



Inspection Report on

MiHomecare Cwm Taf

**Unit 2b
2 Waterton Road
Bridgend
CF31 3PH**

Date Inspection Completed

23/10/2023

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About MiHomecare Cwm Taf

Type of care provided	Domiciliary Support Service
Registered Provider	MiHomecare Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	1 st February, 2022
Does this service promote Welsh language and culture?	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

MiHomecare Cwm Taff are a domiciliary support service providing care and support to people in their own homes. People are supported by motivated and trained staff. People we spoke with were happy with the service they received and are treated with dignity and respect. Care staff told us they feel supported in their role.

Areas for improvement have been identified regarding the reviewing of people's personal plans and medication administration auditing arrangements. Whilst no immediate actions are needed, we expect the provider to take action to address these areas.

Well-being

People and their representatives spoke positively about the care provided by care staff at the service. A person using the service told us, "*They are wonderful...like family.*" People told us that care staff will have a laugh with them. Meaningful interactions were observed during the inspection process.

People are treated with dignity and respect. They develop positive relationships with staff who they get to know well. The service recognises the importance of relationships and where possible, ensures consistent staff support people. A family representative told us, "*They have been marvellous. The staff are great. They are always ready to do the extra if we need it. They go over and above.*"

People's voices are heard. The service seeks regular feedback from people through 'voice of the customer' discussions and satisfaction surveys on the quality of care and support received. People and their representatives are also involved in reviewing the care received and told us they feel comfortable to talk about anything with the management and staff. We were told that management are responsive to any issues raised. A member of care staff told us, "*You provide care, but you sit down and have a chat with [people] and hear their stories. I really love it.*"

People are not robustly safeguarded. The service ensures care staff have been safely recruited, Disclosure & Barring Service (DBS) checks are in place, and care staff are registered with the social care workforce regulator, Social Care Wales. However, medication management arrangements do not consistently ensure effective oversight of safe medication administration. People are protected from harm by staff who know how to raise concerns. People and their representatives know how to raise a complaint and have confidence in this being dealt with by the manager.

Care and Support

People speak well of the care and support they receive from care staff who treat them with dignity and respect. A person using the service communicated to us that they have good relationships with care staff. Personal plans are clearly written, contain the required information, and support care staff to provide help/assistance as required. People and their representatives are involved in planning the care and support to be provided and are involved in the reviewing of personal plans. However, personal plans are not consistently reviewed according to regulatory requirements. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

The service recognises the importance of consistent care staff. People receive care and support from care staff they can develop positive relationships with. Care staff are motivated in their role and want to provide a good standard of care. A family representative told us, *"I have never had to use the on-call number. If they are running late, which isn't very often, they ring in plenty of time...they support us to have that family time."*

People are supported to access health and social care professionals when needed. Care staff are trained to respond to events and refer on to the relevant agencies. Referrals are made to external health and social care professionals as and when required. Records are kept of previous appointments with these professionals for reference as required.

Care staff have completed safeguarding training. Staff are trained to respond to events and refer on to the relevant agencies. All staff we spoke with have a good understanding of how to report matters of a safeguarding nature.

Care staff are trained to administer medication. However, the service does not have clear measures in place for regular auditing of medication administration arrangements. The service also does not have effective oversight arrangements to ensure care staff remain competent in medication administration. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Infection prevention and control procedures are good. All care staff receive appropriate infection control training. Personal Protective Equipment (PPE) is available to staff. People and their representatives told us staff wear the relevant personal protective equipment (PPE) and they feel safe.

Leadership and Management

The statement of purpose clearly states what people can expect from the service, and overall, the service reflects its content. The service provider routinely seeks feedback from people using the service, to review the quality of care being provided and to look for ways to improve the service. The service is in the process of changing its current responsible individual (RI). The RI undertakes timely visits of the service and spends time talking with people, as required by Regulations. The quality-of-care review completed by the RI identifies some areas for the development and improvement of the service. However, we did not see sufficiently robust auditing and monitoring of personal plans and safe medication administration arrangements. This has been discussed with the RI and manager of the service. We will follow this up at our next inspection.

The manager is suitably qualified for the role and appropriately registered with Social Care Wales, the workforce regulator. The manager is supported by a regional manager, and they communicate frequently. We were told that the management team are approachable and always there to help or advise care staff when required. The service operates an on-call system giving people and care staff access to support as and when needed. A member of care staff told us, "*The managers are always there if you need to talk... They get back to you straight away.*"

Throughout our visit, we saw sufficient care staff on duty to support people. The service recognises the value of consistent care staff for people. Disclosure and Barring Security (DBS) checks are in place and current. Care staff are appropriately registered with the social care workforce regulator, Social Care Wales. Staff personnel records contain all the information required by regulations to ensure they are safe and fit for work.

Newly appointed care staff complete an induction programme which includes, training, shadow shifts and spending time reading the people's files prior to working with them. Staff training records indicate care staff have completed training appropriate to their role. The service provider supports staff development through supervisions, daily discussions, and staff meetings. A member of care staff told us, "*These opportunities are great to have those detailed discussions.*"

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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16	The service provider cannot be assured that personal plans are reviewed in a timely manner and as and when required by Regulations.	New
58	The service provider cannot be assured they have clear arrangements for the effective oversight of safe medication administration.	New
15	Information is inconsistent Care plans, risk assessments and tasks for carers need to reflect the same and most up to date information	Achieved
35	Inconsistencies in staff files Some care staff recruitment checks are incomplete, there are gaps in work history, missing references and lack of spot checks and competencies being completed Information was held across several systems and some had to be requested from HR How can managers be assured that care staff are fit to work when such documentation is not easily accessible	Achieved
36	Training matrix provided does not show what training has been conducted or any specific training completed by care staff Some care staff competencies, spot checks and supervisions are out of date	Achieved

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