

Introduction

Cymryd Rhan has carried out a review of the quality of service provision for the six months of April-September 2019 against the requirements of the Social Services and Well-being (Wales) Act 2016 and Regulation of Inspection Social Care (Wales) Act 2016.

The key areas that have been reviewed by Nick Evans CEO/RI:

- Improving people's well-being through monitoring, assessing and understanding what matters to them. Measuring the impact of how services we provide has an impact on the life of the individual and their family.
- Supporting people to have a stronger voice about how they want their service to be delivered.
- Being more open and transparent when reviewing the regulatory and contractual requirements, and using analytical data to show patterns and trends around our performance.
- Creating stronger levels of accountability and having clear leadership around achieving our core purpose in helping people to live their life.
- Planning and succession within the sector under the Social Care Workforce Registration.

We have reviewed these areas through a number of different platforms:

- Support planning and person centred meetings.
- Personal support and delivery plans reviewed.
- Observing and supervising staff.
- Customer satisfaction questionnaire and home visits from senior managers and board members.



- Feedback received from our monitoring and review meetings with commissioners which include inspections.
- Family forums
- Review of the compliments and complaints received from people we support and their families.
- · Health and Safety location visits.
- Detailed analytical review of all on-call reports received.
- Information shared with the Audit and Scrutiny committee.
- Understanding why people need support and whether we can help prevent it.

We currently provide a range of services across Wales including Carmarthenshire, Powys, Flintshire, Wrexham, Denbighshire, Conwy, Merthyr Tydfil and Ceredigion. Our services range from Domiciliary Care, Supported Living, Child Care Business Support, Training and Qualifications in Health and Social Care and Child Care Learning and Development.

Company Mission and Purpose

Cymryd Rhan is a Charity **(517090)**, registered since 6th January 1986, and Company Limited by Guarantee **(01961994**), incorporated on 20th November 1985.

The words "Cymryd Rhan" mean "Taking Part" in Welsh. Our main objective, as defined with the Charity Commission is "Cymryd Rhan provides support for people to live in their own homes and/or provides support to access training, employment and leisure activities".

The objects for which the association is established (with the Charity Commission) are:

• to promote and assist persons in Wales and the borders who are vulnerable and disadvantaged by reason of their learning and/or physical disability, mental health or age by providing support for people to live in their own homes and/or providing support to access training, employment and leisure activities and at all times promoting the involvement of service users and their parents/carer in the planning and operation of the services provided;



• To promote any charitable purposes for the benefit of children and young people, in particular the advancement of education and training.

Cymryd Rhan is currently reviewing its objectives with the charity commission and will be working to:

- To promote and assist persons in Wales and the Borders so citizens can live their life in their way. To support and promote citizens to have a voice, choice and control in how to live their life within their own homes and/or providing support to access training, employment and leisure activities whilst at all times supporting citizens to engage in their care and support with prevention and early intervention at its very core.
- To engage with citizens, their families, there representatives and their networks in the planning and operation of how their care and support is delivered in a way that matters to every individual. To promote any charitable purposes for the benefit of children and young people, in particular the advancement of education, training and child care.

The registered offices are in:

Mid and West Wales North Wales

Wellfield House Plas Pentwyn

Temple Street Castle Road

Llandrindod Wells Coedpoeth

Powys LD1 5HG Wrexham LL11 3NU

01597 828050 01978 754655



Improving well-being

Our findings through these evaluations and data capture exercises shows that on the whole, the support we provide to individuals is a strong area for Cymryd Rhan. Our main strength is that the people we support feel we are reliable and always have a positive attitude towards the support we provide. Understanding what matters to the people we support means that we respond to them in a way that helps them to maintain choices and control in their life.

