



Inspection Report on

Radis Community Care (Gwent Region)

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

Date Inspection Completed

09/05/2024

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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	24 January 2022
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates an effort to promoting the use of the Welsh language and culture.

Summary

People told us they receive a good standard of care and support and are complimentary of the service provided. They told us they have developed good relationships with care workers, they feel listened to, and involved in their care. The service designs care and support in consultation with people using the service and their representatives. Personal plans consider their support needs, routines and wishes. People are supported with their physical health, emotional and social well-being. Medication administration is safe and supports people to maintain their health.

Staff are well trained and supported in their role. Safeguarding processes are well managed although CIW are not always notified of events as required. The Responsible Individual (RI) completes regulatory visit reports as required. There is oversight of service delivery by Senior Managers. Satisfaction feedback surveys are used to evidence engagement with people who receive a service and care staff in order to drive service improvement. Recruitment procedures are in place but require strengthening in some areas to ensure processes are consistently safe.

Well-being

People are involved in their care and feel listened to. Personal plans are in place before people receive a service. Plans are agreed with the person or their representative and indicate their preferences on how they wish their support to be provided. Survey questionnaires are sent out on a regular basis to people using the service and care staff. Feedback is gathered and used to monitor and improve service delivery. People told us they have developed good relationships with care workers who are regular and generally arrive on time. They also commented they feel involved in their care arrangements.

Care staff provide support empowering independence and promoting people's physical health. The provider has systems in place to ensure there is oversight of individuals' well-being. The service provider contacts health and social care professionals when required supporting people to maintain good health. People receive support from care staff who have a good understanding of each individual person's needs. The service provider told us no person currently requires a Welsh language service. Although there is a commitment in making provision for the Welsh language 'Active Offer', which is included in service documentation.

People are safe from abuse and neglect. The provider undertakes a risk assessment prior to the commencement of the service to support care staff in managing any areas of potential risk. We were told staff wear personal protective equipment (PPE) and people feel safe. People we spoke with know whom to contact if they have any concerns. Staff confirm they receive training to help them understand their role in protecting and supporting adults at risk. Medication systems are effective, and auditing of medicine management is in place. There have been occasions when the provider has notified CIW of safeguarding events in a timely manner. The provider assured us this would be acted on.

Policies and procedures are in place to support service delivery, and these are accessible to staff. The on-call arrangements provide guidance and management support to care staff. The service ensures Disclosure and Barring Service (DBS) checks are carried out on staff. This process is important to consider a staff member's suitability to work with vulnerable people. Staff receive the relevant training to support people safely and they told us they feel well supported in their role. The recruitment process needs improvement to ensure documentation reflects staff are safely recruited.

Care and Support

People receive kind, dignified and consistent care that meets their needs. We spoke with several people and representatives who told us they are happy with the care and support they receive, and they have good *'banter'* with the care workers. People told us they have regular care workers and records we reviewed reflect continuity of care is good. Feedback we received consistently told us people and their relatives have positive relationships with care workers. People are involved in daily living activities and are supported access to social opportunities.

Personal plans provide clear guidance for care staff on how to meet people's needs. Plans evidence people are supported to achieve their personal outcomes, these are reviewed on a three monthly basis, and people are supported to be involved in this process. We reviewed daily logs of care delivery completed by care staff and these mostly reflect support is offered or given as indicated in their personal plan. However, care and support that is declined through choice could be more clearly recorded. People are encouraged and supported to remain as independent as possible. We were told care workers encourage people to maintain their autonomy and plans we reviewed reflect this in detail.

People's health care needs are supported. Referrals are made to health and social professionals when people need specialist support, such as adaptations to help their mobility and support their independence. The service supports people to obtain the professional intervention they need. Multi-agency working is in place. Care and office staff attend regular multi-disciplinary team meetings sharing relevant information on behalf of people they support. This process identifies early intervention for additional support, thus promoting people's physical health and well-being.

Safeguarding mechanisms in place promote people's safety. Medication practices are well managed. The provider has a medication policy and procedure in place, and this is available for staff to follow. Medication audits are completed and any required follow up action is recorded. Medication competency assessments and observations of staffs' ability to administer medication are undertaken on a regular basis. Staff receive safeguarding training. Some care staff demonstrate a good knowledge of safeguarding procedures, although some care staff we spoke with were unsure. A safeguarding policy is available and contains the relevant information. People are provided with information about the service including contact details for the office.

Leadership and Management

Governance arrangements are in place to measure and monitor the performance of the service. The RI completes a report every three months reflecting they consult with people and their relatives, including care staff, whilst considering the quality of service delivery. The quality of care is reviewed on a six-monthly basis and a report is produced. Electronic call monitoring systems used to monitor the timing of care calls is overseen by service managers. Regular 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.

People and their relatives know how to make a complaint if they need to. Complaints are recorded and acted upon; but we did note one complaint was not dealt with in a timely manner. The support manager told us this will be followed up. The Statement of Purpose provides an overall picture of the service offered, including provision of the Welsh 'Active Offer'. There is oversight of key documentation ensuring tasks are completed and audited. Internal systems show matters of a safeguarding nature are logged, shared with the relevant authorities, and investigated. However, CIW do not always receive notification of events as required. This is an area for improvement, and we expect the service provider to take action to address this and we will follow this up at the next inspection.

There are arrangements in place for supporting and developing staff. Staff we spoke with consistently told us they feel supported. Employment contracts are offered in consultation with staff taking into consideration their personal circumstances. Induction, supervision, and training records indicate support and development processes are in place. Staff informed us they completed an induction when they started, and this was informative. Care workers are supported to register with Social Care Wales (SCW). We did note some deficit in the percentage of care staff registered with SCW although the service provider assured us this is being monitored and worked on.

Selection and vetting arrangements are in place to enable the service provider to decide upon the suitability of staff, however, these are inconsistent. DBS records reveal the relevant checks have been completed. Staff files contain most of the relevant information. However, we identified some discrepancies in relation to employment histories, reasons for leaving previous employment with vulnerable adults, references, and identification. This remains an area for improvement, and 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

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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60	Ensure the service regulator are notified of the events specified in Parts 1 and 2 of Schedule 3.	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.	Not Achieved
42	Domiciliary care workers hold zero hours contract, they must be given the choice to opt for a different contract.	Achieved
36	The service provider must ensure all staff receive appropriate supervision and an annual appraisal.	Achieved
16	The service provider must ensure personal plans are reviewed as and when required but at least every three months.	Achieved
80	Ensure suitable arrangements are in place to monitor the quality of care and support being provided.	Achieved

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