



Inspection Report on

Rumney Care

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Unit 6 Castleton Court
Fortran Road
Cardiff
CF3 0LT**

Date Inspection Completed

15/02/2023

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About Rumney Care

Type of care provided	Domiciliary Support Service
Registered Provider	Rumney Care and Ambulance Service Ltd
Language of the service	English
Previous Care Inspectorate Wales inspection	31 August 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

Improvements to the service have been made since the last inspection. Care staff rotas include sufficient travel time and staff now log in and out of care calls correctly which enables the provider to monitor staff movement at all times. Care documentation is now detailed, robust and reviewed regularly to ensure it is kept current. People are included in care planning and review processes and are given detailed information about the service they can expect to receive. Care staff receive an induction when they begin working at the service and appropriate training to enable them to undertake their roles correctly. Care staff receive regular supervision and feel well supported and happy working at the service. The Responsible Individual (RI) now has improved oversight of the service and completes quality assurance monitoring in line with regulatory requirements. There are policies and procedures in place and complaints to the service are taken seriously. Safeguarding referrals are made to the Local Authority and stored centrally with outcomes recorded. Notifications are made to Care Inspectorate Wales when required. Staff recruitment is safe and robust with staff files containing required information and pre-employment checks completed prior to employment commencing.

Well-being

People are supported to have choice and control. Care planning is person centred and focuses on the goals of the person being cared for. People are included in the assessment of their needs and their views are clearly documented within personal plans of care. People choose when their care is delivered and are able to negotiate change to the allocated times if required. People are given detailed information about the service and have access to a robust complaints process if they are unhappy with the service. The RI engages with people when they visit the service to seek people's opinions of the service are gathered as part of quality assurance monitoring. People are able to access their personal plans of care and are kept informed of who will be providing their care.

People are treated with dignity and respect. Care staff receive appropriate training that equips them to undertake their roles correctly. Care staff receive formal supervision regularly and feel well supported by the management. Personal plans of care now contain detailed information about people's needs and how they should be met and are reviewed regularly to keep them accurate. Care staff rotas include sufficient travel time that ensures people generally receive their care on time without the need to rush. Care staff now log in and out of care calls correctly which gives the provider oversight of staff movements.

People are protected from abuse and harm. Rumney Care has a robust safeguarding policy in place and all staff receive training in the safeguarding of adults at risk of abuse. Personal plans of care are accompanied by risk assessments where required. The manager understands safeguarding requirements and liaises with the Local Authority safeguarding team when required. Any safeguarding referrals are stored centrally with outcomes recorded. Referrals are monitored monthly by the RI and as part of quality assurance processes. This is good practice as it enables the provider to identify any themes or patterns of abuse. Staff recruitment is safe and robust. All required staff personnel information is gathered and pre-employment checks are completed prior to employment commencing.

Care and Support

People receive the right care at the right time. Care call times are agreed prior to the service commencing but can be changed later if required. Care staff rotas evidence that care staff are given sufficient travel time between care calls and staff now log in and out of calls correctly which enables the provider to have good oversight of staff at all times. Improvements have been made to care documentation which now clearly outlines people's needs and how they should be met. There is additional information available to guide staff and risk assessments are in place where required. Personal plans of care are reviewed regularly to ensure that they are accurate and reflect people's needs. The provider has implemented a reviewing system to ensure that reviews are now completed without fail. Personal plans of care are important as they guide staff on how to care for people correctly and so should be up to date at all times.

People can be assured they have autonomy over their own lives. People are involved in the assessment of their needs and the care planning and review processes. Personal plans of care are personal centred and outline people's personal goals and outcomes they wish to achieve. Personal plans contain details of people's likes, dislikes and preferences to how they want their care to be delivered. People are able to access their care documentation electronically and are able to see who is delivering their care and any changes to their scheduled care delivery. People are given detailed information about the service they can expect to receive which includes details of how to complain if they are unhappy with the service they are receiving.

Leadership and Management

People benefit from the leadership and management in place. Rumney Care benefits from an RI with oversight of the service and a manager who is registered with Social Care Wales, the workforce regulator. Complaints to the service are taken seriously and dealt with correctly. There are policies and procedures in place for the running of the service which are reviewed regularly and updated when required. Each month staff are sent a policy to read to ensure they are familiar with the company policies. The RI regularly visits the service and meets regularly with the manager to ensure he is kept up to date with the service operation. Improvements to quality assurance monitoring have been made and now takes place regularly and includes seeking the views of people using the service. All required information is collected but we advised the provider that it needs to be collated into one report every six months and were given assurances that this would happen going forward. The manager understands legal requirements of caring for vulnerable people and makes safeguarding referrals to the Local Authority and regulation notices to Care Inspectorate Wales when required.

People are supported by staff who are well trained and supported. New staff to the service complete an induction which includes training and shadowing experienced staff and staff experience is now considered when recruiting for more complex roles within the organisation. All staff complete training appropriate to the role they undertake and feel well equipped to do their jobs. We saw evidence that staff receive supervision in line with regulatory requirements. Supervision is important as it is an opportunity for staff to discuss any practice issues or needs in a formal setting that is recorded. Staff we spoke with told us that they are happy working at the service and feel well supported. One person said, *"I have confidence in the management, they are very open and willing to listen"*. We examined a selection of staff personnel files and found that improvements have been made. All files examined contain all required information. We saw that pre-employment checks including references and Disclosure and Baring Service (DBS) certificates are applied for prior to employment commencing. These checks are important as they determine a person's suitability to work with vulnerable people.

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
36	The provider must ensure that all staff attend required training and receive an appropriate induction. Staff training should be refreshed in line with company policy.	Achieved
60	The provider has failed to notify CIW of significant incidents that have occurred at the service.	Achieved
27	The provider failed to notify the safeguarding team of an incident that they suspected to be neglect.	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
6	The provider must ensure that they have oversight of the service to ensure that it is being managed correctly at all times.	Achieved
15	The provider must ensure that care plans contain all significant information relating to the person being cared for with detailed guidance on how staff should meet the needs.	Achieved
16	The reviews of personal plans are not taking place within required timescales.	Achieved
34	The provider has recently recruited some staff who lack experience and knowledge of working in a domiciliary care setting.	Achieved
35	Some staff files were missing some required information.	Achieved
41	The care staff rotas that indicates actual call delivery are inaccurate and do not evidence exactly where staff are and how long they are spending in care calls.	Achieved
80	The provider is not completing quality assurance reports in line with regulatory requirements.	Achieved

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