



Inspection Report on

Cera Care Cwm Taf

**The Hub
Valleys Innovation Centre
Navigation Park
Mountain Ash
CF45 4SN**

Date Inspection Completed

12/10/2022

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About Cera Care Cwm Taf

Type of care provided	Domiciliary Support Service
Registered Provider	Cera Care Operations Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	20 January 2022
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

Overall, people report that they are happy with the care they receive and find the care workers to be generally friendly and helpful. Personal plans and risk assessments contain the information needed for care workers to know how to provide people with the support they need. Care workers are alerted to changes in personal plans via secure communication. Reviews are now completed in consultation with the individual every three months. Improvements have been made in timings of care calls, but this is still vulnerable to staff sickness and therefore short notice changes in rotas.

Staff recruitment and vetting ensure care workers are safe and fit to work. Care workers receive supervision to support them in their role. Care workers have not completed required refreshers in areas of mandatory training, and this now requires priority action by the service provider. Information about the service, and organisational policies are up to date and accessible. The Responsible Individual (RI), nominated to oversee the service, completes quality monitoring processes as required.

Well-being

People are supported to have control over their day to day lives. There is a service user guide given to people when they begin their care package, outlining what the service is and what they can and cannot provide. Although the times of calls are set when the care package starts, people receiving the service and staff told us they try to be flexible and adapt the call times more to people's wishes if they can. There is opportunity for individuals, family members and staff to provide feedback on the quality of service they provide through care plan reviews and quality assurance process put in place by the RI. People told us the carers always ask if they need or want anything before they leave the call.

There are systems in place to protect people from abuse and neglect. There is up to date safeguarding and whistleblowing policies in place, which staff can access if needed. We saw evidence of internal investigations of complaints or concerns raised directly with the service through their designated complaints process. We also saw evidence of disciplinary action taken if warranted, and appropriate referrals made to external agencies.

Care and Support

Feedback from people receiving care and support from Cera Care is positive. We were told: *“they come when they are supposed to, very rarely they are late and they are always sorry about it”, “they’re very caring, they’re not too pushy”* and *“they always ask if there’s anything else they can do before they go”*. We saw evidence of issues being raised by people, or their representatives, through informal and formal complaints, and the procedure for responding to these.

Personal plans and risk assessments contain the current and relevant information needed for care workers to be able to provide people with the support they need. Care workers can access these via a secure app, which is also how changes in care needs or calls are communicated from the office. Moving and handling plans completed by Local Authority Occupational Therapists are transposed into the electronic personal plans, however monitoring is required to ensure the hard copy is always available to care workers in the person’s home. Reviews are now completed in consultation with the person receiving the care package, or their representatives, every three months as required. Call logs show not all people always have their calls at the agreed time, however analysis of this gave reasonable explanations and feedback we received is that this does not regularly impact on people.

People are supported to maintain their physical and mental wellbeing as much as possible. For care packages where support to administer medication is required, there is a designated process for collecting administration records from people’s homes and delivering them to the office for auditing. A thorough auditing tool is in place, which identifies any errors in acquisition, storage, administration and recording of medication. There is also a performance management pathway for care workers should repeated errors be made. There is a current infection control policy, and care workers have access to personal protective equipment (PPE) as required.

Environment

As this is a domiciliary support service, providing care and support in people's own homes, we do not inspect the environments in which care takes place. However, we visited the office base of the service during the course of our inspection and found it to be fit for purpose, with suitable space to hold confidential meetings, and secure storage of information.

Leadership and Management

People are supported by staff who are safely recruited and vetted for their roles. We sampled staff personnel files and found they contain the relevant recruitment information including disclosure and barring (security) checks. Renewal dates need to be monitored to ensure they do not lapse. There have been some issues with staff turnover with a number of staff leaving the service, and recruitment being difficult across the social care sector. The service provider has taken actions to reduce number of care packages in line with this to keep service sustainable and maintain standards of care and support. The Responsible Individual has acted in response to this, providing incentives to improve recruitment of new staff, and retention of existing staff.

Care workers have supervision to support them in their roles, however not all staff have completed areas of mandatory training. We saw a sample of individual supervision sessions and appraisals undertaken in line with the service's supervision policy. A comprehensive training matrix is used, and the service's induction process covers all mandatory training subjects. However, refresher training in core areas such as first aid, manual handling and medication have not been completed within the required timescales. As training was identified as an area of improvement at the last inspection, we have informed the service provider that this now requires priority action.

Arrangements are in place for effective oversight of the service. There is a new audit system in place for logging accidents and incidents, which is looked at by the manager to ensure any referrals to external agencies are made, and to identify any patterns or trends in the logs. Medication is also audited, and call log reports can be analysed if required. The Responsible Individual completes their three-monthly monitoring visits, and we saw evidence of consultation with individuals, their representatives, and staff members as part of these regulatory visits. A bi-annual quality of care report is also produced, identifying what is working well at the service and what actions are required to address any issues that have arisen.

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
36	The service is unable to provide evidence that staff have received core or specialist training.	Not 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
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N/A	No non-compliance of this type was identified at this inspection	N/A
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