Whether we are engaging with a person that we are caring for, advocating on their behalf, supporting a learner to achieve their qualification, assisting a new nursery group or supporting family members, we always fine tune our approach to suit the individual by understanding what matters to them. The organisation measures this alongside other key aspects which are:

- Understand what the person needs
- We deliver the service in the way the person wants
- We are honest and trustworthy as an organisation
- Our staff are friendly, polite and respectful
- We show commitment to people we engage with and we are good at listening
- People we support feel safe and comfortable
- We change how we do things to suit the person more
- We arrive on time and that we don't let people down
- We communicate any changes that we have to make
- People are confident that we have appropriate procedures in place when managing medication, intimate personal care, moving and handling
- People are confident that staff members know their job and have the expertise to guide and advise when needed
- We work well as a team
- We actively involve any family members and their friends in planning the support we provide
- We respond well to concerns that are raised and deal with complaints quickly and effectively



We analysed 318 areas of support data from citizens and family feedback where upon we received 98% success in overall satisfaction and that citizens felt we were achieving and delivering the support in a way that matters to them. The 2% which are needing improvements are around the time citizens need to receive and engage with their support, and when there are changes needed or information shared, this could be improved especially with information on things that would benefit citizens outside of the organisation. The issues around time needed have come from the traditional framework model of Domiciliary Care, and not from the locality cluster model of Domiciliary Care being delivered in Llanybydder, Carmarthenshire. Also the other issue with time has come from the traditional supported Living/Shared Living model and not the locality cluster model in Rivulet Road, Wrexham. The improvements around information are mainly due to immediate changes in staff attending due to covering sickness, or when there are outside opportunities that would benefit citizens, Cymryd Rhan staff have not shared these. These have happened in the traditional domiciliary care model where the transactional support is delivered based on tasks and that frontline staff are not in a position to offer support to access those external opportunities. In the locality cluster models, the external opportunities are offered as staff have greater capacity to support citizens to engage with these opportunities.

To improve Well-being, we have spent a considerable amount of time in understanding what causes someone to need support, what are the barriers that they face which creates the need for support, how can we respond to them where we can prevent them from needing more support, doing more for themselves and having less support or keeping them on an even keel with their current support. We have also spent time in understanding how people feel engaged and learn things, finding employment and attaining qualifications and skills to support that search for employment.



The diagram below taken from Social Care Wales outlines the outcome areas that would be targeted to achieve Well-being.

Physical and mental health and emotional well-being

Having suitable living accommodation

Protection from abuse and neglect

Education, training and recreation

Well-being

Achieving social and economic well-being

Respecting and securing rights and entitlements Domestic, family and personal relationships

Being able to participate and contribute to society



Our pursuit of these outcomes within our Domiciliary Care Services for example, does create a problem due to the nature of how domiciliary care is currently commissioned, assessed and delivered where upon time pressures create the inability to be flexible and as person focussed as we would like. We realised that within this service there were a number of key factors that we could control that would change some of the outcomes that we want to achieve around a person's Well-being.

Those factors included travel times which would be at a level of 40 minutes travel for every 60 minutes of support in rural counties such as Powys and Carmarthenshire, staff are programmed to only follow the tasks identified within the care plan, gaps between supporting someone resulted in staff not having enough work to feel engaged and that they felt limited in wanting to do more but were concerned that they would get in to trouble.

We also found that in Supporting Living/Shared Living that staff fell in to a pattern of support that created a risk of "do for" citizens rather than "doing with", and that citizens would become programmed to receive their support in quite a rigid and predictable way. This is largely caused by the care planning and being monitored against outcomes which are set against the care plan. The model in Rivulet Road, Wrexham has engaged staff by understanding why people are asking for support and not just what they are asking. This has meant that the staff team have been able to understand barriers which have prevented citizens from meeting their own demands. The outcome of this engagement and investment by the organisation, staff and the commissioners has resulted in citizens in this locality needing less care and support from Cymryd Rhan, whilst their confidence improves and that they are working to a support system which they "pull on" as and when they require outside of their planned and sessional support times. Not only have citizens felt more in control around choosing how and when they want their support, it has improved the morale of staff and created capacity on the same funding levels to support more people.

