



Inspection Report on

Graceful Home Care

**85a
High Street
Barry
CF62 7DX**

Date Inspection Completed

23/07/2024

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About Graceful Home Care

Type of care provided	Domiciliary Support Service
Registered Provider	GRACEFUL HOME CARE LIMITED
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	22 December 2023
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

Graceful Home Care is registered with Care Inspectorate Wales (CIW) to provide a domiciliary support service within the Cardiff and Vale regional partnership area, with its office based in Barry. This visit was to consider the progress made since Priority Action Notices were issued at the last inspection.

Rebecca Van Praag is both the responsible Individual (RI) and manager for the service. The RI oversees the strategic operation of the service and is registered with Social Care Wales, the workforce regulator, in accordance with legal requirement.

People receive care and support from a staff team who are kind and have undertaken the appropriate training for identified risks and needs. The provider evidenced the recent training carried out, development opportunities and support for care staff. Improved systems are in place to ensure the quality of care and support are provided in accordance with people's identified care needs and risks. Safe recruitment processes are now in place.

Well-being

People can be assured they receive care from trained and competent staff at this time. We saw evidence staff have undertaken various training from accredited and competent sources. We examined the staff training matrix and found core training such as manual handling and food hygiene which would be required for staff to perform their role and meet the needs of the people they support safely has been undertaken. Safe recruitment processes are now in place to ensure staff have been sufficiently checked prior to commencing employment at the agency. These measures are important to protect people who may be vulnerable and protect care workers.

People are at the heart of the service at this time. Measures are in place to provide good standards of practice. Care documentation to ensure the care provided is person-centred and safe in accordance with people's needs was available. The RI told us personal plans/reviews and care documentation is mostly electronic, but paper plans are available at people's homes and at the office base to ensure robustness.

People using the service can be assured that there is improved leadership and management of the service at this time. We examined the statement of purpose document which outlines the service's philosophy of care. Our review of the care documentation, evidence of training carried out and improved recruitment practices demonstrate the service seeks to put the statement of purpose values into practice. However, we identified where the statement of purpose should be revised further. The RI told us this would be addressed immediately.

Systems and processes which promote the smooth running of the service are in place to monitor quality and identify and address any defects. For example, the provider explained that all calls are delivered on time and last the duration required because the electronic monitoring system in place alerts office staff of any discrepancies to care delivery. When an issue is identified office staff contact service users as required to inform them of any changes to the allocated time.

Care and Support

People can be confident that care staff are safely recruited and competent to undertake their roles as the recruitment process is robust. We looked at a sample of staff personnel files and saw the necessary checks in place to ensure staff's suitability to work with vulnerable adults. Files contained the required information including employment history, references and Disclosure and Barring Service (DBS) certificates. Files we looked at contain evidence of regular supervision carried out to monitor individual's standard of performance and to identify any training needs or issues.

People mostly benefit from receiving care from a trained staff group. This is evidenced from information provided during the inspection and the training matrix. Mandatory training included moving and handling, food hygiene, health and safety and first aid. We saw some gaps in the training matrix however the RI told us there are future dates and additional training scheduled to be undertaken by care staff including dementia care.

Overall, we found that people using the service receive the care and attention they require to remain as physically healthy as possible. Comments included: *"staff are caring and considerate; I have been more than happy with the service provided"*, *"I have been able to be more independent and reassured these past few weeks and well supported"*. We examined a sample of care records and found the documentation well organised and contains all the required information. We saw that records were person centred and contained detailed information regarding service users' life history, likes/dislikes, identified risk which enable staff to provide individualised care.

We saw from the care documentation that people's physical well-being is encouraged and risk assessments, including manual handling are carried out. The RI told us care staff report any changes to service users, however small, and this was confirmed in one personal plan which documented issues raised by staff to management. Care documentation has been reviewed and updated to ensure that information was current. Where potential risk in providing care has been identified appropriate assessment have been completed and kept under review. This indicates that the service takes steps to ensure that care is provided in a safe manner.

We saw from the care records that staff continuity was recognised by the service. Furthermore, we spoke with the RI who told us that service users are always contacted if there is a change to staff or the time of the visit. This was further verified by one service user who told us *"If there is a problem or anything untoward, we are informed"*.

Leadership and Management

Overall, people can be confident that they will receive all information that should be available to inform them about what the service can provide. We saw a revised statement of purpose contains information that informs people of the services provided. We highlighted to the provider where this could be improved further to meet regulatory requirements. Quality assurance systems and audits are generally in place to identify any areas of concern and inform improvement and development. People are actively involved in defining and measuring the quality of the service. We saw that opinions of people using the service, staff members and relatives had been formally monitored on a regular basis by the RI and documented as part of the quality assurance process.

People using the service can be assured that they will be safeguarded from harm. The agency has a safeguarding policy in place and staff have now received appropriate training. Since the last inspection CIW have not been made aware of any safeguarding incidents. Administration is organised and required records are well maintained. Care staff who work for the agency are clear about what is expected of them on a daily basis in order to provide care to people. This was clear from entries in documentation held at the agency offices and discussions with the RI and administration staff during our inspection visit. We also looked at the care documentation available in people's homes.

We examined the quarterly review dated 26 June 2024 undertaken by the RI which contained all the required information required as regulatory requirement. People can be assured that the service is run in accordance with up-to-date policies and procedures. However, we highlighted some additional matters which the provider should consider in this area. The RI has ensured us they would address this issue immediately.

Since the last inspection the provider has co-operated with CIW and other professionals to make improvements and ensure appropriate oversight of the service at this time.

The provider has met compliance with all areas where priority action notices were issued at the previous 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
6	The provider is non-compliant as they have failed to conduct and manage the service with due care, competence and skill.	Achieved
36	The provider is non-compliant as they have failed to ensure staff receive appropriate training appropriate to the work undertaken by them .	Achieved
35	The provider is non-compliant because they failed to ensure appropriate pre- recruitment checks were carried out for staff working at the sevice.	Achieved
8	The provider has failed to ensure that there are effective arrangements in place for monitoring, reviewing and improving the quality of care and	Achieved

	support provided by the service.	
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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.

Area(s) for Improvement		
Regulation	Summary	Status
12	The service does not have accurate polices and procedures in place	New
7	The provider must ensure that the statement of purpose accurately reflects the service provided .	New

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