



## Inspection Report on

**Cera Care Cwm Taf**

**Home Care Services  
111 Oxford Street Nantgarw  
Cardiff  
CF15 7SU**

## **Date Inspection Completed**

05/07/2024

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## About Cera Care Cwm Taf

|   |   |
|---|---|
| Type of care provided                                 | Domiciliary Support Service   |
| Registered Provider                                   | Cera Care Operations Limited  |
| Registered places                                     | 0   |
| Language of the service                               | English   |
| Previous Care Inspectorate Wales inspection           | 20 April 2023   |
| Does this service promote Welsh language and culture? | This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture. |

### Summary

People receive good care and support from Cera Care. Care staff have positive relationships with people and support them in a warm and friendly way. People receiving care and support have personal plans detailing their individual support needs and personal outcomes. Personal plans also contain risk assessments highlighting areas of concern. On the whole, people are happy with the care and support provided, however work is being done to make the runs of care calls as tailored to people's wishes as they can be. Medication is mostly administered as prescribed and management are responsive to errors.

Care staff are trained to meet the needs of the people they support. They receive regular supervision, practice observations and medication competency checks. The management team have good oversight of service delivery and seek feedback from people at their quarterly reviews, as well as monitoring visits and surveys. There is currently no Responsible Individual (RI) in place, however an application is in process and the applicant is completing the required monitoring and quality assurance. Actions are set to continually improve the service being delivered.

## Well-being

People and their families have built positive relationships with the care staff that support them. Care staff try their best to promote people's wellbeing by being positive and uplifting during calls. There are some instances when care calls do not fall in line with people's preferences, but this has been acknowledged by the service and they are exploring any ways to improve this. Care staff complete all tasks and people told us they are always asked if there is anything else they need before the call ends. Care reviews and quality assurance processes enable people to provide feedback on the care they receive. There is a formal complaints procedure in place, should this be required.

The service supports people to stay as healthy as possible and get the right support. Issues around people's health and well-being are reported and referred to the relevant health and social care professionals in a timely manner. Care plan reviews need to ensure guidance is documented clearly for care staff who may be unfamiliar with the person they are visiting. For those people who are assisted with their medication, care staff record administration as required and ensure the medication is safely stored in the property. Medication records are audited by office staff, and a competency pathway is followed with care staff if medication errors take place. Infection control measures are in place and care staff wear and change Personal Protective Equipment (PPE) to minimise risk of cross contamination between calls.

Systems are in place to help protect people from abuse and neglect. The service identifies potential risks to people or care staff and how to manage these. Care staff understand their safeguarding responsibilities and how to report issues if they are concerned for a person's well-being, and there is a safeguarding policy in place. Care staff can alert office staff and management to any issues during a care call via the electronic care management system, and staff told us they also ring straight to office staff if they need immediate advice or assistance. Incidents are recorded and can be audited by management to find patterns or themes.

## Care and Support

Overall, people receive good care and support from staff at Cera Care. People told us: *“the carers are excellent”*, and *“there are lots of good carers, they’ve really helped me when I’ve been at my worst”*. People’s staff rotas are available electronically, but some people who do not know how to access report they do not know who will be calling. A relative said: *I can’t prepare [son] for who is coming”*. We discussed this with the manager, who advised care staff will be asked to remind people how to look at the rotas. People are given information about the service when their care packages start. One person who had recently begun using Cera Care with no previous experience of care said: *“it’s been a very positive experience. They visited first, explained things before the carers arrived”*.

Personal plans ensure care staff have the necessary information to give people the right care at the right time. These are informed by Local Authority care plans, and we discussed the importance of asking additional questions of care managers if there is information missing. Risks to individual’s health and safety are also included in plans to minimise the chance of harm. Personal plans are reviewed every three months, and we discussed the importance of including any relevant guidance from external professionals. Daily recordings give information about people’s progress, with supplementary monitoring charts, such as for dietary intake, also completed where required. These are entered into the electronic care management system before care staff leave the call, so all information is up to date.

Infection control measures are in place to help reduce the risk of transmission of potential sources of infection. Staff have access to a supply of PPE and use this as needed. People told us staff wear PPE appropriately. There is an infection control policy in place which care staff are aware of and understand their responsibilities. Care staff receive training on infection control.

## Leadership and Management

The service is run by an experienced manager, who has good oversight of the day-to-day care being provided. There is currently not an RI registered at the service, however the person who has submitted an application for the role is fulfilling the required RI duties whilst the application is being processed. There is a clear hierarchy of roles within the staff team, and although the office staff team has reduced, this is in line with a reduction in care packages in the Cwm Taf area. Three monthly monitoring visits of the service are completed, including visiting people receiving care for feedback and analysis of data regarding care calls and care being provided. We also saw the required six-monthly quality of care report, which utilises information from the monitoring visits to identify the current strengths and weaknesses of the service and create an action plan to address identified areas of improvement. Lack of punctuality of some care calls is an area that has been acknowledged by management and is reflected in some feedback we received as part of this inspection. We were told there is ongoing work being done to improve upon this.

People can be assured staff training and recruitment are as safe and effective as possible. Care staff files hold the correct recruitment information and evidence of required documentation, such as up-to-date Disclosure and Barring Service checks, proof of identity, and references. The correct pre-employment checks are in place, and care staff are registered with the workforce regulator, Social Care Wales. Training records show care staff have up to date training in core areas of care. Training compliance is monitored by the manager and acting RI, and gaps in training are addressed.

Care staff receive supervision sessions to support them in their roles, and there is ongoing monitoring of the care they provide. We saw evidence of regular one-to-one supervision sessions with staff, as well as regular spot checks of care calls, and medication competency checks completed. Staff receive an annual appraisal to discuss their performance and ongoing professional development. Most staff told us that they found the manager supportive. There is a lot of change happening in the service at present and so ongoing communication and support of care staff is key.

### 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 |
|------------|---------|--------|
|------------|---------|--------|

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



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