Support Delivery, Care and Risk Management Reviews

A review of all the support delivery, care and risk management plans have taken place in line with Regulation 16 and were found to be mostly reviewed within the three month period. Some of the issues that were identified during the review was that there was a lack of evidence of archived care plans due to reviews being completed and that when no significant change to the plan was required a new date was then added to the original plans. There was also issues when plans were out of date and the reason from



team leaders was that they had been pulled away to cover shifts which resulted in some of the review work to be postponed. There are serious concerns at the lack of reviewing from the local authorities, or when changes in need do occur, there are significant delays in getting updated Unified Care Assessments completed by Care Management Teams and that Cymryd Rhan care plans were not being produced in-line with an up to date Unified Assessment. In one authority, an individual had not been reviewed in six years even though monitoring reviews had taken place, and that Cymryd Rhan had produced up to date care plans based purely on the relationship of the citizen and input from their network of family and friends.

One of the areas of improvement that was discovered during the review, is that our operational method doesn't acknowledge that when care and support plans are looked at in the day to day work, these are in fact being considered and reviewed in live time. What team leaders have improved is that because time and pressure within the sector is so challenging, that when they are looking at plans in "real time" and not in an office or during a formal review does allow us to consider with the citizen whether the plan is still current or that it needs adjusting. This is particularly relevant with risk management plans where you are balancing the need for a systematic risk management plan or a dynamic risk management plan. It has been agreed that all and any plans that have been considered and reviewed with the citizen or their representative outside of a formal review would constitute as meeting Regulation 16. We have implemented this method during this period and have found that all associated plans have been kept more up to date and accurate in identifying the individual's needs. We have reviewed this with our external Health and Safety auditors who concur that the risk management plans are more relevant and support the activities of care in a stronger way. Equally it has also allowed us to produce plans that are specialised within certain activities, but also has allowed the team to create a generic plan with the citizen, where one plan does in fact help support a number of activities rather than having eight different plans which require the same approach.

By placing an even stronger emphasis on Dynamic Risk Management and supporting staff to make good live decisions within the work, has not only created a stronger cultural shift away from being risk averse, but also has created better opportunities for citizens which has also created a stronger feeling of control for the citizen and the choices that they make.



Staffing/Recruitment and HR

A review of the recruitment process was carried out by using the HR Software system called Simply Personnel. Every member of staff is placed on to the system which contains all of their personal data, copies of their recruitment process including application, references, employment offer letters, contracts, medical questionnaire, DBS, training records, induction records, supervisions, qualifications and certificates. All staff have access to their profile via a self-service log in where they can request training, book their annual leave and submit mileage claims.

The review highlighted that there are concerns at information being provided by applicants who have provided a company name for a reference but have include a personal email address of someone to request the reference from. There is clear evidence that start dates for new recruits are not offered until all of the aspects of the recruitment is complete and that training and shadow shifts are arranged. It was identified that the DBS checks vary significantly in terms of completion by the Barring Service from one day to fourteen weeks. Although pressures to recruit is an absolute priority within the sector, there is no evidence that anyone has started engaging with citizens until the DBS checks are complete. The risks are that new recruits lose patience in waiting for checks to be completed and when they are then asked to start have taken employment elsewhere.

The organisation recruits using platforms such as Indeed and monitors organisational/employee feedback sites such as Glass Door to evaluate any feedback being left by former or current employees about Cymryd Rhan. The organisation sends out a link to staff when leaving to gain feedback about the organisation and whether improvements need to be made. Overall 90% of feedback from this link is positive and that good things are said about the organisation and its management structure. The negatives that are recognised is linked to the working pattern of our domiciliary care workers who leave due to long days and needing to cover in times of sickness or leave, or when vacant posts are not filled due to a poor uptake in applicants. The organisation offers permanent contracts and has only two zero hour contracts at the request of two employees who are at university. The organisation does not offer zero hour contracts as standard or recruits based on that. We are asked if we can offer zero hour contracts but we will only consider this with staff who have had a permanent contract with us and their circumstances have changed but need some continued employment.



