Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

Radis Community Care (Western Bay Region)

Radis Community Care
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Date Inspection Completed

26/06/2024

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About Radis Community Care (Western Bay Region)

Type of care provided	Domiciliary Support Service
Registered Provider	GP Homecare Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	27/10/2022
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People are happy with the care and support they receive from care staff and managers. Staff in all roles are trained and supported. They work effectively in collaboration with commissioners and health care professionals to meet a range of care and support needs. The agency provides reliable services to people who live in their own homes and to people who live in their own self-contained apartments. The frequency, type and duration of care and support provided depends on each person's individual needs. People have personal plans and risk assessments in place.

The day-to-day running of the service is well managed and overseen. Communication and record keeping is good overall, evidencing the support delivered. There are processes in place to monitor the quality and effectiveness of the service. Policies and procedures ensure people and care staff have access to important information. Processes in relation to personal plans, reviews, recruitment checks, supervisions and registration with the workforce regulator must be strengthened.

Managers are in post; they are supported by senior managers and by the Responsible Individual (RI). The RI conducts their role as required. The team delivers nearly all of their services to people who live in the Cwm Taf Morgannwg Regional Partnership Board. They also currently provide a few services to people who live in the West Glamorgan Regional Partnership Board. This inspection report covers all these services.

Well-being

Individuals receive the support they need and want. Feedback from people show they have good relationships with the care workers who support them. People told us "*I am happy with the support I am getting,*" "*It is really working well*" and "*We are really pleased with the service.*" What people want and need is recorded in their care documentation. People's daily records show care workers provide the agreed care and support. We saw senior staff periodically seek feedback from people by visiting them or ringing them to discuss the care and support provided. In addition the RI speaks to people and prepares the required reports.

People are supported to remain physically and mentally as healthy as possible. They are supported to access services from external professionals and the provider ensures any issues around people's health are addressed quickly. The provider works with external health and social care professionals including with district nurses and social workers to ensure people receive the care and support they need. The positive relationships people have with staff contribute to their mental well-being.

The provider has systems in place to ensure people are protected from abuse and neglect. Care staff are trained in safeguarding and have clear policies and procedures to guide them. The provider is proactive in reporting any concerns and works collaboratively with the local safeguarding boards to keep people safe. We saw evidence of the provider taking appropriate action to keep the people they support as safe as they can be. This includes completing risk assessments and seeking advice from external professionals. In addition, we noted once issues are dealt with, managers facilitate discussions amongst staff to identify lessons which can be learned.

Care and Support

People receive the care and support they need and want. People are happy with the care and suport they receive and speak positively about care workers. One person told us "*Staff are very hepful, efficient and considerate.*" Another person told us care workers are "*Always polite, ready to help*." Relatives told us how staff deliver care. One person explained how staff got to know and built up a good rapport with their relative. They told us care workers let them to do whatever they can for themsleves and support them with what they are no longer able to do. Another person told us care workers are very chatty with their relatives and always tell them what they are going to to. They also told us they tend to know who is coming in and being supported by a core group of regular care workers.

The provider considers a range of information about prospective service users before they receive support. Each person has a set of care documentation which comprises plans drawn up by commissioners, personal plans and risk assessments developed by the service provider. All include information gathered from people, their relatives and other health professionals. We saw people have a '*One page profile*' which summarises what is important to and for them, and how best to support them. They also have plans which list their usual routines and how staff must support them at each call. The plans we examined were very detailed and we saw evidence of some reviews. We noted these are not all reviewed at least every three months.

Care staff record the care and support they deliver each day in a 'daily diary book'. They also record when they note changes in people's presentation and what action was taken for example when the district nurses were contacted. There are good systems in place to manage medication safely. We discussed people's care documentation with managers and the RI. They told us a new electronic care monitoring system is being implemented. They are confident this will enable them to keep track and clearly evidence when people's plans are reviewed. In addition, they told us this should improve the quality and consistency of care workers' daily records. Overall, they expect the new system will enable them to strengthen systems and processes in relation to care planning and the monitoring of the care delivered. The review of people's personal plans remains an area for improvement, and we expect the provider to continue their work in this area.

Leadership and Management

The service provider has a robust management structure and established systems in place to support the smooth operation of the service. The RI oversees the services provided by the agency and its progress and developments. Managers who are responsible for the day-to-day operation of the service are in post. They are supported by other senior staff with defined areas of responsibility. All play a part in checking the quality of care provided. We saw evidence of the activities taking place to review the quality of the service provided. These included telephone calls to people who use the service, visits to people who use the service to spot-check care workers' work, and audits of the systems and processes in place. The RI carries out visits to the service, collates the views of people who use the service, their relatives and staff. The necessary reports are completed. Managers and the RI told us about the work they are doing to further improve the ways they monitor the quality of care delivered.

The service provider carries out checks when recruiting staff, inducts new staff, trains staff and provides ongoing support. The records we examined show the provider carries out checks when recruiting staff. These include a Disclosure Barring Service (DBS) check, seeking references and an employment history. We also saw new staff receive an induction and are supported to register with the workforce regulator Social Care Wales (SCW). All staff receive training relevant to their roles and they say they are supported by senior staff and managers. Records show staff also have formal supervision sessions. Whilst all these activities take place, we found gaps. The service provider must strengthen its systems and processes to ensure all recruitment checks are sufficiently robust, all staff register with SCW in a timely manner and supervisions take place at least once a quarter. These are areas for improvement, and we expect the provider to take action.

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.

Area(s) for Improvement		
Regulation	Summary	Status
35	The service provider must ensure it holds all the information specified in Schedule 1 Regulation 35	New

	Part 1.	
16	The service provider has not ensured people's personal plans are reviewed at least every three months.	Not Achieved
36	Staff do not always receive one to one supervision no less than quarterly.	Not Achieved
73	The responsible individual has not met at least every three months with members of staff and with individuals to whom a service is provided in the Western Bay Region.	Achieved
80	The responsible individual has not reviewed the care and support provided at least every six months.	Achieved
21	Call times are not always consistent.	Achieved

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