



Inspection Report on

DSS - Cwm Taf Morgannwg

**6 Tredomen Gateway
Tredomen Business Park
Ystrad Mynach
Hengoed
CF82 7EH**

Date Inspection Completed

12/05/2022

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About DSS - Cwm Taf Morgannwg

Type of care provided	Domiciliary Support Service
Registered Provider	Achieve Together Ltd
Registered places	
Language of the service	English and British Sign Language (BSL)
Previous Care Inspectorate Wales inspection	This is the first inspection post registration under 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

DSS - Cwm Taf Morgannwg is a domiciliary support service. This report is for the Cwm Taf Morgannwg and West Glamorgan areas, due to West Glamorgan area supporting 20 or less people. The service provides domiciliary support in people's own homes and in supported living settings to people with learning disabilities, autism and mental health needs. Within the service is a specialist Deaf outreach support service which supports Deaf British Sign Language (BSL) Users and deaf or hard of hearing people. The staff team of the Deaf service are BSL users, many of whom are Deaf and able to therefore provide a positive role model to the people they support. The service has a Responsible Individual. There are several managers across the two areas who oversee day-to-day service provision, all of whom are registered with Social Care Wales.

The service provides holistic person-centred care and support to a high standard. People told us they are happy with the support they receive. Staff know the needs and preferences of people well and are caring, dedicated, respectful and skilled. Staff are happy working at the service. The service is currently experiencing staff recruitment challenges, and because of this, there is an ongoing recruitment campaign. The service recruits and trains staff appropriately. There are up to date policies and procedures, which help to shield people from harm. The management team is pro-active, visible and engaged in the day-to-day running of the service, and good systems are in place to ensure the quality of the care and support provided.

Well-being

People have positive relationships with care staff who treat them with kindness and respect. We observed warm interactions between staff in the Deaf outreach service and the people they support. Feedback from people indicates they have good relationships with care staff. People can make choices about how they spend their day and have clear goals set. Care staff appear confident and enthusiastic in their roles and know people's needs well.

People are supported to have control over their day-to-day life. Care documentation is person centred, detailed and informative. Reviews are undertaken regularly. People remain as healthy as they can be due to timely referrals and good communication with external professionals. Care staff promote choice and have a very good knowledge of the people they support and are therefore able to notice any changes quickly and respond promptly. The service engages with advocacy services when needed for people they support. This also includes specialist Deaf advocacy services.

There are measures in place to protect people from harm and abuse. Risks to people's well-being are assessed. Staff have training to recognise signs of neglect, abuse and poor mental or physical health; they know their safeguarding responsibilities and can act appropriately. There are safeguarding and whistleblowing policies in place for staff, and a complaints procedure available to individuals and their relatives/representatives which is also available in BSL.

Recruitment measures ensure care staff have the right skills and approach to care. The service provider safely recruits and vets staff before they start their employment and staff are appropriately trained to undertake their role. Staff understand their responsibilities to safeguard vulnerable adults and relay any concerns to the management team. Overall, staff are positive about the quality of training and support they have; however, some online training via video conferencing has been difficult for Deaf staff due to the size of the screen the interpreter is in.

The service is working towards an Active Offer of the Welsh language. This means that they intend to become a bilingual service or demonstrate a significant effort to promoting the use of the Welsh language and culture. Deaf staff and individuals supported through the Deaf outreach service use English lip patterns and BSL; however, the service can access a BSL/Welsh interpreter who can interpret Welsh lip patterns and BSL. Staff and people they support have opportunities to learn Welsh and British Sign Language.

The registered provider, Achieve Together, puts together a newsletter every three months. This includes photographs of people they support and goals they have achieved, blogs written by people they support, amongst other useful information. The newsletter is distributed across all service areas.

Care and Support

The service strives to provide continuity of care to people they support. Staff from the Deaf outreach service are matched to work with the individuals based on communication need and language registers, as well as other factors. The service is currently undergoing a recruitment drive to recruit new staff. The service involves people they support where possible in staff interviews. Care staff are supportive of each other and complimentary of the support peers and members of the management team provide.

