



## Inspection Report on

**Right at Home Bridgend and Vale of Glamorgan**

**Unit 3, Red Dragon Court  
Bridgend Industrial Estate  
South Road  
Bridgend  
CF31 3PT**

## **Date Inspection Completed**

14/12/2022

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## About Right at Home Bridgend and Vale of Glamorgan

Type of care provided	Domiciliary Support Service
Registered Provider	E&G SENIOR CARE LIMITED
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	[Manual Insert]1/12/2021
Does this service provide the Welsh Language active offer?	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

People are happy with the care they receive from Right at Home Bridgend and Vale of Glamorgan. They are cared for and supported by a small team of experienced workers who are effectively led by their management. Care workers feel well supported and consider they work well together as a team to support people. They deliver care to meet people's needs with the use of well written personal plans that are easy for staff to follow and updated to reflect people's current needs. Care workers know people well. They know what and who is important to them. They are also able to recognise any changes and how to report such changes to promote, as far as possible, people's health. Procedures require strengthening to ensure the safe recruitment of care workers. Ongoing training and supervision help care workers develop in their roles. Policies in place support good practice. The responsible individual (RI) is engaged and committed to the ongoing development of the service. Quality assurance reports and RI visits are completed in line with regulations. Staff understand their safeguarding responsibilities and notifiable events are reported appropriately.

## Well-being

The service supports positive outcomes for people. Personal plans we sampled reflect each person's support needs and ongoing reviews ensure plans remain current. Staff told us they have access to plans and are aware of people's health needs and how to support them. Risk assessments are completed as and when needed. People confirm they receive calls on time and feel care is provided in an unhurried manner. The service seeks advice and support from health professionals when required. People tell us they are involved in assessments and have a say in how their care is provided. Care staff are seen as kind and caring and provide support in a way that people like.

The service strives to keep people safe. Care workers recognise their personal responsibility in reporting concerns. There are relevant policies in place to support the safe running of the service. People's personal information is kept secure and confidential. The service acts on complaints in a timely manner and people know how to raise a concern. The service has access to personal protective equipment (PPE) and staff are able to use this effectively. Staff have access to training to ensure they are sufficiently skilled to undertake their role.

People have a voice and are involved in the content of their care package. Personal plans seen are comprehensive and written from the person's perspective and detail how they would like to receive their support. Personal plans are updated to reflect any changes required and are reviewed routinely with the individual either over the phone or in person. People spoken with are complimentary of the care staff and the service they received overall and would recommend it to others. One person told us "*I am extremely happy with Right at Home*".

There are good systems in place for robust oversight of the service. The provider has an electronic system to assist with the oversight of the service with alerts in place to ensure tasks are carried out at appropriate times. The organisational structure of the service allows staff to fulfil their roles and responsibilities successfully. The responsible individual (RI) has good oversight of the service and there are good systems in place to monitor performance and obtain feedback from people. Both quarterly and bi-annually regulatory reports are completed as required by the regulations in a timely way.

## Care and Support

Accurate plans are in place and care staff aim to achieve positive outcomes for people. Personal plans document people's routines and preferences so they can receive care in a manner which they prefer. Care staff told us they have access to the most recent information to ensure each person receives the right care at the right time. Regular reviews ensure documents remain up to date and daily notes reflect the care and support provided by staff.

As far as possible, the service takes steps to safeguard people from neglect and abuse. Risks to people's health and well-being are clearly recorded and minimised so people can maintain their independence as far as possible. Care workers recognise their personal responsibilities in keeping people safe. They are aware of the whistleblowing procedure and are confident to use it if the need arises. They would go to the manager initially but understand their responsibility to go to external agencies such as the safeguarding team if they thought they needed to.

There are systems in place to support people to access health and other services and manage their medication. The level of medication support required by people is clearly included in personal plans and listed in daily tasks. Staff have medication training, and management check care workers' competence. We viewed samples of medication administration record (MAR) charts, which are complete and accurate. Staff enter all administered medication on the electronic system.

People and their relatives are happy with the support they receive from care staff. We spoke with several people and their relatives all of whom provided positive feedback regarding the service. People benefit from positive relationships with care workers. Comments from people using the service include "*they are Angels*", "*utterly brilliant*" and "*the standard of care is 1st class*".

## Environment

The quality of environment is not a theme that is applicable to a domiciliary support service. However, we visited the office premises which are welcoming, bright and accessible. There was no personal information on display and information at the service is mainly stored electronically on password-protected devices. The provider carries out an environmental risk assessment in people's own homes prior to care staff providing a service to ensure a safe working environment for the care staff.

## Leadership and Management

The vision and ethos of the service are clear. A Statement of Purpose sets out the service's aims, values, and support available. We found this to be consistent with the service provided. A written guide is available for people using the service, containing practical information about the service and the support provided. There is regular communication between the manager and responsible individual. People, family and professionals give positive feedback about the care provided. Comments received from people using the service include *"I'm more than happy with them"* and *"they go over and beyond"*.

A small care team are supported in their roles. We looked at personnel files and saw the requirement of two pre-employment references are not available. We notified the provider that they were not meeting legal requirements and we will follow this up at the next inspection. Care staff told us they benefit from a period of induction, shadowing opportunities and regular refresher training. Records show staff are up to date with training requirements, which ensure they have the skills needed to offer good quality care and support. Care workers we spoke with feel they receive appropriate training to meet the needs of people they support. Supervision and appraisals are completed on a regular basis to enable staff to reflect on their practice or discuss any issues. Comments shared by care workers include *"management....are all round fantastic"* and *"can't fault them"*.

The provider has arrangements in place for the effective oversight of the service through ongoing quality assurance. The RI is visible in the service daily and monitors systems routinely. We saw the RI communicates with people and care staff to obtain feedback about their experiences with the service. The quality of care report is completed every six months to identify what the service does well and any areas of improvement.

Staff report feeling valued, supported and told us calls are well managed. Care staff told us they receive sufficient time to complete visits. They state rotas are well managed and planned and they receive adequate time to travel from one call to another. We were told the office and on call team are easy to contact and helpful. Documents we viewed show rota's are stable with additional calls rarely added without consultation. Appropriate policies and procedures are in place to ensure care workers are aware of their responsibilities. There are detailed infection control and Covid 19 procedures in place. Care workers spoken to confirmed there are good stocks of personal protective equipment (PPE).

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
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N/A	No non-compliance of this type was identified at this inspection	N/A
73	The responsible individual does not record three monthly visits to the service or produce a report in line with the requirements of the regulations.	Achieved



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