



Inspection Report on

Treherne Care Group (Domiciliary Care)

**Glasfryn Stores
Bontddu
Dolgellau
LL40 2UA**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

Date Inspection Completed

16/04/2024

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About Treherne Care Group (Domiciliary Care)

Type of care provided	Domiciliary Support Service
Registered Provider	Treherne Care and Consultancy Ltd
Registered places	0
Language of the service	Both
Previous Care Inspectorate Wales inspection	04/05/2023
Does this service promote Welsh language and culture?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

Summary

People told us they are happy with the care and support they receive from Treherne Care Group. People have autonomy over their day to day lives and are supported to be as independent as they can be, doing the things which are important to them. Care records are person centred and of a high standard. The provider is focussed on supporting people to achieve their personal outcomes. People are kept as safe as they can be and whilst risk management plans are in place, people are also respected as being able to make their own decisions.

Support workers are safely recruited and well trained. There are strong processes in place for inducting new staff and supporting them with their ongoing learning and development. Without exception, everyone we spoke with said they enjoyed their role, felt supported and were valued in the organisation.

There are good processes in place for monitoring the quality and effectiveness of the service, with detailed reports to evidence this and any action needed. Improvements have been made to the frequency and quality of visits by the Responsible Individual (RI). The provider values input and feedback from a number of stakeholders, which is reflected in the quality-of-care reports.

Well-being

People have choice and control over their day-to-day life. People live in their own homes with their own tenancies and can choose when and how they want to be supported, including who the support is delivered by. People are supported as much or little as is needed based on the needs of the individual and their wants and wishes. We saw people going to walking group, shopping for the day, socialising with other people and accessing the local community. People do things that matter to them and are encouraged to experience new activities. People told us about what plans they had made for the week and longer-term plans such as going on holidays. People's hobbies and interests are encouraged, and we saw skills in areas such as gardening, artwork, crafting, and pet care. We saw risk assessments to be in place which support people to be as safe as possible but also respect people's rights to make their own decisions.

People are treated with dignity and respect and person-centred care is paramount. Interactions between staff and people supported were fun and respectful. Support workers know people very well and have built trusting relationships, individuals consider them to be companions. Individuals are supported to access health services and attend appointments, including annual reviews. The provider collaborates with external professionals to support all areas of health and wellbeing and people also benefit from an internal clinical team who work alongside staff and other professionals.

People are protected from abuse and neglect. All staff complete safeguarding training and there are policies and procedures in place to support practice around this. We found incidents, accidents and safeguarding concerns are recorded and reported appropriately and there are very good processes in place to ensure where a concern is identified, all actions are completed. All managers we spoke with were confident about safeguarding procedures and said they were supported by senior management with this too. Where restrictions are needed to keep people safe, arrangements are in place with social workers and advocates, adhering to the legal requirements around this.

Care and Support

People receive high quality care and support which is designed in consultation with them or their representative and considers their wishes, needs and aspirations. A service delivery plan is completed before a person begins receiving care and support to ensure the service can meet their needs in a way the person wants. We found personal plans and care records to be detailed and in a format which was personal to the individual. Detailed reviews are held with people and/or their representative, and again are in a format which suits the person's needs. The provider told us this is an area they are continuing to develop with input from all staff to ensure records are as person centred and outcome focussed as they can be. People are offered copies of their care records and while some people choose to have these in their home, others have chosen not to.

People who want to, are supported to develop, and learn new skills. We saw some people manage their own finances and medication. Most people we spoke with were very settled and content, whilst others were proud of what they had achieved and hoped to move onto further independence in the future. By working with other professionals, people have been supported to be more independent, either by reducing the amount of support needed or moving into accommodation within the community. Opportunities are created for people to do paid work.

The provider ensures people using the service can express their views and opinions. This is achieved through questionnaires, reviews, and conversations with the RI as part of their regulatory visits. Feedback is summarised within the quality-of-care report. People told us they are happy with the support they get and feel listened to. One person told us *"I'm really happy here, I feel safe."*

Leadership and Management

People are supported by a service which has a robust management structure and processes in place to monitor quality and effectiveness. Experienced and qualified managers are in post to oversee the supported living settings and outreach support. This ensures daily functions are undertaken and staff are supported to deliver high quality care which focusses on people achieving their personal outcomes. There is a senior management team including an operations manager and director of care who oversee the functions of all areas of service provision and carry out regular audits, identifying areas which need to be addressed and creating time measured actions. Staff told us they felt supported within the organisation, and value the autonomy they have in contributing to the running of the service. We saw regular meetings take place within smaller staff teams as well as larger full team meetings. We were told these meetings look at practice development and staff can share ideas and best practice. Everyone we spoke with agreed this was beneficial to people who use the service and creates a positive culture in the organisation.

At the last inspection we issued a Priority Action Notice as it was identified the RI was not carrying out their role as required. This has been addressed. We saw regular visits are conducted and a detailed report created, to show what areas of service provision had been looked at, and conversations with people supported, support workers and families or representatives. A quality-of-care review is completed every 6 months to look at what the service is doing well and any areas they want to improve.

People work with support workers who are safely recruited, inducted, and supported with their ongoing learning and development. We looked at staff recruitment files and found all the required, pre-employment checks to be in place. This included disclosure and barring service (DBS) checks and references which had been verified. These checks are essential in ensuring people are supported by care staff who are safe and suitable to work with adults at risk. Support workers receive an excellent induction to the organisation and are supported through their probation period to complete training and gain knowledge in line with the All-Wales Induction Framework, for them to register with Social Care Wales. We found staff and managers receive regular 1:1 supervision and an annual appraisal of their work. All staff are required to complete mandatory training and then carry out additional training, specific to people they are supporting.

There is a statement of purpose in place and each setting has their own guide to the service. This tells people what they can expect when they choose to receive a service from Treherne Care Group. We found policies and procedures are in place, which are reviewed as needed and are reflective of current guidance and legislation.

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
73	The RI has not visited the home at least every three months. The RI must visit the service in person at least every three months and meet with individuals and staff as part of the visit.	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
N/A	No non-compliance of this type was identified at this inspection	N/A
80	The RI has not made provision for the quality of care and support to be reviewed at least every six months.	Achieved
36	Staff at Garth Angharad do not receive regular appraisals, as is required as part of their support and development.	Achieved
38	The service provider does not ensure that areas within the service receive regular staff meetings.	Achieved

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Date Published 13/05/2024