

Inspection Report on

Radis Community Care (Gwent Region)

Radis Community Care Raglan House 6-8 William Brown Close Cwmbran NP44 3AB

Date Inspection Completed

24/01/2023



About Radis Community Care (Gwent 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	25 05 2022
Does this service provide the Welsh Language active offer?	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 overall happy with the care and support they receive and are supported to be as healthy as they can be. Arrangements to ensure all people have a personal plan in place detailing their care and support needs have been strengthened. The service provider has systems and processes in place that mostly ensures people are safe and risks to their health and well-being is minimised. However, the oversight of call management in some areas of service delivery requires specific attention and improvement. Recruitment and staff supervision, including measures in place to ensure all care workers register with Social Care Wales (SCW), the social care workforce regulator, requires improvement. Quality assurance systems seek people's views on all aspects of the service, including care worker performance. The Responsible Individual (RI) has completed a review of the quality of care. The service provider reports events as required to the relevant authorities and regulators.

Well-being

People's physical health and overall well-being is promoted. People are supported to access the relevant health and social care professional support and advice when required. One person told us their condition is 'sore', but this is being dealt with by a podiatrist and the care workers are sensitive to this. We received positive feedback on the quality of care provided, but we were also told some areas of service delivery could be improved. Care workers receive training to enable them to provide safe, good quality care. Infection control and prevention measures are in place. Personal plans detail individuals care and support needs, although the review process requires strengthening. We saw people being supported to take part in things of importance to them. We were told of organised activities and events that bring people and the community together, promoting social engagement and emotional well-being.

Measures are in place to safeguard people. Care workers know what action to take if they feel someone is at risk of harm or abuse and they receive safeguarding training. Specific assessments support people with risk management and risk taking. Recruitment practices need attention to ensure these are consistently safe. The provider has completed Disclosure and Barring Service (DBS) checks on staff. The DBS helps employers maintain safety within the service. Medication management systems are in place and there is oversight of these practices. Staff receive medication training, and their competency is reviewed. However, we found charts are not always in place where people receive support to apply prescribed creams or sprays to protect and maintain good healthy skin.

The provider has a well-defined management structure; however, oversight of call management requires improvement. The service provider notifies CIW of events as required. Reports, reviews, and stakeholder surveys show people can express their views and have the opportunity to contribute to the running of the service. People and their relative/representative told us they feel involved in their care and support. We saw quality assurance reports completed by the RI detailing an overview of the service. Improvements are needed regarding the oversight of call management in the extra care services to provide assurance people are receiving care and support in accordance with their assessed needs. Support systems in place for staff to register with SCW in a timely manner, and to ensure they receive one to one supervision with their line manager require strengthening.

Care and Support

People and their representatives have good relationships with care workers, they feel listened to, and involved in their care. We spoke to several people, who told us they have positive relationships with staff members and overall, they are happy with the service. Comments include, 'Regular reviews are held with the manager, I feel fully involved in the care, communication is good, I am really happy,' and, 'The carers are wonderful, and I don't know what I would do without them.' One person we visited told us they have 'good banter' with care workers. People told us there is information in their home for care workers to follow, and they know who to contact in the office if they need to. Stakeholder surveys gain people's views and opinions on the service and their comments are captured within quality assurance systems to guide and develop service delivery.

Personal plans are in place, and mostly reflect peoples' care and support needs, including how they would like their care and support need to be met. We reviewed personal plans for seven people using the service and found these reflect detailed information on the tasks care workers are required to support people to complete. Care files contain evidence of care and support plans from the local authority. We note personal plans take these support plans into account; however, some information is not always updated to clearly reflect people's current support needs. For example, we note one person prefers support for their personal care needs to be met at lunch time, other than in the morning, we found the personal plan does not reflect this change. We also found the plan has not been updated to reflect changes in their medication regime. In addition, personal plans are not always reviewed on a three monthly basis. This is an area for improvement, and we expect the provider to take action to address these matters.

Records show links are made with health and social care professionals to ensure people have the right support when they need it. We visited someone in their own home and saw an occupational therapist giving them the additional support and advice they need. Staff have training to help support people to manage their medication. Records seen confirm this. Medication administration records reflect people are supported to take their medication as prescribed. Routine auditing of records address and review the effectiveness of medication processes in place. However, where people require support in the application of topical medications, such as creams and sprays, this is not always clearly recorded or audited to provide assurance peoples skin is being adequately protected. We spoke with two social care professionals involved in peoples' care; one told us the service is good at providing updates on individuals and on service delivery issues, however one professional told us, communication could be better.

Leadership and Management

The service provider maintains oversight over the quality of care, including considering the views of people using the service. There is a clear management structure and lines of delegation. We viewed visit reports completed by the RI. The reports show the quality of the service is reviewed but they do not always reflect a fair proportion of people and care staff have been consulted with to obtain their views on service delivery. The most recent visit reports completed in January 22 show consultation and reports capture this. The RI has made provision for the quality of care to be reviewed with a report reflecting a detailed overview of the service, including a summary of engagement with people using the service, examples of good practice and areas for development. Reporting and recording processes are in place. This includes reporting matters of a safeguarding nature to the relevant authorities and complaint management. A safeguarding log is maintained and contains the relevant information. Care staff we spoke with have a good understanding of when and who to report matters of a safeguarding nature. A safeguarding policy is available.

Monitoring systems require strengthening to ensure people can be confident their care and support will be delivered as planned. We note an electronic call monitoring system (ECM) is used to monitor the timing of care calls in some areas of service delivery and found in part this was monitored well, however other areas of the service where ECM is not in use, we found the monitoring of calls to be inadequate. We were informed office staff oversee some of the ECM as part of their overall duties, however we found there is little oversight of the call monitoring systems in the extra care settings. A relative of a person told us, "My main concern is with the consistency of care and care workers not staying for the full duration of their call." The provider gave assurance to CIW these matters are now being addressed. We will follow this up at the next inspection.

Mechanisms are in place for staff recruitment and support; however, improvements are required. Staff we spoke with told us they feel supported although supervision records indicate not all care workers are receiving formal supervision every three months. Care workers told us they receive training and support to complete a recognised care qualification and register with SCW. Records indicate approximately 50% of care workers have either registered with SCW or are in the process of registration. This deficit in care worker registration requires attention from the service provider to comply with regulatory requirements. Training statistics indicate care workers complete a range of mandatory and specialist training. Not all the required information was kept on staff recruitment files, this includes full employment histories and verification of reasons for leaving previous positions of employment, as required. We reviewed a DBS checklist indicating the relevant checks have been completed for staff, however, a risk assessment linked to a DBS check was incomplete. Further, the provider must offer care workers the choice of alternative contractual arrangements where applicable. The provider told us they are about to commence a consultation with the workforce on contracts of employment. We expect the

provider to take action to address these matters and we will follow this up 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		
15	The service provider must ensure there is a care plan in place for each of the individuals they provide a service to.	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		
80	Ensure suitable arrangements are in place to monitor the quality of care and support being provided.	New		
35	Ensure people working at the service provide full and satisfactory information and documentation in respect of each of the matters specified in Part 1 of Schedule 1.	New		
42	Domiciliary care workers hold zero hours contract, they must be given the choice to opt for a different contract.	Reviewed		
36	The service provider must ensure all staff receive appropriate supervision and an annual appraisal.	Reviewed		
16	The service provider must ensure personal plans are reviewed as and when required but at least every three months.	Reviewed		
80	The responsible individual must prepare a report to the service provider when they review the quality of care and support.	Achieved		

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