The Social Care Registration process is underway, and the staff have been grouped in to three. Group one who are already qualified have been registered. Group two who are evidencing their abilities and being signed off as competent are complete, and group three have begun the induction and core qualification. This induction and core learning will take six days to complete and the first sessions have been delivered in North Wales and Carmarthenshire. The organisation pays for the registration of staff as we see that this may be a barrier to individuals wishing to join the sector. We have adjusted our supervision process to support staff to access their Social Care Wales profile so they can update their continuous learning and development training and evidence the required 90 hours on to their profile.

The organisation has invested in a plan to attract recruitment interest in joining the Health and Social Care sector by creating a number of in-house operational training posts. An example of this is where we no longer use an external risk management trainer but have opted to design our own risk management training programme which is underwritten by our risk management auditors. We have run a number of internal adverts and have appointed four in-house risk management trainers. They will undertake a training and accreditation process with Agored to be recognised and approved trainers, work with the training department to learn, plan and deliver the risk management framework, and go and work with the teams directly whilst at times including the citizens within the training programme. They receive a trainer's rate of pay and access to different levels of organisational support.

During the past six months we have seen that our retention of staff has been a challenge and causing concern in delivering the services. Since April to September we have appointed 24 new staff of which 6 didn't start with us. We handed back services and TUPE transferred 17 staff, we had a further 22 staff leave and we dismissed 3 staff over issues around conduct. We have found that recruitment is a challenge and we find this across all the areas of Wales that we work.



Safeguarding/Compliments/Complaints/Regulation 60

The organisation monitors a compliments and complaints procedure which is shared as a standing agenda item with the board of trustees. Our complaints and compliments procedure is clearly explained and that citizens, their families and network know how to access this procedure, and the step by step process that is taken. For any compliments made about individual staff or the team are shared directly from both the Registered Manager and CEO.

During the past six months we have received 3 complaints (one missed call, two where staff didn't do something in the right way) and 8 compliments all of which are recognising good support. We also received a further six compliments and positive feedback from training events which we provided internally and externally.

During the same period we have submitted one notification for a Regulation 60 (**OTRAN-00036425-GKGP**) in the matter of a missed call. This was fully investigated and there was a rota issue identified between two members of staff as one was shadowing and was the one who was unable to make the call. The (lead) other member of staff was scheduled to also call but it was not recorded on her rota and the call was missed. Once the on-call manager was aware, the support staff were then diverted to the citizen's home.

We have had no safeguarding concerns recorded against the organisation during this period but we have raised a safeguarding concern where we felt that a lady was discharged from hospital in an unsafe manner. The unsafe discharge occurred 4th September 2019 and when we arrived to support the lady we found she had returned home from hospital in a taxi. She was unable to transfer, there was no equipment available in the house to assist, and the lady was doubly incontinent and was sat in a low chair. We believe that this is where the taxi driver placed her when she returned home. There also appeared to be an open wound on her back which staff thought might be a pressure sore. Staff were unable to move or transfer her safely and could not therefore attend to her personal care needs. They also felt it unacceptable and unsafe to leave her in the chair overnight and the senior on-call was



contacted by the staff member and she was advised to call the ambulance service who attended and they too felt that the lady should not have been discharged.

Subsequently the lady did again return home, but not until we were happy that the discharge had been properly planned. Her condition has since improved but the service manager requested that an urgent care plan review take place, which has still not taken place to this day. The team and management acted as we would have expected them to, but the general feeling from the hospital and care management system was that we were being difficult and unreasonable by not accepting that this lady was suitable to go home. We have formally raised our concerns but as yet we have not seen any outcomes that would prevent this from happening again.

Having a stronger voice

Our aim to communicate well with the people we support includes ensuring that we provide services to individuals in their preferred language which is particularly important to older people in Wales. We continue to develop our domiciliary care services in Carmarthenshire and Powys, where we will be supporting more individuals whose first language is Welsh. In our other services we also use sign language and electronic communication devices.

