



## Inspection Report on

**Cartrefi Cymru Co-operative Ltd Powys**

**CARTREFI CYMRU  
UNIT 27  
DDOLE ROAD INDUSTRIAL ESTATE  
LLANDRINDOD WELLS  
LD1 6DF**

**Date Inspection Completed**

26/09/2019

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## **Description of the service**

Cartrefi Cymru Co-Operative Limited provide domiciliary care for people with learning disabilities, mental health issues, physical disabilities, sensory impairments and autism. Support is provided to people living in Powys who are in supported living settings, living in their family home or in their own home. The registered provider is Cartrefi Cymru Co-Operative Limited who have appointed Siobhan Carey as the responsible individual, (RI). There are two managers who are registered with Social Care Wales, (SCW).

## **Summary of our findings**

### **1. Overall assessment**

We found that people receive a good service. Staff are committed to supporting people to achieve their best outcomes and do things that matter to them. The management support staff well, giving them opportunities to develop their skills and knowledge through training and regular supervision. People have opportunities to express their views on the service and are involved in making decisions about how they want to be supported. The management team create a positive ethos and culture whereby people and staff feel valued. They are committed to reviewing the standards of care and support for the continued development and improvement of the service.

### **2. Improvement**

This was the first inspection of this service since it was reregistered under the new Regulation and Inspection of Social Care Wales Act 2016 (RISCA).

### **3. Requirements and recommendations**

Section four of this report sets out our recommendations to improve the service. These include the following:

- Daily recordings: Recordings in individual's personal plans should be signed by the person making the entry.
- Complaints Policy: We advised that other avenues for complaints, to support complainants if they were not satisfied with the service provider's action should be added to the complaints policy.

## **1. Well-being**

### **Our findings**

People have choice and control over their day to day lives. Discussions with people and documentation reviewed, showed people were involved in planning and reviewing their care and support including setting goals and reviewing their progress. Individual preferences were recorded and respected by staff. People were supported and encouraged to be members of a board set up by the registered provider enabling them to be a voice for their community. This was confirmed by a person we spoke with who told us that part of their role was to arrange community events that people were interested in. There were opportunities for people to express their views on the service and advocacy support was available for people who needed it. The provider ensured information about the service, including policies, procedures, and care documentation was available in various formats which people could understand and would be translated into Welsh on request. People benefit from a service where their individual rights are promoted and respected by the staff.

People are supported to manage their physical and mental well-being and do things that make them happy. We saw evidence of this in the care files we reviewed and from speaking to staff and the people they supported. Health and social care professionals were contacted when this was required. We spoke to people who told us staff supported them to do things they were interested in. This included for example, voluntary work placements in a charity shop, at a National Trust property and the local cinema. We spent time talking to a person who told us they did things they liked doing both at home where they did things such as cooking and in the community where they went horse riding, attended exercise classes and went to bingo. We saw people had good relationships with the staff who knew them well and helped them to achieve their personal goals. Discussion and observation showed people did things they were interested in and made them happy both in their own home and in the community.

People are as safe as they can be. Staff knew the people they supported well. Personal plans and risk assessments reviewed were detailed ensuring staff had the right information to support people well. Training opportunities allowed staff to be skilled and confident in their abilities and the management supported staff well. This was confirmed by reviewing training and supervision records and speaking with staff who demonstrated their knowledge and commitment to keeping people safe. Policies and procedures to support the running of the agency were kept up to date and staff confirmed they had access to these documents including the safeguarding policy. People were provided with information about how to raise concerns, should they have any, and told us staff listened to them if they had any issues. Risks to people's wellbeing are identified and as far as possible eliminated to help keep them safe.

## **2. Care and Support**

## Summary

Staff are informed and clear about how to care for the people they support. Discussion with the management evidenced a clear understanding of the assessment process they followed to ensure the service could meet people's needs before they commenced the service. This process was being formalised into a policy and procedure to support this practice. Personal plans seen were detailed and mostly recorded people's individual preferences around how they wanted their care and support needs met. In one case, staff told us, and we saw how they were supporting a person to manage a particular need and how this had to be done sensitively to ensure the individuals emotional well-being was managed as well as their physical health. We saw this was done well by skilled and knowledgeable staff but the process was not documented to ensure staff who were not familiar with the person had the right information. This was addressed immediately once we made the manager aware. Risk assessments were clear and supported people to be as independent as they could be when doing things they wanted to do. People spoken with told us they were aware of their care documentation. They said they were involved in planning their support and had regular meetings where goals were discussed and activities they wanted to do were planned. However, not all the care documentation we saw had been reviewed in line with the legal requirements despite the RI and managers being aware of the change in the legal requirements. A working group had been set up to address this. Whilst people told us they were involved in planning their care and support, this was not always evidenced in the documentation we reviewed.

