



Inspection Report on

Cartrefi Cymru Co-operative Cardiff and the Vale

**Cartrefi Cymru
Unit 5-6 Coopers Yard
Curran Road
Cardiff
CF10 5NB**

Date Inspection Completed

02/12/2021

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About Cartrefi Cymru Co-operative Cardiff and the Vale

Type of care provided	Domiciliary Support Service
Registered Provider	Cartrefi Cymru Co-operative Ltd
Registered places	0
Language of the service	Both
Previous Care Inspectorate Wales inspection	This was the first inspection since the home re-registered under the Regulation and Inspection of Social Care (Wales) Act 2016.
Does this service provide the Welsh Language active offer?	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 receive a quality service from staff who understand their needs, and support them to fulfil their well-being outcomes. Staffing levels are determined according to the needs of the people using the service, which ensures that people live their lives to the fullest. Care staff and service users have positive relationships and care is delivered with kindness, patience and compassion. Care documentation is detailed, robust and reviewed regularly. There is evidence that staff engage with professionals and seek advice and support when required. Feedback from a visiting professional is positive. Staff are recruited safely, well trained and supported. Staff are happy in their work and speak highly of management.

There are policies and procedures in place for the smooth running of the service and the Responsible Individual (RI) has good oversight of the service. The manager and RI understand their roles and ensure that safeguarding referrals are made to the Local authority as required. There are quality assurance processes in place for the monitoring of care delivery and identify any improvements required.

Well-being

People can be confident their voice is heard. Care documentation is person centred and developed with people and/or their representatives. Care plans outline how people prefer their care to be delivered and how they like to spend their time. These documents are reviewed as per regulations and as required with input from the person and/or their representative. People access education and social activities of their choice and have support from staff to ensure their well-being outcomes are met. People are supported to maintain relationships with their friends and family whilst living independently in the community. Cartrefi Cymru take complaints very seriously and have a robust complaints policy in place. All complaints go to a senior manager and are then responded to appropriately and stored centrally. People are consulted as part of the RI's visits and quality assurance monitoring process to give feedback in regard to the care they receive and where improvements can be made.

People are protected from abuse and harm. Cartrefi Cymru has a safeguarding policy in place, and all staff receive training in the safeguarding of people of risk of abuse, which is refreshed annually. Management understand their responsibilities in regard to safeguarding vulnerable people and make referrals to the Local Authority when appropriate. These referrals are stored centrally and scrutinised as part of quality assurance processes. This is good practice as it can identify patterns of abuse and enhance good practice from lessons learned processes. Staff recruitment is safe and robust as Disclosure and Barring Service (DBS) certificates and references are applied for before employment is offered. These checks are important as they determine a person's suitability to work with vulnerable people.

People are treated with dignity and respect. Care staff have positive relationships with the people they care for and understand their needs. Staff are able to anticipate the needs of service users who cannot communicate their own needs verbally. Staff have developed ways to engage people who are not able to communicate verbally, and do so with kindness and care. People are supported to be independent and only receive the level of support required. People are encouraged to do things for themselves where possible. People look clean, well-kept and happy. Personal care is delivered discretely and ensures that people maintain their dignity at all times.

Care and Development

People get the right care at the right time. Care staff have an excellent understanding of the needs of the people they care for, and are able to anticipate the needs of people who cannot articulate these themselves. Staff rotas are devised around the people they support to ensure that there is sufficient staff to meet needs at all times. Care staff provide care with kindness, respect and patience and have developed ways to communicate with people who cannot communicate verbally. We viewed staff interacting with people using touch, sounds and facial gestures, and were able to see people responding positively to staffs the staffs engagement.

Care documentation is thorough, robust and clearly outlines people's needs and how these should be met. These documents are reviewed regularly and evidence that referrals are made to health professionals as required. People with complex health needs have additional documentation in place which is extremely detailed, with step by step instructions. This is very good practice as it would enable a new member of staff to understand how to meet complex needs and reduce risk of errors.

People can be assured that they have choice and control as far as reasonably possible. Care documents are developed with people and/or their representatives and include detailed information about the person. Likes and dislikes are recorded along with information on how people prefer their care to be delivered. People have their own personal activity plans in place and do the things that matter to them. We observed a staff member supporting a person to prepare for a shopping trip, and noted that encouragement was given to enable the person to do the task as independently as possible. We saw that the person and staff member have a very positive relationship and shared laughter and banter together when they reminisced about past holidays and outings. One person we spoke to told us that they were happy with the service they receive and were confident that they could approach staff if they have any issues. A visiting professional also spoke positively about the service their client receives, and told us how care staff work with professionals to identify people's needs and how these are best met.

Leadership and Management

People benefit from the leadership and management in place. Cartrefi Cymru has a manager who oversees the day to day running of the service and an RI who has overall accountability for the service. The manager is registered with Social Care Wales, the workforce regulator. We spoke with both the RI and manager as part of the inspection and conclude that they both understand their roles and responsibilities attached to caring for vulnerable people. Safeguarding referrals are made as required and are then audited by senior management who store them centrally with outcomes.

There are policies and procedures in place for the running of the service, but we suggested some minor adjustments to the safeguarding policy to make it fully robust. The RI completes monitoring visits and produces reports of the findings. There are quality assurance processes in place to ensure that people receive a quality service. There is some feedback from people who use the service, but we have recommended that this should be extended, so that all people using the service and/or their representatives have an opportunity to engage in this process.

People can be assured that they receive care from staff who are well trained and feel supported. All staff are up to date with training, and attend courses relevant to the needs of the people they care for. Staff we spoke with told us that they feel well equipped to undertake their roles. Throughout the pandemic, staff supervisions were not given as regular as required, but management have ensured that all staff now have a current supervision and going forward these will be given quarterly. Staff told us that they feel *“well supported at all times and described the manager as lovely and approachable”*.

We viewed a selection of staff personnel files and were able to see that recruitment is safe and robust as pre-employment checks including references and DBS certificates are applied for before employment is offered. We were able to see that files contain all required information, but it took some time to locate some documents, so we have recommended restructuring these files to make it easier to access required information. We examined staff rotas and found them consistent. There is allocated travel time for staff who provide domiciliary care within peoples own homes.

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

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Date Published 18/01/2022