Ensuring that people have support from staff that are able to speak to them in their preferred language is a priority and we continue to recruit with that in mind.

Following the principles in More Than Just Words we will work to achieve a service where:

- Citizens are immediately sure that the service is centred on their communication needs rather than those of Cymryd Rhan
- Citizens are encouraged to express their needs and are able to fully participate in their care as equal partners.
- Citizens are able to see and hear the Welsh language and feel comfortable with the services they receive.
- Citizens are aware that the service has a supportive ethos, where Welsh and other natural means of expression are used.
- Citizens are aware that the service recognises that language is more than a means of communication and they are able to express their ideas and emotions effectively.



- Citizens are aware that the service acknowledges their language needs by ensuring the "Active Offer" is available.
- Citizens are shown respect for their cultural identity and are able to access Welsh language services without any obstacles

Language and communication is only one part of having a strong voice and so we pay attention to understanding the type of things that people are talking about and the type of things that they are asking for. Our locality cluster support services are a fantastic example of showing how different people are from one another, and how varied they expect their support service to be and how they express themselves to us.

We found that firstly people wanted to voice their need for support in different ways, such as face to face, by accessing the locality cluster office, some purely by text or on the telephone, and some through a type of social media platform or what's app. To meet the variety of ways people wanted to make contact with us, we have designed a system that responds to all requests for help regardless of how they come to us. We have found that when we have previously dictated how people access our support, they have ended up going to another provider and then another, until they get the desired response. It is easy to assume that they are being unreasonable in dictating how they access support, but they are actually using their voice to design how they want to be responded to.

We have been developing a new Companions model in Powys which provides the right support and care, in the right way and at the right time. With a greater emphasis on citizens self-funding more of their care, we have been preparing a model that does this through keeping costs down by more efficient working and less delay. This has proved successful in helping citizens leave hospital quickly, that families have accessed support for parents as and when required rather than on a long term fixed model being commissioned through Local Authority. With the next generation coming through and being more tech savvy, we have built an online booking system which allows citizens to choose who they want to support them, when they want their support, how much it will cost, and their preferred option on how to pay. They can access all personal data, access their support agreement/contract, review risk management plans and delivery plans, and book support in advance. This system is now being tested with citizens as part of the phase two build process, and following that we look to roll out across the whole organisation. We have updated devices for staff to access information and reduced our carbon footprint as a consequence. Staff are better placed to make recommendations to team leaders via an App whilst supporting citizens so that their delivery and managements plans are always up to date. We are committed to being completely engaged with a digital age, and that our citizens are also moving in that direction meaning that we must be connected to the organisation and mobile at the same time.



We have also found when listening to people who use our companion and localities support services, that a significant number of them are asking for help because they had asked elsewhere and it was not met it in the way that mattered to them. In terms of preventing this, we try to understand why they feel they need support by following five steps.

- Step one is that the person is able to access the support in the way that matters to them and that we have a system that can recognise how people wish to voice their need for help.
- Step two we collect relevant information about what the person is asking for and what is causing them to ask for the support, for example, is this the first time that they are asking or have they been asking before. What does the support need to provide so that they feel that they are again back in control of things and what stops them from being able to do that for themselves. Also when do they want the support to respond?
- Step three we establish what makes us the right organisation to respond to them and whether we have the skills to meet their request. If we identify that it is not us, then we support them to access the support that is the right response, and we don't let go of them until they get it. We do not hand the person off with a referral or signposting as we have found that they end up coming back to us if they still can't get the right response.
- Step four if we are the right organisation to respond to this request, then we get on and support the person.
- Step five we measure using an on-line recording system covering key aspects of the support whether we have provided the right response in the right way and at the right time. If we haven't our data will help us to understand where we need to make the changes within the organisation to improve what we do.

We recognise that step two can be a long process as we are trying to gain enough information to identify why support is needed whilst at the same time doing smaller levels of support to get someone back on to an even keel. For example, this may include securing their home and preventing homelessness by providing the right support so they can stay at home, but we are still trying to understand why their dip in confidence causes them to think they can't stay at home.

