



Inspection Report on

Cwm Taf Morgannwg Community Homecare

**Cwm Taf Morgannwg Homecare
Ty Heulog
Cowbridge Road
Pontyclun
CF72 8FH**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

04/07/2023

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About Cwm Taf Morgannwg Community Homecare

Type of care provided	Domiciliary Support Service
Registered Provider	Hafod Housing Association Ltd
Registered places	0
Language of the service	Both
Previous Care Inspectorate Wales inspection	23 June 2022
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

Cwm Taf Morgannwg Community Homecare is a domiciliary support service that provides personal care and support to people in their own homes, in the Cwm Taf Regional area. The registered office is in Rhondda Cynon Taf and there is a satellite office in Bridgend both where traditional Community Homecare services operate from. There are also two Extracare schemes at the service in Bridgend and Merthyr with additional Community Homecare services also working out of the scheme in Bridgend.

People receiving support have plans that detail their individual care needs and personal outcomes. These are being reviewed regularly, which is an improvement since the last inspection. People and their representatives are complimentary about the positive relationships they have with care and office staff. Care staff feel well supported, confident and happy in their roles. Regular one to one supervision, monitoring, and training is provided for all staff across the schemes, which is an improvement since the last inspection. The Responsible Individual (RI) visits the different parts of the service regularly and carries out their regulatory duties.

Well-being

People have choice about the care and support they receive. Staff develop plans with the individual and their representative, using good assessment tools. People provide feedback face to face, through telephone monitoring, or through annual service satisfaction surveys, which contributes to the quality assurance of the service. The service has an internal Auditing Team, and the manager has oversight of audits carried out by team leaders at individual schemes, to make sure people are receiving a consistent and good quality service. People's language and communication needs are considered. The service is working towards the Welsh language offer, with information such as the statement of purpose and written guide, available in both English and the Welsh language.

Staff document people's needs and risks to their safety and well-being, in personalised risk assessments. The service is responsive to changes in care needs and people's personal outcomes, with regular reviews carried out across the different parts of the service. This has improved since our last inspection. An electronic care monitoring system is used, which allows care staff to log in and out of calls, and communicate any queries or issues with office staff and the management team. The system enables office staff to communicate promptly with care workers about changes to rotas or care tasks.

Staff help protect people from potential harm or abuse. They receive safeguarding training and demonstrate a sound knowledge of the procedure to report any concerns they have. Safeguarding and Whistleblowing policies are in place, which are reviewed regularly.

People can have assistance with their medication if required. Medication policies and procedures are in place. Staff have training, spot checks, and competency assessments to ensure they can safely and appropriately carry out this task.

As this is a domiciliary support service, we do not consider the environment theme, however the office and other premises appeared secure and 'fit for purpose' during our site visits.

Care and Support

People and their families have positive relationships with staff. People told us communication is generally good. We saw a service user guide that people are given and a statement of purpose, which is consistent with the service provided. Communication between management and care staff is good. A care monitoring application is used to log in and out of calls, access care plans, rotas, and daily notes. Feedback from people and their families is positive. One person said of the care staff *'some of them make me laugh so much, I feel so much better after they have left'*. Another said *'the carers are like angels...they've been fantastic...more like friends'*. One relative said *'they are very good...my mum has a good relationship with them...they are flexible when needed'*.

Care plans consider people's personal outcomes, as well as the practical care and support they require. We saw evidence these are now reviewed regularly at schemes across the service, and involve people, their families, and other professionals, such as social workers and occupational therapists. This has improved since the last inspection.

There are measures in place for assisting people with their medication, if needed. A medication policy and procedures are in place that provides clear guidance to staff. Staff have medication training, and supervisors check care workers' competence in supporting people with medication through spot checks and competency assessments. Recording on MAR charts has improved since the last inspection. Any remaining issues are highlighted in Audits and addressed with care staff accordingly.

The service aims to protect people from potential harm and abuse. Staff receive safeguarding training and there are policies in place informing them how to report abuse. Care staff told us they could approach management with any issues.

There are infection control measures in place. Staff have received training in this area and there is a clear policy and procedures in place. During our office visit, we saw that there were good supplies of Personal Protective Equipment (PPE) such as masks, gloves, aprons, and hand sanitiser. People receiving care and support told us that care staff still use PPE when necessary, in their homes.

Leadership and Management

Care staff are knowledgeable in their roles and responsibilities and feel supported by the management team. They told us they have time to gain the knowledge and experience they need before visiting people on their own. There is a thorough induction process in place, which includes training and shadowing other experienced workers. Staff have regular supervision that includes one-to-one discussions with their line managers regarding their wellbeing and professional development, 'spot checks', and competency assessments are also carried out. Staff receive training, some of which is online e learning, and some face-to-face training. Staff supervision and training has improved since our last inspection.

Staff told us they receive rotas in good time via the care monitoring application and are promptly advised of any changes. Staff told us they feel happy and confident in their roles. One care worker said '*I love my job*'. Another said of the management team '*they are brilliant, great, spot on...really flexible with me...support the Team*'. Recruitment and vetting processes are in place and are robust. All staff have up to date Disclosure and Barring Service (DBS) checks and are registered or in the process of being registered with Social Care Wales (SCW). Recruitment is ongoing at the service with several new starters in recent months.

There are monitoring and auditing processes in place to maintain the quality of the service. The RI visits the service regularly and has good oversight of day-to-day occurrences with staff and people receiving care. Quality of care reports and quality assurance reviews are completed. A record of complaints and reportable incidents is kept, although it is noted these have not been many since the previous inspection. Compliments, thank you cards and letters are evident across all parts of the service. A Complaints policy is in place and appears to be followed. People receiving support provide feedback on the service during RI visits, through monitoring calls, and satisfaction survey questionnaires. They told us they can call the office with any issues or queries.

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	Some staff are not receiving 3 monthly supervision, annual appraisals or up to date training. The provider must ensure regular supervision, appraisal and training for all staff.	Achieved
16	Reviews of people's personal plans are not being carried out at least every 3 months consistently across the different schemes at the service. The provider must ensure all people's plans are reviewed at least every 3 months.	Achieved

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