



## Inspection Report on

**Cariad Domiciliary Support Services LTD**

**Commercial Street  
Griffithstown  
Pontypool  
NP4 5JF**

## **Date Inspection Completed**

05/09/2024

**Welsh Government © Crown copyright 2024.**

*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.gov.uk](mailto:psi@nationalarchives.gov.uk) You must reproduce our material accurately and not use it in a misleading context.*

## 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	19 July 2023
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and to promote the use of the Welsh language and culture.

### Summary

Cariad Domiciliary Support Services operates in Gwent and provides support to people in supported living accommodation.

People and their families are involved in their care and can express their views knowing they will be listened to. They are complimentary about the care provided and enjoy a familiar rapport with care staff. Personal plans are in place and people have access to specialist support and advice. People are supported to achieve their personal outcomes; however, their achievements are not always clearly recorded. They have opportunities to be part of their local community and are involved in activities they are interested in. Staff are kind and considerate and know individuals they support well. They told us they feel supported and receive regular supervision.

At a previous inspection we identified some areas of improvement, including failings in the management of the service and oversight by the Responsible Individual (RI). These areas have now been strengthened. The service is well supported by a clear management structure. The service provider has improved the way they report matters of a safeguarding nature and the management of service is more robust. However, we identified areas for improvement in medication management and personal plan reviews.

## Well-being

People are supported to have control over their day to day lives. Staff respect people's individual choices. These include opportunities for people to contribute to their local community, supporting people with volunteering in the workplace and to build and maintain relationships. The service provider has systems in place for people's views to be sought on how satisfied they are with the service and how things could be improved.

People's preferences are acknowledged and understood, and how they wish their support to be provided is recorded in their personal plan. Feedback from people and their relatives indicates the support provided is personalised and people are supported to do things that make them happy. Personal plan reviews do not always reflect the person is involved in three-monthly reviews. One person told us, *'There is good communication, but we don't have regular reviews. Three monthly reviews would be helpful.'*

Systems and policies protect people from neglect and abuse; however, some areas require strengthening. Assessments are undertaken alongside detailed plans completed by professionals to support safe practices. Mechanisms are in place to promote people's physical health. Referrals are made to relevant health and social care professionals when people's needs change. Arrangements to support people with their medication requires further oversight to ensure practices are consistently safe.

Care workers confirm they receive safeguarding training and records reflect this. A safeguarding policy is in place. The safety of individuals is mostly supported by recruitment practices, but overall checks on prospective employees require attention. The provider has completed Disclosure and Barring Service (DBS) checks on all staff. The DBS helps employers maintain safety within the service. Reporting processes to CIW and the relevant agencies are completed in a timely manner.

The management structure of the service has been strengthened and oversight by the RI has been improved. We saw quality assurance reports completed by the RI on a quarterly basis. Reports detail an overview of the service and note there has been regular engagement with people, their representatives, and staff. People and their relatives can express their views and have the opportunity to contribute to the running of the service. Staff told us they feel supported, and records show they receive regular one to one supervision with their line manager. Managers and care staff are registered with Social Care Wales (SCW). SCW maintains the register of the social care workforce in Wales.

## Care and Support

People have positive relationships with care staff and their individual circumstances are considered. People told us they are supported to access their local community, maintain family and personal relationships and to go on holiday. We saw they were relaxed in the company of staff and have genuine friendships with the people they live with. One relative told us, *'They support with community access, and we were sent pictures of this. We love this as we can then talk about this when we speak with (X).'* There is good continuity of support from regular staff, which enables people to build trusting relationships.

Personal plans set out how care and support needs will be met. Plans evidence people are being supported to improve their well-being and maintain their independence. Daily logs of care delivery reflect people receive the support they need as outlined in their care documentation. We found copies of personal plans are not routinely kept at the office. The manager assured us this is being addressed. Personal plan reviews take place; however, they do not always indicate how people are involved in the review process or how they are achieving their well-being outcomes. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Care records reflect professional advice is sought to ensure people have the right care and support when they need it. We visited people in their own homes and saw equipment is available to support them with their assessed needs. We spoke with two healthcare professionals who told us communication is good, and people receive the care and support they need. One professional gave an example of how the care staff used their initiative to gain a second opinion on the declining health of an individual. This resulted in the person receiving critical treatment. Assessments are requested from the relevant authority where restrictive practices are used. Plans are in place for people identified as potentially lacking mental capacity.

Arrangements to support people with their medication require improvement. The temperature of areas where medication is stored is not monitored effectively. We found administration records are mostly completed accurately; however, we found a prescribed nutritional supplement had not been administered consistently. We also note this nutritional supplement had not been updated in the medication plan as guidance for care staff to follow. We found where PRN "as required medication" is prescribed, care staff are not always recording the reasons for administration. This is an area for improvement, and we expect the service provider to take action.

## Leadership and Management

Oversight of the quality and performance of the service is demonstrated, providing assurance service delivery is safe. The RI visits the service on a regular basis and completes a report every three months. Reports reflect they consult with people and their relatives, whilst considering the quality of care and support. Staff told us the RI and the recently appointed manager are supportive and approachable.

The manager is visible in the service and works alongside care staff supporting people to achieve their outcomes. The quality of care is reviewed on a six-monthly basis and considers the overall delivery of the service provision. We found this process this does not include an evaluation of feedback from people receiving a service to understand their experiences. The service notifies CIW and the relevant authorities of incidents as required by regulation.

People receive care and support from staff who are trained and well supported in their roles. Records reflect an induction programme is completed and the care staff are registered with SCW. Staff receive regular mandatory training. The manager assured us gaps in specialist training is currently being addressed. Staff we spoke with demonstrate a good understanding of people's needs. Arrangements are in place for staff supervision and reflective practice.

The statement of purpose (SOP) is fundamental in reflecting the vision for the service. The SOP outlines the service being delivered, including provision of the Welsh 'Active Offer.' We discussed several issues with the RI including the service user guide (SUG) referring to the service as a 'home,' but accommodation is not provided by the service. Consultation with individuals, and their representatives is not always recorded and termination of contracts and notice periods are not clear in SUG. We raised these matters with the RI who gave assurances these would be addressed.

Selection and vetting arrangements enable the service provider to decide upon the suitability of staff, although areas of this process require strengthening. DBS records reveal the relevant checks have been completed. Staff files contain most of the relevant information, including job descriptions, staff handbooks and contracts of employment. However, we identified some discrepancies in relation to employment histories, reasons for leaving previous employment with vulnerable adults, references and identification. This is an area for improvement, and we expect the provider to take action to address these matters.

### 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.

### Area(s) for Improvement

Regulation	Summary	Status
16	Ensure three monthly personal plan reviews include the extent to which the individual has been able to	New

	achieve their personal outcomes and ensure people and or their representatives are involved in the review	
58	Ensure arrangements are in place for medicines are stored and administered safely	New
35	Ensure full and satisfactory information and documentation in respect of each of the matters specified in Part 1 of Schedule 1 is available on file for all staff	New
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.	Achieved
36	People working at the service do not have regular supervision and appraisals.	Achieved
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.	Achieved



### **Was this report helpful?**

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

**Date Published** 07/10/2024