Step five is vital as we can use data to pinpoint changes within the support that we provide to the person. People do not always come out with what they want in a loud voice for everyone to hear, but the type and frequency of the things they are asking can



represent their true voice that we hear and respond to. Our data and measures help us to improve, they are recorded by staff who do the work and that they use this data to show patterns over time to see whether improvements have been achieved. The data recorded from step five also helps senior managers to remove barriers from within the organisation that may be preventing someone from getting the right support in the right way and at the right time.

Step five also reveals levels of prevention data and identifies which system would have been targeted to help this person if the support had not intervened earlier and prevented their needs from unnecessarily increasing. It shows us how capable we are at responding from the point of view of the person and whether we responded in the way they wanted or that they had to wait for us to respond which led to delays and an increase in need which meant their problems became worse. It also helps us to understand what the support is trying to fix and what the causes are. An example would be that we spent 28% of our time supporting people as a result of another service not being able to help them at the time they needed. Housing related requests for help are quite high in this area.

Using these five steps alongside our domiciliary care service revealed that 90% of people we provided domiciliary care do feel lonely and all of their requests for help were linked to their loneliness. It also revealed that these same people made requests for help whilst we were meeting their care needs and thus our previous model of rushing away to the next call 40 minutes away resulted in leaving the person still in need and sometimes in distress because the system did not allow us to hear what they were saying. Moving to a model based on hearing and understanding how people want to be supported and how they want their service to work has resulted in a huge reduction in "latent" requests for help. We found responding to people in a better way has increased morale within the workforce.

We also feel that as an individual staff member and as an organisation it is important that we too have a strong voice and we are able to communicate this effectively with policy makers, commissioners, unions and communities. We have found that sharing the data from step five with key commissioners has resulted in them questioning their current commissioning arrangements and support them to review the strategic relevance within the current climate. The data we have collected in one authority has been shared in other authorities creating dialogue around changes which meet the prevention and early intervention agenda, and also focuses on the detail within the Well-being Act. This has resulted in a complete redesign of how we deliver services in two authorities and again a third authority is in the early stages of discussion to do the same.



Sharing knowledge and understanding is a great platform to facilitate changes to how we respond to the requests being made by people. By truly listening to what and why they are asking, coupled with supportive data we now have the confidence to change how we do things without a fear of taking a leap of faith where upon the safety of people may be at risk of compromise. When we have made organisational changes, we continue to measure the voice of the people we support to gain knowledge on the impact that it has had on them and their families.

Keeping Data Safe and Being Compliant

In-light of the Data Protection Act and GDPR 2018, we have introduced a number of changes to the data monitoring and reviewing. We are in the final stages of being completely paperless and relying on four electronic systems. One is our Cyber Essential Plus secure cloud that stores all information on to a shared drive which will offer different access rights based on responsibility levels in particular organisational roles. The second is our call monitoring and mobile care worker system which supports and monitors the Domiciliary Care services. The third is the on-line booking system that citizens use to access support on an "as and when" basis. The fourth and final system is the HR Simply Personnel system which holds all staff records, training and personal data. All these system are secured and managed to meet the Data Protection Act.

We operate an Information Security Management System which is monitored by the CEO/RI/Data Protection Officer. This system is triggered by a Data Risk Management system which all staff and team leaders are aware of the procedure and has been tested effectively throughout this year. The system works if there is a suspicion or there is a direct data breach going out from the organisation, or has come in to the organisation from an external source. When this is identified, then an immediate risk management plan is produced to gain control of the breach and to immediately limit any further risk. This is then sent to the CEO who completes an investigation and determines any actions. This is then recorded on to the Information Security Management System which records the incident, what has been done to reduce and prevent it, any actions outstanding and who is notified. During the past six months we have recorded seven data breaches, one from data being lost by Royal Mail, information shared by us in error on Facebook which was immediately removed, three external emails sent by three different Local Authorities containing sensitive information on individuals that we do not support, one printing error and a service delivery plan emailed to the wrong recipient. All of these incidents are closed and that the necessary actions have been taken. The external breaches have been reported to the appropriate data control officers who have launched their own investigation and implemented prevention actions such as the introduction of new encrypted email such as SOPHOS Encrypted Email System.