Good infection control practices minimise the risk of cross infection. An up-to-date infection control policy includes Covid-19 protocols. Staff told us they have access to ample personal protective equipment (PPE) and have had adequate training in infection control and the use of PPE.

Access to health services is good and the service liaises with relevant professionals to keep people well. People are supported with medication when required. This is clearly documented on their Medication Administration Records, along with the efficacy of PRN (when required) medication.

Safeguarding measures help protect people from harm and abuse. Care staff told us they are aware of their safeguarding responsibilities and know the process for raising a concern if they need to. Care staff are recruited safely and safeguarding training forms part of the service's core training requirements.

Care plans and reviews consider people's personal outcomes, as well as the practical care and support they require. They are informative, person centred and in-depth, in pictorial format when required, giving a clear picture of the individuals' needs, likes and what matters to them. It is not always clearly documented when a person declines to be involved in a review of their care plan. People have an accurate and up to date personal plan and risk assessments for how their care is to be delivered. We looked at care files across the three areas and saw that information available to staff is detailed, up to date and reflects the current needs of the people. Risk assessments promote positive risk taking. We saw evidence of regular care plan reviews. Staff confirm care records are easily available; they are informed of changes and given enough time to read information and updates after any absence from work.

People are supported to attend and participate in several activities including cinema, arts and crafts, sensory classes, day service, bike ability, Deaf club and swimming

Cwm Taf Morgannwg

Staff told us they felt well-trained and received good support and supervision. They told us:

'It's great'

'The manager has been amazing'

'Management is amazing'

People told us:

'They [staff] couldn't be any better if they tried'

'They [staff] treat us as equals'

'They're [staff] lovely', 'very kind'

'They [staff] have plenty of time' 'they have all the time in the world'

West Glamorgan

Staff were happy in their roles and felt well supported by management. One manager told us: *'all the staff are absolutely brilliant' 'I'm really proud of them'*.

Care staff told us:

'x [manager] has been amazing'

'I feel supported'

'It's great'

We were unable to contact any of the people supported in the West Glamorgan area. Management and staff we spoke with acknowledged that there is a staff shortage. Staff cover additional shifts, along with managers, to ensure care provision and to maintain continuity. The service as a whole has an ongoing recruitment campaign, which is currently a challenge across the sector. We were told that they have recently recruited some new staff who will be starting soon.

Environment

We do not consider this domain as part of a domiciliary support inspection. We note that files are securely stored in a secure office.

Leadership and Management

Arrangements for governance and quality assurance allow the service to identify areas for improvement and to deliver quality care and support. We looked at a selection of relevant reports and documentation, including feedback from staff, people and relatives and saw that this was positive. Administration is effective and audits are regular and extensive. The service has a culture of reflection and being pro-active. The RI takes an active role, has good oversight of the service and is up to date with regulatory requirements. The RI conducts regular visits to some of the people using the service and obtains feedback from them, relatives and staff. The RI acknowledged that they have not yet carried out a visit to the Deaf outreach service and plans to do this as part of their next visit.

The service undertakes analysis of complaints, safeguarding matters or significant events. Quality of care reviews are completed. Policies and procedures support people's overall well-being. We examined a selection of policies and found them to contain clear up-to-date guidance. Policies are available in a range of accessible formats, including BSL. Detailed incident reports and recording along with consistent and detailed reporting to CIW is in line with regulatory requirement.

The service provides good information to the public. A Statement of Purpose sets out the service's aims, values, and delivery of supports. A written guide is available for people and their representatives, containing practical information about the services provided. This is available in BSL and easy read when required. The service also offers various formal and informal opportunities for people and their representatives to ask questions and give feedback.

The management team hold one-to-one supervisions with all staff members on a regular basis, to reflect on their performance, identify support and discuss any needs identified. We noted some gaps which have been due to staff sickness and the impact of the pandemic. Staff told us that they have access to regular informal support as the service operates an 'open door policy' and all staff felt confident to approach managers for any additional support needed. Annual appraisals have been completed for most staff, with others scheduled to be done imminently. Team meetings are held frequently for peer support, and to share important information.

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

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