



Inspection Report on

Care Cymru - Carmarthenshire

**Unit 1
Heol Rhosyn
Llanelli
SA14 8QG**

Date Inspection Completed

19/02/2024

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About Care Cymru - Carmarthenshire

Type of care provided	Domiciliary Support Service
Registered Provider	Care Cymru Services Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	First inspection since registering under RISCA
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

Care Cymru provides support to people in their own home enabling them to remain living independently for as long as possible. The provider also supports people living with Dementia through the 'Fulfilled Lives' project, providing individualised person-centred support in their own homes and the community.

Overall people are happy with the care and support they receive. Care staff are guided by up to date personal plans which are accessible on their work mobile phones. People and their representatives are involved in developing their care and support plans and know who to contact if they have any concerns.

The Responsible Individual (RI) has good oversight of the service and audits are undertaken to monitor the quality of the service provided and identify any areas for improvement.

Well-being

There is consistency of care staff and people receive the same care staff as much as possible. This enables care staff to develop positive relationships with people. A representative told us, *"They have a lot of fun together...singing and things"*. Another relative told us, *"Her face lit up when she saw her carer arriving. The girls are lovely, very caring"*. People are supported to be part of their local community, one staff member said, *"It's nice to get people out again...you know you're doing a good thing"*. People feel respected. Care staff are creative and do the things that matter and are important to people. For example, one staff member told us how much people enjoy using the iPad to reminisce about places, people and songs that have a personal meaning to them. This is sometimes followed up by a visit to a special place.

People's cultural preferences are respected and additional training is provided to international care staff to ensure they have an understanding of local phrases and terms, and examples of typical dietary requirements. Most people feel listened to however some people told us that care staff do not always respect their wishes and some feel language can be a barrier. People and their representatives told us that they know how and who to contact if they have any queries or complaints and always have an appropriate response.

Physical and mental health and wellbeing is promoted. Care staff know people well and notice any changes in care needs. Timely referrals to health and social care professionals are undertaken to ensure care and support plans remain relevant and people get the support they require as soon as possible.

People are protected from harm as much as possible. Health and safety risk assessments are undertaken and managed to promote the wellbeing of individuals and care staff visiting people's homes. Care staff have access to sufficient personal protective equipment (PPE) to minimise the risk of infection. Staff spoken with know the policy and procedure if they suspect an individual is at risk of harm and are confident that managers will take appropriate action to safeguard people.

Care and Support

Overall people and their representatives are happy with the care and support they receive and describe care staff as “*Absolutely excellent*” and “*Professional and well presented*”. Care staff are guided by personal plans which have been created with people and any professionals involved in their care and support needs. Care staff we spoke with demonstrated a very clear understanding of people’s needs.

The provider has recently introduced a digital system and managers are in the process of transferring personal plans from paper documents onto the online system. There are some gaps in useful information such as the social background and history of individuals and pen pictures. We also found that not all personal plans included outcomes and personal preferences. Managers are continuing to update the system and provided assurances this is being addressed. Care staff we spoke with told us they have access to personal plans on paper documents in addition to the digital system on their work mobile phones, allowing staff to access the information remotely when undertaking care calls. New care staff are introduced to people and get to know their support needs when shadowing with other staff members.

Care and support plans are person centred with tasks listed to be undertaken at each call. Daily recordings lack detail and do not fully reflect what or how care and support has been provided. We also found some gaps in personal plans and areas where care staff are not recording consistently. This has been discussed with the RI and manager and we are satisfied that this area is being addressed. The manager is organising more training and guidance on using the new system and it is hoped that this will improve as staff become more familiar with it.

Care calls are mostly on time and people are understanding when care staff are late due to unforeseen circumstances. Most people we spoke with told us they are informed if care staff are going to be late however some people said this was not always the case particularly during out of office hours. We have raised this with the manager and RI who assured us they would address the matter.

Leadership and Management

The RI has arrangements in place to ensure good oversight of the service. Audits are undertaken to ensure compliance and to monitor and improve the quality of care and support provided. Information gathered provides the basis for the RI reports highlighting what is working well and any areas for improvement. The RI told us they consult people and staff regularly every quarter however the RI reports do not reflect people's views. We have discussed this with the RI and have been assured that this will be addressed. People know how to raise concerns and a representative said, "*There is always someone at the end of the phone if you have any queries or issues*". Key policies seen were found to be up to date with relevant information.

Staffing levels have improved and some overseas workers have been recruited. There are robust recruitment processes in place to ensure that staff have the necessary skills, knowledge and competency to undertake their role. The personnel files we looked at contained all the required information and checks such as Disclosure and Barring Service (DBS), identity document (ID) checks and valid references. Staff follow an induction, undertaking the mandatory training and a period of shadowing more experienced workers. Additional training is provided to overseas workers as part of their induction to provide local and cultural knowledge and understanding. Regular staff meetings are held to keep staff up to date with service arrangements and what is required of them under statutory guidance and legislation.

Ongoing training is provided and senior staff undertake spot checks during calls to ensure care staff remain competent and professional in their role. Face to face training is delivered where possible and workshops provide an opportunity to put learning into practice. One to one supervision is also provided enabling care staff to discuss any concerns and identify both areas of strength and areas for further development and training. One staff member said, "*It's a chance to give your views, to see what you've done and how you've progressed*". Care staff also told us they can discuss any concerns they may have with managers at any time. There is effective communication between management and care staff. Managers contact care staff whilst they are in the community via a WhatsApp group to ensure information is shared in a timely manner and inform staff of any changes to people's care needs. An on-call system provides guidance and support to care staff out of office hours.

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
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N/A	No non-compliance of this type was identified at this inspection	N/A
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