Transparent Monitoring and Reviews

Cymryd Rhan has focussed on all areas of its day to day operations including a complete overhaul of Human Resources, financial review of services, the structure within the organisation and how it governs. As a senior management team it is important to us to be totally transparent, and to not be afraid to tackle uncomfortable issues in order to improve, create or remove procedures. We measure the effectiveness of these procedures in terms of whether they have a direct positive impact on the lives of the people we support. We also follow this philosophy when we are faced with regulatory or contractual requirements; again we question the impact that it has on people we support and whether dialogue then follows as we all endeavour to deliver the expectations of the Well-being Act and comply under RISCA.

We have taken exactly the same approach when completing other tasks that don't always appear to have an obvious impact on the lives of people we support. An example of this is our engagement with our financial auditors where upon we spend time with them to help them to see that we meet the require regulatory requirements at the same time as maintaining the values of the organisation which are there to have a positive impact on people it supports. We expect auditors to understand this so they may help us through their guidance and to continue to strive and create a sustainable service that does more and not less in this current financial climate.

Another example is that, we expect that our external providers to respond to us in a way that supports the values of Cymryd Rhan by meeting our requests for help in a way that matters to us. Our annual Health and Safety audit is not conducted via an office based desk top exercise to make sure that we achieve compliance, instead we spend several days in the support workplace so the auditor has a much clearer understanding of the variety of things that we do and that our procedures and policies create safe systems of working throughout our complete range of services.

We have found that this style of regulatory audit has identified key improvements that would have been missed by a desk top review. Due to the complexity of support we may provide to an individual, we want to fine tune our procedures to that individual. Our Health and Safety auditor will now understand the personal care required for someone who needs high levels of care and can see that minimum standard training does not cover all the complex needs of this individual and that person centred training is reviewed. Or to a person who is completely independent of care related needs, but their behaviour and repeat offending creates a different kind of training and that the minimum standards again do not cover all the complexities of this individual. Demonstrating to the auditor that our risk management plan may well be covered through risk assessment training would satisfy with compliance, but



in truth it has left us questioning the generic content of this training and previously we have had to go back to the training provider and add in some work based learning to make this risk assessment training completely relevant to the daily work of the support staff. Delivering our own risk management training has fixed this issue and made training more operationally relevant.

We have taken the same approach towards our Care Inspectorate Wales (CIW) inspections. Although a regulatory inspection is required we have a positive attitude by which we take when engaging with those inspections and are one of continuous review of improvement. We have received fantastic inspection reports where any recommendations have been completed and good communication with CIW outside of those inspections have also helped to direct and guide us.

As part of our regular monitoring visits and six monthly provider reviews we have taken an active approach in supporting local authorities and help try and ease some of their pressures that they face where request for services are out stripping levels of funding. We have not taken an approach based on our sole survival as an organisation but to work on a partnership model that provides quality support whilst keeping operational costs down and supporting other organisations along the way.

Our fee negotiation meetings with local authorities is not purely based on current operational cost but about getting the best investment for both sides whilst attracting people to work within the sector, creating obvious career paths and getting the salary just right as to confirm the specialist skills required to work within the sector. An example of this is the arrangements that we have in Carmarthenshire where they are not just investing in the care that we currently provide to people within one locality, but also investing in the prevention of people coming in or slowing down their need for care. This in turn creates a much more interesting style of work for people considering the care sector as a career, and thus we have seen an increase in people applying to work with us in this area. Our main concern are the delays we face in finding out from local authorities what inflationary increase we can expect so we may plan our budget and staff salary levels against this increase.

