Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

Cartrefi Cymru Co-operative North Wales

Cartrefi Cymru
30 Dean Street
Bangor
LL57 1UR

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

22, 28, 29 September, 03 October 2022.

Welsh Government © Crown copyright 2022.
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.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.

About Cartrefi Cymru Co-operative North Wales

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	27 August, 02, 03, 04 and 12 September 2019.
Does this service provide the Welsh Language active offer?	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

People and their relatives are happy with the service provided. Care planning discussions occur at an early stage, with care documents created prior to the commencement of the service. Personal plans are up-to-date and are created with people. Plans are person centred; they include detailed information regarding the support each person requires. Risk assessments are in place to manage identified risks to people's health and safety. Protecting people's health is a priority and people's independence is promoted. People are supported to participate in a variety of social activities, of their own choice. Staff undertake appropriate training and feel supported in their roles. Arrangements are in place at managerial level to consistently monitor the quality of the care and support provided. When improvements are required, action is taken promptly.

Well-being

People are happy with the service provided and have positive relationships with the staff who support them. Care is provided in a respectful, kind manner and in people's preferred language. Staff take the time to listen to people, ensuring they fully understand what people are saying and provide their full attention to meeting the needs of the person. People told us *"I feel comfortable and happy here", "(Staff are) good, nice people"* and *"Brilliant".*

Support is provided for people to keep in contact with their families and friends. This helps to promote people's emotional well-being and their sense of belonging. Relatives praise the service provided. Feedback CIW received from relatives include the following: *"Exceptional care", "Excellent care", "I am more than happy with the care my (relative) receives", "Very happy with the level of care", "Staff genuinely care, and go out of their way to make (my relative's) life as comfortable and fulfilling as possible*", *"Skilled staff"* and *"Dedicated staff".* Relatives are kept up to date regarding any changes in people's health or needs.

People's rights are promoted. Opportunities are provided to enable people to take control over their day to day lives. Choices are available in relation to how people wish to spend their day, and which skills they would like to become more confident in. Independence is promoted by using active support and written plans are in place to continuously develop people's ability to do things themselves. One person told us the support provided *"Helps me to live a normal life*". People are encouraged to take part in a variety of different educational, leisure and social activities. Participation can be as an individual, within groups, or both, depending upon what each person prefers.

Support is provided to meet people's physical and emotional well-being needs. People's health conditions are known and recorded, with various arrangements in place to help people to stay well. Personal plans are in place which record in detail people's mental health needs, what support people require and how staff should provide each person's support. Families are involved in creating people's support plans, where appropriate, and this helps to ensure a continuity in the support people receive. Staff are familiar with the likes and dislikes of the people they support.

People are protected from harm and abuse. There are measures in place at every level of the service provided to ensure people who use the service are safe. Staff are aware of their duty to report any safeguarding matters and they feel confident in doing so. Managers follow the safeguarding policy and report matters to the local authority appropriately. Robust action is taken in response to safeguarding matters identified, to improve outcomes for people who use the service.

Care and Support

People can feel confident their individual needs are known and up to date plans are in place for how their care is to be provided. Before the service is provided, the initial personal plan is created by obtaining support plans and risk assessments from the health and social care professionals, already known to the person. People's personal plans are further developed by the provider through ongoing discussions with people and their relatives. Personal plans are kept under review and developed to reflect changes in people's care and support needs. Commissioners are informed when people's care needs change significantly and when this affects people's ability to achieve their personal outcomes.

Care and support is provided in accordance with people's personal plans and associated risk assessments. Personal plans record in good detail each person's individual needs, how those needs will be met as well as the outcomes people wish to achieve. People's likes, dislikes and their preferences are recorded. This supports continuity in the care people receive. The staff we spoke with understood the needs of the people they supported and are familiar with how each person prefers to be supported. Risk assessments are in place, which manage known risks to people's health and safety. Known *'triggers'* and the response strategies known to work well are recorded, which helps to support people's emotional well-being.

People's health is promoted. Individual health conditions are known and recorded. Staff advocate on people's behalf to ensure they see health professionals when required, and support is provided to follow the advice and guidance received. People are supported to receive their medication, as prescribed, to manage their health conditions. Records show people are supported to eat a healthy diet and to keep hydrated. Staff undertake medication training, and their understanding is tested before they support people with their medication. Arrangements are in place at a senior level to monitor and oversee the management of medicines within the service.

Systems are in place to protect people from harm and abuse. Staff are aware of their individual responsibilities for raising any concerns they may have regarding the safety and well-being of the people they support. Safeguarding policies and procedures are in place which provides clear guidance to staff regarding how to protect people from harm. The Whistleblowing policy in place supports staff who may need to raise safeguarding concerns. Safeguarding training is provided and safeguarding reports are appropriately made to local authorities, when required.

Leadership and Management

There are clear arrangements in place to oversee the smooth running of the service, which contributes to people's ability to achieve their personal outcomes. Policies and procedures are in place to achieve the aims of the statement of purpose and to place people at the centre of the service. Systems are in place, at senior care staff and managerial levels, to consistently check the service delivered is in line with the provider's policies and procedures. This is done remotely, electronically as well as in person at each care setting. When improvements are required, action is swiftly taken to make the necessary changes.

People can be assured processes are in place to consistently monitor, review and improve the quality of the service provided. The designated responsible individual (RI) visits settings, as is required, and consults with people using the service regarding their experience of the care delivered. Reports are available to evidence the feedback received and the outcome of the RI's visits. People and their representatives can also share their views during structured quality of care reviews, which take place twice a year. The feedback provided is recorded and acted upon appropriately, which contributes to the development of the service. There is a complaint policy in place and a process in place for receiving and responding to complaints appropriately.

People are supported by staff who receive suitable training and managerial support. Checks are completed as part of the recruitment and pre-employment process to ensure staff are suitable to work at the service. New staff complete an induction and undertake shadow shifts when they start working at the service. Training is provided which assists staff to understand the needs of the people they support, alongside training in relation to staff's roles and responsibilities. Staff told us training was a *"Priority"* with *"Excellent opportunities to learn and develop*" provided. Line managers provide regular one-to-one supervision sessions and team meetings are held. Staff enjoy their work, feel it's *"Rewarding",* and they *"Work well as a team".* Most staff feel valued and feel they receive *"Excellent support"* from their manager.

People can access written information regarding the service provided. There is a statement of purpose in place, which accurately describes the service provided and the arrangements in place to support the delivery of the service. There is also a service user guide available, which provides information regarding the culture and ethos of the service and how the service is provided. This enables people to make an informed decision about using the service.

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 inspection	N/A

Date Published
10 November 2022