and new systems should enable managers to identify any gaps and take action. We will follow this up at the next inspection.

Care staff told us that they know who their supervisors and manager are and could go to them with any concerns. One member of staff said that management are "*pretty amazing*". Care staff appear confident in raising concerns with their manager. People and care staff appear to have positive working relationships. We saw that care staff go through a robust induction at the start of their employment. The RI provided a list of training that care staff complete as an annual refresher. However, some care staff told us they had not received any training for a long time and the training matrix does not clearly identify what specific training care staff have completed. We also found that several care staff have gaps in their supervisions, competencies and spot checks. We expect the provider to take action to address this and we will follow this up at the 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
15	Information is inconsistent Care plans, risk assessments and tasks for carers need to reflect the	New

	same and most up to date information	
35	Inconsistencies in staff files Some care staff recruitment checks are incomplete, there are gaps in work history, missing references and lack of spot checks and competencies being completed Information was held across several systems and some had to be requested from HR How can managers be assured that care staff are fit to work when such documentation is not easily accessible	New
36	Training matrix provided does not show what training has been conducted or any specific training completed by care staff Some care staff competencies, spot checks and supervisions are out of date	New

Date Published 23/03/2022