Our regular monitoring and reviewing within our training department has led us to being awarded direct claims status in providing qualifications in Health and Social Care and also Child Care Learning and Development. Our partnership with one of the prime Welsh Government Apprenticeship Framework providers is transparent on both sides and has resulted in us being able to fine tune the process that if done incorrectly would have resulted in delays for learners and create a bad experience at a time when individuals aspire to achieve training recognition and excellence. The same can be said of our Child Care Business Support service which supports organisations setting up meaningful child care where the standards need to be achieved to complete CIW registration.



We have also conducted an external audit of our HR system where we attained a level of compliance and excellence score of 98% and recommendations were made to introduce an annual health questionnaire for all staff. We have also introduced an on-live staff survey that asks questions around the work of individuals, how they feel valued within the organisation, whether they feel that there are clear career paths, whether they like the direction that Cymryd Rhan is taking and whether their working conditions are good. This idea has come as a result our Joint Negotiating Committee that we have with Unison and where our focus is around the conditions of the workforce.

We also survey what staff feel around their pay and conditions, where we have focussed very much on significantly paying staff way above the living wage and adding enhanced rates when covering for sickness. Although salary levels are a major part of morale within an organisation, it is not the only thing and we again will use information from our survey to gauge what adjustments we need to make so staff can enjoy the work that they do. We have found that staff members with high levels of morale can achieve better levels of support with people.

Accountability and clear leadership

The leadership within the day to day operations is very much based on an open door policy. All staff has access to senior personnel for advice and guidance and in return senior staff spends time with support staff in their day to day settings. Senior leaders also complete some of the training requirements that frontline staff are expected to complete as this helps senior staff to gauge the relevance of this training. All senior staff carries out the senior on-call duty so it is important that they have an understanding of the type of training staff need so they may be able to carry out their duties properly. An example of the training senior staff would do is the risk assessment and medication training.

The whole of the organisational strategy, its procedures, its performance and financial stability are monitored by an audit and scrutiny committee made up of the chair and vice chair of the trustees and two other trustees. The CEO, Head of Finance and People Manager are also part of this committee and detailed reporting takes place to test the robustness, sustainability and values of any direction that Cymryd Rhan takes before any recommendations are made to the entire board of trustees. We currently have nine trustees from a mixed background.



Any reviews, inspections, business plans, budgets and proposed changes to Memorandum or Articles of Association are determined within this committee including levels of quality and continuous improvements. This committee has the responsibility for presenting the facts and its recommendations to the full board of trustees so it may make an informed decision. The CEO is line managed by the chair of the board of trustees and he in turn line manages the remaining members of the senior management team. The CEO takes an active role in measuring the levels of quality within the organisation but also as the Responsible Individual he is also very aware of the day to day operations and monitors and reviews all of the on-call logs recorded within the organisation.

Our on-call system is also a useful tool to monitor patterns and trends and accountability of staff reporting information that may require further action. The recent on-call review has highlighted further work needs to be done around training and has questioned whether we need to provide some additional training throughout our induction process for new staff as there appears to be a correlation between information and guidance requests coming through to on-call from staff that are new in their service.

We have worked very hard to promote a culture in Cymryd Rhan where staff are accountable for their actions and any mistakes made are highlighted immediately and not attempted to be concealed from senior staff. All staff have signed up to a policy on Candour of which they actively promote. We have found that when mistakes are made it is useful to understand whether it was due to human error or system failure. We follow the view of W Edwards Deming who studied the behaviour of people in their work environment and concluded that 97% of people behaved in a particular way as a result of the system that they work in. We take this view of staff in the first instance and it helps us to evaluate whether the system we have created has in fact created a behaviour which has caused the mistake. Strong organisational support to staff is a key objective for Cymryd Rhan, as staff buy-in, openness to reflective learning and enthusiasm is the vital ingredient to maintain and find levels of improvement in quality so we may provide the right support in the right way and at the right time.

Below is a diagram of the organisational structure.



CYMRYD RHAN ORGANISATION STRUCTURE CHART

