

Inspection Report on

Harlequin Homecare (cwm Taff)

Office 1 Enterprise Centre Bryn Rd Bryn Rd Tondu Bridgend CF32 9BS

Date Inspection Completed

31/07/2023

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About Harlequin Homecare (cwm Taff)

| Type of care provided | Domiciliary Support Service |
|---|---|
| Registered Provider | Harlequin Homecare Ltd |
| Registered places | 0 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 27 July 2022 |
| Does this service promote Welsh language and culture? | 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

Harlequin Homecare (Cwm Taf) provides care and support to people in their own homes, in and around the Bridgend area. People are overall complimentary about the care and support they receive saying it makes a positive difference to their lives. Personal plans set out people's care and support needs and are clear and concise. They also consider risks to people's health and safety. We saw evidence suggesting people are consulted regarding the care and support they receive.

Care workers said they feel supported and valued and enjoy working for the service. We found improvements are required to ensure care workers receive the recommended levels of supervision and they are suitably trained and recruited in line with regulation.

Monitoring systems are in place to help drive improvements. The Responsible Individual (RI) visits the service regularly and speaks to staff and people receiving a service. Regular quality of care reviews are completed to help identify areas where the service can develop further.

Well-being

There are measures in place helping to keep people safe. Risk assessments highlight areas of concern. Policies including safeguarding and whistleblowing are available for care workers to view and contain information regarding the process for raising concerns. Care workers we spoke to are aware of their safeguarding responsibilities and are confident in their ability to raise concerns if needed. Care workers are trained to meet the needs of the people they support. However, improvements are needed to ensure all care workers are up to date with their training requirements.

People are treated with dignity and respect. We observed positive interactions between people and care workers during our inspection. People and their representatives provided positive feedback regarding the care and support the service provides.

The service supports people to maintain their health and well-being. We saw evidence people are consulted about the care and support they receive and are involved in the care planning process. Personal plans are person-centred, meaning they are tailored to each person's specific needs. Support with medication is available for those who need it and infection control measures help reduce the risk of cross contamination. Care workers complete daily notes documenting what care and support has been provided as well as any changes in people's presentation.

Information about the service is readily available, so people know what opportunities are available to them. There is a 'statement of purpose' and a 'service user guide' detailing information regarding what the service offers in the way of care and support. We saw people are provided with a copy of the 'service user guide' when their service commences. Whilst there is no current need to deliver care through the medium of Welsh, the provider indicates they would try to arrange this if the need arose.

Care and Support

People and their representatives have good relationships with the care workers who provide care and support. We asked people for their thoughts regarding care workers. One person said, *"I get on with the carers very well, we have lots of laughs. They really are a friendly bunch".* Another person said, *"The girls are very good".* Observations we made during our inspection reflect the positive feedback we received. We saw care and support being delivered in a warm friendly way. We spoke to a number of people's representatives who also provided positive feedback regarding care workers. One said, *"The vast majority of the staff are very good. They always do their best".*

People have personal plans setting out their care and support needs. Personal plans consider people's outcomes as well as the practical care and support they require. Risk assessments are also present, aiming to reduce any risks to people's health and safety. Care workers told us personal plans contain the right level of information needed to provide good quality care and support. We viewed several personal plans and found they are easy to read and provide a comprehensive level of information regarding the care and support people require.

Support is available for people with medication needs. There is a medication policy which is aligned with best practice guidance. The policy is kept under review and updated when necessary. Care workers have their competency assessed via regular spot checks. Medication administration recording (MAR) charts we viewed were filled in correctly with no gaps. The service completes regular medication audits so discrepancies can be identified and addressed.

Infection protection and control measures are in place. Care workers have access to a plentiful supply of personal protective equipment (PPE) and there is a policy outlining safe practice. We saw a care worker using the appropriate PPE during a care call we observed. People receiving care and support told us care workers use PPE when necessary.

Leadership and Management

Improvements are needed to ensure care workers are recruited safely and supported to develop. We looked at a selection of personnel files and found not all the required recruitment information was present. We also found care workers are not receiving the required levels of formal support. This is important as it gives care workers the opportunity to discuss any concerns and their development opportunities with the management. We told the provider this was an area for improvement. We will review this at our next inspection to ensure improvements have been implemented. Care workers we spoke to provided complimentary feedback regarding the services training provision, saying training received helps keep them sufficiently skilled. We viewed the services training matrix which showed not all care workers are up to date with their training requirements in key areas such as medication and moving and handling. We told the provider this was an area for improvement and would expect to see the matter resolved by the next time we inspect.

Care workers told us they receive rotas in good time and are advised of any changes promptly. Care workers said travel time between calls was sufficient and time allocated for care provision was usually adequate. We spoke to several care workers who told us they are happy working for the service. They provided complimentary feedback regarding the management saying, *"I have no issues they're a great bunch"*, and *"The manager is really good. There's good open dialogue between us"*.

There are systems in place enabling the service to reflect and develop. People are regularly consulted regarding the care and support they receive. The RI maintains a good level of oversight by visiting the service regularly, talking to people and staff and reviewing information related to the day to day running if the service. This includes any records relating to complaints, reportable incidents, and safeguarding issues. On a six-monthly basis a quality-of-care review is completed where the services strengths and areas identified for improvement are considered. Policies and procedures underpin safe practice. They are reviewed regularly and updated when necessary. Information relating to service provision is available for people to view. There is a statement of purpose and user guide. Both documents provide comprehensive information and are reflective of the service provided.

| 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 | |

| 35 | The provider is not compliant with regulation 35(2)(d). This is because some of the required recruitment information was missing on some of the personnel files we viwed. | New |
|----|--|----------|
| 36 | The provider is not compliant with regulation 36(2)(c)&(d). This is because not all staff are up to date with their training requirements and some staff have not received the required levels of formal support | New |
| 60 | The provider is not compliant with regulation 60(1). This is because there has been a failure to inform CIW of events specified in Parts 1 and 2 of Schedule 3. | Achieved |

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