



# Inspection Report on

**Cadog Homecare Ltd**

**Old Kingdom Hall  
Foundry Road  
Ammanford  
SA18 2LS**

## **Date Inspection Completed**

15/08/2024

**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 Cadog Homecare Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	Cadog Homecare Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">26<sup>th</sup> September, 2023</a>
Does this service promote Welsh language and culture?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

### Summary

Cadog Homecare Ltd is a domiciliary support service providing good-quality care from motivated care staff. People we spoke with are happy with the care and support they receive and are treated with dignity and respect. People are supported by safe and professional care staff, with whom they have developed effective relationships.

Arrangements for the effective management and oversight of the service are in place. The manager is closely supported by the Responsible Individual (RI). Whilst no immediate actions are needed, we expect the provider to take action to address these areas.

## Well-being

People and their representatives overall spoke positively about the care provided by care staff at the service. A person using the service told us, *"They are good carers"*. People are happy and are supported to do the things that matter to them. A person using the service told us, *"We sing together"*. Empathy and care is shown to people, who have as much autonomy over their own lives as possible.

People are treated with dignity and respect and receive appropriate, kind, and caring support from care staff who know them. Individuals and representatives told us that care staff are good, make you feel safe and respond to any issues. A family member told us, *"It is quite good. They do all the things we ask. They have a laugh with you"*. However not all people's wellbeing has been supported through consistent and timely care and support being provided to them. The service has experienced staff recruitment and retention issues which has resulted in disruptions to the timing of care provision and people receiving care from staff who are unfamiliar to them. A person using the service told us, *"The problems for me are the call times can be late. They can be short of staff"*. A relative of a person using the service told us, *"We are happy with the staff just wish we had the same staff more often"*.

People are safe and protected. They receive care and support from care staff who have been safely recruited. People receive a standard of care and support from a well-trained and supported care staff team, who are registered or are in the process of applying with Social Care Wales, the workforce regulator. People are protected from harm by professional staff who know how to raise concerns. People and their representatives know how to raise a complaint and have confidence in this being dealt with by the service. A person using the service told us, *"On the whole they are not too bad"*.

## Care and Support

People and their representatives are overall complimentary about the care and support they receive from care staff who take time to get to know them and treat them with dignity and respect. A person using the service told us, *“They listen. Really listen”*. Personal plans are clearly written, include personal preferences, risk assessments, personal outcomes and overall contain the required information. People’s personal plans direct care staff to deliver care and support in a consistent way. People and their representatives are consulted on the care received. Personal plans are reviewed in a timely manner and when necessary. Identified changes result in personal plans and risk assessments being updated. A person using the service told us *“They know [my relative] and the routine to do care and what [my relative] likes”*.

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. We were told that people do not always have care staff who are familiar to them. A relative of a person using the service told us, *“We don’t know who is coming from day to day. It isn’t causing problems, but we would prefer to have the same person over the week”*. The service have revised staff rotas to address staff continuity and consistency of call times. This was being implemented at the time of the inspection. While no immediate action is required, this is an area for improvement, and we expect the provider to take action. We will follow this up at our next inspection.

Care staff are supportive and engage with people in a positive manner. Daily care notes provide an overview about the support provided to people using the service. Supervisors oversee care staff to ensure they are meeting people’s needs and personal outcomes as they should. A person using the service told us, *“They don’t take anything for granted. I have the same care every day, but they always check. They are so respectful when I have my personal care”*. A member of care staff told us, *“We stay for the time they need not what is on the care plan. Cadog try to meet everyone’s’ needs and overcome obstacles”*. Documentation shows people receive support to access social and health care professionals when needed. We were told the service is introducing electronic daily notes to strengthen the monitoring of care provision.

The service has arrangements in place for medication administration. Care staff are trained to administer medication and are ensuring all care staff remain competent in medication administration.

Care workers have completed safeguarding training. All staff we spoke with have a good understanding of how to report matters of a safeguarding nature. They are aware of the whistleblowing procedure and are confident to use it if the need arises. They would approach any of the senior staff team but would also contact external agencies such as the

local safeguarding office if they thought they needed to. The responsible individual (RI) encourages a culture of learning, reflection and improvement around managing incidents.

Infection prevention and control procedures are good. All care staff receive appropriate training on infection control. The service ensures that a good supply of personal protective equipment (PPE) is available to staff at all times.

## Leadership and Management

People are provided with accurate information about the service. There is a written guide which gives people who live at the service, their relatives and others, information about the service. There is a statement of purpose (SOP) which describes how the service is provided. The service provision is reflective of information contained with the SOP.

The manager is working towards being suitably qualified and registered for the role and is in regular communication with the Responsible Individual (RI), who provides guidance and support to ensure the service operates in line with Regulations.

The service has quality assurance arrangements in place to monitor and review the quality of care and support provided. Strong oversight ensures the service identifies and addresses areas for development, remaining focussed on meeting the needs of individuals. The responsible individual (RI) has an impactful presence at the service and spends time talking to people. The service also has effective procedures for obtaining frequent feedback from people and care staff, to inform service delivery. Feedback appears valued, is listened to and forms the basis for the ongoing development of the service.

The service has recently experienced difficulties in recruiting and retaining staff. This has impacted on the service providers ability to manage the service and provide consistent care and support to people. The service have taken steps to address staffing levels. At inspection, we saw sufficient numbers of care staff at the service to provide care and support. Appropriate staff contingency plans are in place in the event of a staffing emergency. A member of care staff told us, *"They are trying to get into a better system and they are on the verge of achieving this"*.

Staff recruitment records contain information required by Regulations to ensure they are safe and fit to work at the service. Disclosure and Barring Security (DBS) checks are in place and current. The service is currently strengthening procedures to ensure care staff are registered in a timely manner with the social care workforce regulator, Social Care Wales.

Newly appointed staff complete a thorough induction programme which includes training, shadow shifts, staff competency checks, introductions to policies and procedures and induction supervisions. Care staff training records indicate they have access to a variety of training opportunities and all staff files we viewed showed staff had completed a good level of training. The service have currently strengthened training provisions.

Care staff are provided with support, through supervisions, spot checks and staff meetings. We were told that the management team are approachable and always there to help or advise care staff when required. A member of care staff told us, *"Supervisions are useful and they point to reflection and areas to improve"*.



### 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
21	The service provider cannot be assured that all people receiving care and support consistently	New

	receive their care in a timely manner, from care staff who are known to them.	
--	---	--

### **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** 05/09/2024