

Inspection Report on

Right at Home Newport

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

17 February 2022

17/02/2022



About Right at Home Newport

| 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? | Yes. 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

A new manager is now in post who covers this service along with another registered service for Right at Home.

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 understand how best to support people. Improvements are required to people's call times, because many people are not receiving the full duration of support and care workers are arriving late or early.

People can benefit from a service that promotes well-being within the workforce. 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. Improvements are required to monitoring and oversight of systems that keep people safe. 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 too 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, however during the time of inspection we identified missing records for safeguarding allegations. The service has now implemented tools to analyse safeguarding information with lessons learnt. However, as there were missing records identified, monitoring and oversight of safeguarding is not robust enough. The service has not always notified CIW of safeguarding allegations made against the service. 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. The service provider assured us they will follow this up, to ensure all staff understand, and know how to access, these important policies.

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 Responsible Individual (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. We have asked the provider to ensure reviews of personal plans are also inclusive of people's representatives. People do receive copies of their personal plan and written information about the service. People do not always have access to written information about them, such as their 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. 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 get the right care and support as early as possible because carer workers do not always arrive on time or stay the full duration of a care call. 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. People can benefit from a service that administers medication through trained and competent staff. The service regularly monitors and reviews its medication policies and procedures.

Leadership and Management

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.

People can benefit from a service from care workers who are well trained and supported. 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 oversee care workers' training, supervision and appraisal needs, which is kept up to date. 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.

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 requires 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 since the inspection visit. 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 | |

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 | |
| 8 | Regulation 8 (1) - The service provider must ensure effective arrangements in place for monitoring, reviewing and improving care delivery, safeguarding, complaints and accident and incidents. | New | |

| 60 | The service provider must notify the regulatory of any allegations of abuse made against the service | New |
|----|--|----------|
| 26 | The service provider must ensure records of safeguarding referrals and outcomes are maintained to enable oversight and scrutiny of safeguarding within 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 |

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