



Inspection Report on

Right at Home Cardiff

**Right At Home
Unit 7 Castleton Court
Fortran Road
Cardiff
CF3 0LT**

17 February 2022

17/02/2022

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About Right at Home Cardiff

Type of care provided	Domiciliary Support Service
Registered Provider	Cardiff Homecare Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	17 June 2021
Does this service provide the Welsh Language active offer?	This service provides an 'Active Offer' of the Welsh language. It sets out its intention for meeting the Welsh language needs of people who may wish to use the service.

Summary

A new Manager is now in post who covers this service along with another registered service for Right at Home; they are suitably qualified with Social Care Wales.

People are happy with the service they receive and improvements have now been made to people's personal plans, to ensure they include key information to enable care workers to provide good quality of care. People's assessments and care plans are detailed, personable and contain information about what is meaningful to people. Improvements are required for people's call times, because many people are not receiving the full duration of support. The Manager has already identified this through internal audits and is actively working to resolve.

Care workers are motivated, they feel valued, well trained and supported by the management team and office staff. The service provider shows a commitment to the recognition and development of good practice. The RI and management team have oversight of the service but further improvements are required to satisfy regulatory requirements. The provider is responsive and shows a commitment to securing improvement.

Well-being

This service provides an 'Active Offer' of the Welsh language. It sets out its intention for meeting the Welsh language needs of people who may wish to use the service.

People have control over their day to day care and are treated with dignity and respect. People are happy with the service they receive and have told us they experience good quality care. People are regularly consulted by the service on how they feel their experience of care and support has been; their views are used to make improvements in the running of the service. People feel listened to and know how to raise a concern or to make a complaint. Most people we spoke to told us their concerns are quickly resolved.

There are safeguarding policies and systems in place to protect people from abuse and neglect. Right at Home have secured improvement with safeguarding arrangements since the last inspection because the service now monitors and analyses safeguarding information with lessons learnt. All staff receive safeguarding training and have a good awareness of how to keep people safe. Staff are confident and supported by management when reporting concerns. Most staff know where to locate safeguarding and whistle-blowing guidance, but some are unsure. Management assured us they will follow this up, to ensure all staff understand, and know how to access, these important policies. Safeguarding and whistle-blowing guidance also requires updating to provide more specific and local guidance for staff. The service has not always notified CIW of safeguarding allegations made against the service.

People can benefit from a service which focuses on well-being within the workforce. The service shows a commitment to the well-being of staff and staff enjoy working for the service. Some care workers are of the view their well-being has improved through the support and recognition they have received from management. The RI and management show a strong commitment to the development of staff and the workforce. Care workers are motivated, they feel valued, well trained and supported by the management team.

Care and Support

People are involved in the planning and reviewing of their care, with the provider demonstrating a commitment to ascertaining people's wishes and preferences. People do receive copies of their personal plan and written information about the service. People do not always receive written information about them in relation to accessing their written reviews and daily notes. The RI has assured us this will be rectified.

People's individual circumstances are considered. Improvements have now been made to people's personal plans to ensure they include key information to enable care workers to have a good understanding of the people they support. People's assessments and personal plans are detailed, person centred and contain information about what is meaningful to people. Personal plans are now outcome focused and focus on medical conditions and risks which enables care workers to understand the holistic needs of people they support. Further strengthening can be achieved by working on people's strengths and adopting positive risks in order to maximise people's autonomy and independence.

People do not always receive the right care and support, because many people are not having the full duration of support during a care call, with care workers signing out of a call early. Management had already identified this at the time of the inspection through internal audits and is actively working to understand and resolve this issue. Daily notes written by care workers are basic and task centred and require more information and improvement to capture people's well-being and outcomes. This ensures more effective oversight and communication between different care workers; in order for any changes to people's presentation and well-being to be identified at the earliest opportunity. Improvements are also required for the monitoring of accident and incidents to enable management to identify emerging patterns, trends and outcomes for people.

There are measures in place for reducing cross-infection and medication risks. Relevant policies are present and care workers receive appropriate training. Care workers have sufficient supply of personal protective equipment and spot checks are carried out to ensure they are using it appropriately in practice.

Leadership and Management

Overall, we found that the service is now provided with sufficient care, competence and skill, having regard to the statement of purpose due to the provider securing improvement since the last inspection. The statement of purpose, which describes what you can expect from the service and how support is delivered, has been reviewed and updated by the RI, accurately reflecting both footprints. Policies and procedures within the service are up to date.

Feedback from staff is very positive, particularly around the level of support and interaction they have with management. The RI has increased management support at head office. Management oversees care workers' training, supervision and appraisal needs. Care staff told us they feel sufficiently supported and trained for their particular role. Some staff told us about bespoke training they requested for people with complex needs and this was welcomed and arranged by the management team. There is a staff training and development policy and care staff receive a structured induction, shadowing opportunities and support to attain professional registration.

There are governance arrangements in place but further improvements are required to satisfy good quality assurance and oversight. The RI regularly consults and engages with individuals and/or representatives, is based at head office and is committed to improving the service. The RI reviews the quality of care and support provided every six months which is now compliant with regulations. The RI has implemented further improvements to ensure the quality of care review contains more analysis and actions in order to identify the key patterns and trends within the service.

Managerial oversight is good but requires further improvement in order to optimise people's safety and well-being through closer monitoring, auditing and analysis of complaints, care delivery, safeguarding and notifiable incidents. Management have been responsive and have already implemented systems in place to rectify this. We will test this at the next inspection.

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
6	Ensure that the service is provided with sufficient care, competence and skill, having regard to the statement of purpose	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
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8	Regulation 8 (1) - The service provider must ensure effective arrangements in place for monitoring, reviewing and improving care delivery, complaints and accident and incidents.	New
60	The service provider must notify the regulatory of any allegations of abuse made against the service	New
21	The registered person is not compliant with regulation 21 (2) This is because planned support times are consistently being missed leaving people waiting for their planned support. This can cause anxiety and distress for people.	Achieved
36	The registered person is not compliant with regulation 36 (2) (c) This is because there is insufficient evidence of staff receiving regular supervision or appraisals from their line managers. This can lead to personal or work related issues affecting the performance of care staff and the quality of support they deliver	Achieved
80	The registered person is not compliant with regulation 80 (3) (b) This is because the RI has provided a combined report for two separate registered services and has not analysed the aggregated data on incidents, notifiable incidents, whistle blowing, concerns and complaints. This means that it is less likely that the service provider will learn from their experiences and therefore not put effective measures in place to improve from those lessons learned. This could lead to peoples quality of service not improving over time Follow up inspection 10.06.21 identified that although separate reports were completed by the RI these did not evidence sufficient analysis of incidents, safeguarding matters or complaints to satisfy the requirements of this regulation	Achieved

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