



Inspection Report on

Radis Community Care (Cwm Taf Region)

**Radis Community Care
Unit C 3-4 De Clare Court
5 Sir Alfred Owen Way Pontygwindy Industrial Estate
Caerphilly
CF83 3HU**

Date Inspection Completed

10/10/2022

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About Radis Community Care (Cwm Taf 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	06/05/2021
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 say they receive a reliable service and staff are caring and friendly. They told us they rely on the service on a day-to-day basis. Most people also say call times (times when care workers arrive to deliver care and support) vary and they would like more consistency.

There are established processes in place to get to know people's needs, deliver the service and review the care provided. We noted the service provider works well with other agencies to ensure people receive the services they need. Staff are vetted, trained and supported. Managers and the Responsible Individual (RI) identify problems promptly and take action when necessary.

Improvements are required to ensure processes in relation to call times, care plan reviews, staff supervisions and quality assurances activities are consistently followed.

Well-being

Individuals receive the support they need but not always at the time they want it. People told us “*staff are friendly*”, “*they are very helpful*”, “*they are excellent*” and “*most of the staff are good humoured and do a good quality job*”. They also told us they rely on the service. One person said they could not live at home without it. Another said it keeps them in touch with people. A relative told us the service gives them peace of mind and another said they could not cope without it. We found most people also spoke about the time of the calls varying and wanting more consistency. What people want and need is recorded in their care documentation. People’s daily records show care workers provide the care and support people need but times when this is delivered varies. .

People are supported to remain as healthy as possible. Records show care staff ensure people eat and drink well by helping them if they need assistance. Staff watch out for changes in people’s health and alert relevant external professionals if needed. Referrals to health professionals are arranged when individual’s needs change.

People are protected from abuse and neglect as care staff know what to look out for and how to raise concerns if they suspect someone’s well-being is compromised. Care staff are trained in safeguarding and have clear policies and procedures to guide them. There are risk management plans in place to keep people as safe as possible. Concerns are reported to the relevant agencies in a timely manner including to the local safeguarding team.

Care and Support

People receive the care they require. People described to us what care and support they get from staff, this includes support with personal care, medication and meal preparation. This is consistent with the needs and activities outlined in their care plans. Most people told us care workers arrive at various times and they would prefer them to come at set times. People's daily records show the care and support delivered by care workers and the times when they arrived and when they left. The care and support is recorded as delivered consistently with people's care plans but the times vary and don't always match the times specified in their plans.

We discussed the timing of calls with the RI and with commissioners. The provider introduced an electronic logging in/out system but acknowledge care workers are not all using the system. They told us they are currently reviewing the system and reasons why not all care workers use it. Call times are also recorded in people's daily record books. Once completed, these records are reviewed in the office. We noted reviewers check whether call times have been recorded but not whether these match the times in people's care plans. The RI told us these checks will be completed. Commissioners told us they are aware of the systems the agency has to record call times and know the electronic system is not consistently used as expected. Our discussions with the RI show they are committed to delivering a reliable service and they do so, however they don't always manage to deliver calls at set times. They told us they are looking at agreed call times, people's expectations, call monitoring systems and staffing resources when considering call times. Call times matter to the people who are receiving a service therefore this is an area for improvement and we expect the provider to continue their work in this area.

The provider considers a range of information about prospective service users before they receive support. Each person has a set of care documentation which reflects support plans drawn up by commissioners and information gathered from people, their relatives and other health professionals. This documentation includes care plans and risk assessments. People also have a 'one page profile' which summarises what is important to and for them, and how best to support them. We saw plans are reviewed; however, review dates are not always clear and not always at the required frequency. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Leadership and Management

The service provider has a robust management structure and established systems in place to support the smooth operation of the service. The RI oversees the services provided by the agency and also progress and developments. They are supported by a head of care, an area manager and other senior staff each with defined areas of responsibility. A manager responsible for the day-to-day operation of the service is in post. All play a part in checking the quality of care provided. We saw evidence of activities taking place to review the quality of the service provided. These activities include visits carried out by the RI and collating of the views of people who use the service, their relatives and staff. We discussed with the RI the need to review the frequency and how the findings of their quality assurance activities are recorded to ensure their activities are consistent with what is legally required. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

We noted that the management team works well with commissioners. They commented upon the commitment of the local leadership and management team to deliver a good and reliable service. They described managers as very open and transparent, and that whenever there is a problem they respond promptly.

People are supported by staff who are vetted, trained, supported and developed. The records we examined show the provider carries out the necessary checks when recruiting staff. New staff receive an induction and all staff receive training relevant to their roles. Staff said they are supported by colleagues and the teamwork is good. They demonstrate enthusiasm for their roles. We saw the service provider has written to each member of staff to seek their views in relation to the type of contract they are on. The RI told us, individual responses will be reviewed, and new contracts issued if necessary.

The documentation reviewed shows evidence of supervision sessions. It also shows senior staff spot check the service each care worker delivers. We found in the last year, the frequency of these has not always been consistent and in line with legal requirements. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

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
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73	The responsible individual has not met at least every three months with members of staff and with individuals to whom a service is provided in the Cwm Taff Region	New
80	The responsible individual has not reviewed the care and support provided at least every six months.	New
16	The service provider has not ensured people's personal plans are reviewed at least every three months.	New
21	Call times are not always consistent.	New
36	Staff do not always receive one to one supervision no less than quarterly.	New

Date Published 13/02/2023