Discussion with staff, and records reviewed, showed people were supported to access health and social care services when they needed to. Staff spoken with had a good understanding of medication management and records viewed confirmed they had training and access to the medication policy. We found medication at one service was not being managed in line with the service policy. This was addressed immediately by the management with evidence that the individual was involved in this process and contributed to how they wanted their medication managed.

We conclude people are supported by staff who know them well. They are encouraged and supported to maintain their independence and to stay as well as they can be. People can do things they are interested in which helps to maintain their well-being.

### 3. Leadership and Management

#### Summary

Systems are in place to assess and monitor the quality of the service people receive. Management arrangements reviewed evidenced regular audits of accidents/incidents, medication, safeguarding and complaints as well as staff management including recruitment and training. The views of people using the service were sought regularly through individual meetings, forums and community events and plans were in place to seek people's views more formally as part of the Quality of Service review to be completed by the provider twice a year. Staff views were sought in various ways including staff meetings and individual supervision meetings held with their line manager. Staff spoken with, and documentation reviewed, confirmed this. They told us they felt very well supported by the management team with one comment made, *"very good support from my manager, I can approach them and have done often"*. They said management did their best to ensure staff had a good work life balance. Documentation seen showed the RI carried out their duty to visit the service in line with the legal requirements. Information about how to raise a concern was in the Statement of Purpose (SOP), the guide to the service and there was a complaints policy. Compliments seen evidenced people were very happy with the service they or their relative received. Policies supporting the running of the agency were available in both Welsh and English as were key documents including the SOP. Systems are in place to continually assess the service demonstrating the provider's commitment to continued improvement for people using and working at the service.

Staff are skilled and supported to undertake their roles. We reviewed four staff files which contained all the required information including Disclosure Barring Service, (DBS), checks and references. However, we saw gaps in some staffs employment history and no evidence that this had been identified or discussed with the person before they started work. The RI confirmed a review of all recruitment information was being carried out to ensure records met with the legal requirements. Records showed staff had regular supervision. Staff confirmed this during our discussions with them. Training records reviewed evidenced staff had training relevant to their roles including first aid, dysphagia awareness and epilepsy. The manager told us skin integrity training was part of the SCW induction, and training was being sourced for staff who were supporting people who may be at risk. All staff spoken with told us training opportunities were good. One said they were encouraged to do courses they were interested in to increase their knowledge and skills. A staff member recently recruited told us their induction was good and they felt very well supported throughout the process. People benefit from a service where staff are well led and trained appropriately.

## **4. Improvements required and recommended following this inspection**

### **4.1 Areas of non compliance from previous inspections**

This was the first inspection of the service since it was re-registered under the Regulation and Inspection of Social Care (Wales) Act 2016.

### **4.2 Recommendations for improvement**

The following are recommended areas of improvement to promote positive outcomes for people:

- Whilst the service has a complaints policy, we recommend this is updated to include other avenues to support complainants if they were not satisfied with the service provider's action.
- Daily recordings in people's personal files should be signed by the person making the entry. This was not always the case in the records we saw.

## 5. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. We made one announced visit to the registered office in Llandrindod Wells on 11 September 2019 between 10:00 a.m. and 16:20 p.m. and an announced visit to the office in Newtown on 26 September 2019 between 10:00 a.m. and 11.30: a.m.

The following regulations were considered as part of this inspection:

The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.

The following methods were used;

- We considered the information held by us about the service and notifiable events received since the last inspection.
- We visited two supported living services and met with three people living in their own homes and five members of staff.
- We reviewed four people's personal plans.
- We reviewed a wide range of records. These included staff recruitment and training records as well as a sample of policies and procedures.
- We reviewed the Statement of Purpose (SOP) and compared it with the service we observed. The SOP sets out the vision for the service and demonstrates how the service will promote the best outcomes for people they care for.
- We met with the RI and two managers

We are committed to promoting and upholding the rights of people who use the care and support services. In undertaking this inspection, we actively sought to uphold people's legal human rights.

<https://careinspectoratewales/sites/default/files/2018-04/180409humanrightsen.pdf>

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## About the service

<b>Type of care provided</b>	<b>Domiciliary Support Service</b>
<b>Registered Service Provider</b>	<b>Cartrefi Cymru Co-operative Ltd</b>
<b>Registered Service</b>	<b>Cartrefi Cymru Co-operative Ltd Powys</b>
<b>Responsible Individual</b>	<b>Siobhan Carey</b>
<b>Date of previous Care Inspectorate Wales inspection</b>	This was the first inspection of the service since it was reregistered under The Regulation and Inspection of Social Care (Wales) Act 2016. (RISCA).
<b>Dates of this Inspection visit(s)</b>	<b>11/09/2019, 16/09/2019 and 26/09/2019</b>
<b>Operating Language of the service</b>	<b>English and Welsh</b>
<b>Does this service provide the Welsh Language active offer?</b>	Yes
<b>Additional Information:</b>	

**Date Published 13/11/2019**