



Inspection Report on

Cartrefi Cymru Co-operative Gwent

**Cartrefi Cymru
Mill Road
Pontnewynydd
Pontypool
NP4 6NG**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

14/03/2024

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About Cartrefi Cymru Co-operative Gwent

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	
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

People receive good care and support from Cartrefi Cymru Co-operative Gwent. People are treated with dignity and respect, through a personalised approach to care and support.

People are happy with the support and are consulted about their care. People have control over their own lives and can make their own choices as far as possible. The support provided enables people to maintain and improve their independence and domestic skills, and to enjoy community life. It is apparent that staff know the people they care for well and their likes and preferred choices.

Support staff have up-to-date knowledge of people's needs; detailed individualised personal plans are available to guide staff. There are systems in place for the management and storage of medication. The service ensures the recruitment of staff is safe and effective.

The service is well-managed, and staff feel supported and valued in their role. Support staff receive supervision and attend regular training. Governance and quality assurance systems are in place. The management team and Responsible Individual (RI) are approachable and visible in the running of the service.

Well-being

People help shape the service they receive as managers and support staff prioritise their views, needs and wishes. Personal plans of care highlight people's strengths, preferences, and personal goals. People are positively encouraged to engage in rewarding and meaningful activities and are encouraged to maintain an active social life. Support workers are encouraging, kind and available to assist people to do what they want to do. People consistently receive a good standard of care and support which enhances their emotional and physical well-being. Support workers offer reassurance and celebrate people's achievements, which helps build their confidence.

The service makes every effort to help people understand their rights. Details about the service are available within a statement of purpose and written guide. Information is thoughtfully presented, allowing people to express themselves and make informed choices. A range of opportunities for people to both formally, and informally express their views and opinions are in place. People we spoke with confirmed they were given choices and were listened to. Arrangements are in place for effective oversight of the service and people's views are used for the continued development and improvement of services. Support staff give people as much control over their lives as possible. They help people learn about their rights and encourage them to make decisions about where and how they spend their time.

People have access to medical and specialist services to promote their health and well-being. The service liaises with health professionals to refer any concerns and follows appropriate guidance. People have developed good relationships with support staff whom they know well and this helps to support people's well-being and emotional health. We observed positive, humorous interactions between people and support staff and management. Processes are in place to manage people's medication and ensure they receive all prescribed medication as directed.

There are systems in place to help protect people from harm. Identified risks to people are managed and monitored so they are supported to stay safe, and their freedom respected. Staff are also guided by clear and up-to-date policies and procedures. People know how to report any concerns they may have. Staff are clear about their safeguarding responsibilities. They know what to do if they are concerned about someone, are familiar about the types and indicators of abuse and told us what action they would take. Staff said they are confident to report any concerns and they felt they would be listened to, and actions would be taken. The rights of people who may be unable to make decisions regarding their care are protected.

Care and Support

The service provides a good standard of person-centred care and support. This means that people receive a service that is specifically designed to meet their individual needs. Support staff are attentive and respond to people's needs providing appropriate levels of prompting and support, with genuine warmth and compassion. People look relaxed and comfortable in the presence of staff. They actively listen to people and help them progress by offering reassurance and praise. People we spoke with are positive about the care they receive and complimentary about support staff and management.

Personal plans are individualised and provide a detailed overview of who people are and what is important to them. Plans contain information about the best way for staff to support individuals. Plans capture clearly what people's interests, routines and support preferences are. The service works closely with people's families and other professionals to ensure they have the correct information to support people. People receiving sessional support will also be provided with a plan of care going forward, providing clear guidance for staff to follow when supporting people in the community. Risk assessments are in place covering areas specific to the person's needs, providing guidance to staff about how they can safely support people to achieve their goals. Where there are necessary restrictions in place made in people's best interests to manage their safety, these appear proportionate. Reviews take place on a regular basis. Daily recordings of the support provided are in place, giving important information about people's progress and identifying changes in care needs.

People can access the necessary health services to maintain their health and wellbeing. This includes access to GP services. We saw individuals have been referred to other healthcare professionals as and when needed. Staff interact with people in a natural friendly caring and compassionate manner. It is apparent that staff know the people they care for well and notice any changes in their health and well-being quickly. There are systems in place for the management and storage of medication. Medication is stored securely. Staff receive medication training and have their competency to administer checked. Medication Administration Records (MAR) are free from errors. Medication is checked and audited regularly.

People receive high quality care and support that improves their mental and physical well-being. The service focuses on people's strengths and finds innovative ways to help them flourish. Support workers help people maintain safe, positive relationships, so they can enjoy socialising with family and friends. People are encouraged to build community connections by regularly visiting places of interest and attending various events. Support workers recognise what people can do for themselves, which is reflected within personal plans.

Leadership and Management

People can be confident they are supported by a provider that shows commitment to providing quality care and support. We found robust governance arrangements at the service. These help to self-evaluate and identify where improvements are needed. The Statement of Purpose (SoP) clearly states what people can expect from the service and the service reflects its contents. A range of comprehensive policies and procedures are in place to support the delivery of care, which are kept under review.

Reports evidencing regular visits to the service by the responsible Individual (RI) are available. They show discussions with people receiving a service and support staff and identify any areas for improvement. Quality of care reports are produced on a regular basis. The RI and members of the senior management team closely monitor the quality of the service. The electronic record-keeping system allows them to review care and incident records at any time. There is a visible management team in place who are part of the day-to-day running of the service.

The service ensures the recruitment, induction, support, and training of staff is safe and effective. There are suitable selection and vetting practices to enable the service provider to decide upon the appointment of staff. Evidence of necessary pre-employment checks are available. Employment histories will be explored further moving forward. References are sought which support the individual fitness of staff to work at the service. All staff have up-to-date Disclosure and Barring Service (DBS) checks and proof of identity.

Staff complete an induction programme where they shadow experienced staff and spend time getting to know people. They complete a wide range of training, including any specialist and bespoke training. Supervision records confirm the majority of staff had received supervision in the last two months. The frequency and regularity of formal supervision needs to be embedded and sustained going forward. Training records show staff have up to date core training. Support staff can attend regular team meetings to discuss the operation of the service and progress of the people they support.

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
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N/A	No non-compliance of this type was identified at this inspection	N/A
36	Care workers do not receive support and supervision on a regular basis.	Achieved
58	The recording of medication administration was inconsistent and confusing, liquid medication did not have dates of opening.	Achieved

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