



Inspection Report on

Care Cymru RCT

**28 Commercial Street
Beddau
Pontypridd
CF38 2DB**

Date Inspection Completed

09/06/2023

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About Care Cymru RCT

Type of care provided	Domiciliary Support Service
Registered Provider	Care Cymru Services Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	1 March 2023
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

Care Cymru is a domiciliary support service providing personal care and support to people in their own homes, in the Rhondda Cynon Taf area. There are two branches at the service in Beddau and Mountain Ash with a service manager and an office team at each, who are all suitably qualified and registered with Social Care Wales as required.

We carried out an inspection at the service on 1 March 2023. During that inspection we found issues with recording of medication on Medication Administration Record (MAR) charts and medication management were ongoing since the previous one. We saw training for some staff out of date and no evidence of any recent medication competency assessments. Medication documentation was not always completed accurately. Evidence of these issues were highlighted in audits carried out by the service and viewed during the inspection. Concerns had also been raised with CIW and the Local Authority (LA) around medication since the previous inspection and continued. This posed a risk to people's health and wellbeing. This was an area of improvement at the previous inspection, and so we issued a Priority Action Notice for immediate action to address this. We have seen sufficient progress has been made during this current inspection.

Well-being

This inspection is to focus on progress made in relation to medication. As such, we only consider wellbeing in relation to medication. We do not consider other Areas Of Improvement.

People can have assistance with their medication if required. There are up to date medication policy and procedures in place at the service. Staff have training and monitoring to ensure they can carry this task out safely and appropriately. Care and support around medication being provided is generally more consistent. This reduces risks to people's health and wellbeing and has a positive impact on staff and people who require support with medication.

Care and Support

This inspection is to focus on progress made in relation to medication. As such, we only consider care and support in relation to medication. We do not consider other Areas Of Improvement.

There are measures in place for assisting people with their medication, if needed. We saw a medication policy recently reviewed in place at the service, providing clear guidance to staff. Staff have up to date medication training, and the manager checks care workers' competence through medication competency assessments, care worker's assessments, and 'spot checks'. Medication Administration Record (MAR) charts are generally being completed more accurately. The management team is addressing any remaining issues such as use of blue pen or scribbling out, in regular monthly audits with actions and outcomes recorded. Service Delivery Plans and risk assessments completed by the management team are evident on care files. Feedback from people using the service is positive. They identify no issues with the medication support they receive from the service and feel confident they could raise any concerns with the staff or the office.

Environment

As this is a domiciliary care service who provide care and support to people in their own homes, we do not consider the environment theme.

Leadership and Management

This inspection was to focus on progress made in relation to a care and support area (medication). As such, we did not focus on matters relating to leadership and management or other Areas Of Improvement.

However, it is evident that progress has been made in the area of medication. Regular audits, risk assessments, and any actions or improvements required are recorded by the management team. There is an action plan in place which includes a new electronic care monitoring system due to come into force in July, and regular contact with the LA to address any ongoing issues or concerns relating to medication. The RI, present at the time of this inspection, visits regularly and has oversight of this. The medication policy and procedure has been updated since the last inspection. Recent medication training with staff is evident. The management team carries out medication competency assessments, care worker's assessments, and 'spot checks'. Staff feedback is positive. They told us they feel happy and confident in their roles around medication management.

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
58	The provider is not ensuring the recording of medication administration charts, risk assessments, and service plans are completed appropriately, and that all staff are sufficiently training and competent in medication administration.	Achieved

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
36	The provider is not ensuring that all staff have regular 1:1 supervision at least every 3 months	Reviewed
16	The provider is not ensuring care plan reviews are consistently carried out at least 3 monthly or evidencing people's involvement in these.	Reviewed
21	Not all people are receiving their care calls on time or for the length of time agreed on their care plans. The service provider must ensure that care and support is provided to each individual in accordance with their care plan.	Reviewed

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