



Care Inspectorate Wales

Care Standards Act 2000

Inspection Report

RSD Social Care Ltd

Swansea

Type of Inspection – Full

Date(s) of inspection – Monday, 14 January 2019

Date of publication – Tuesday, 2 April 2019

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Summary

About the service

RSD Social Care Ltd is a domiciliary care agency that provide care and support to people over 18 years of age who live in their own homes. The agency office is located in Fforestfach Industrial estate on the outskirts of Swansea City. The responsible individual is Mr Ian Bailey and an experienced manager who is registered with Social Care Wales has oversight of the day to day running of the service.

What type of inspection was carried out?

This was the first inspection of RSD Social Care Ltd following re-registration under The Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016. One inspector undertook a scheduled full inspection over three separate days, on 14/01/19, 16/01/19 and 4/02/19. The following methodology was used:

- One unannounced and one announced visit to the agency office
- Discussions with the Manager.
- Discussions with care and support staff in the office and on the telephone.
- Home visits to four people who use the service.
- Discussion with two relatives over the telephone
- Examination of four people's records
- Examination of six staff records, including recruitment, supervision and training
- Examination of a range of documentation pertaining to the service, such as the statement of purpose, complaints procedures and quality assurance processes.

What does the service do well?

There were no significant areas of outstanding practice; however, people told us they received a very good standard of care from the agency.

What has improved since the last inspection?

This is the first inspection following re-registration under RISCA.

What needs to be done to improve the service?

No non-compliance notifications have been issued on this occasion.

Quality Of Life

Overall, we found that people were satisfied with the service and felt safe and supported. We saw a good standard of risk assessment, care planning and service delivery from documentation and from visiting and speaking to people in their own homes.

People are assessed prior to the delivery of a service and care is risk assessed and planned in a person centred way. We saw that risk assessments were robust, and included the environment, medical condition, mental health, and medication. We found that care plans were detailed and highlighted important information about the person such as personal care preferences, food preferences, triggers to behaviours and family contact details. We saw that risk assessments and care plans were regularly reviewed and action taken swiftly when a change was identified. Daily care records in people's homes indicated a good level of detailed record keeping by staff. People can feel secure that their care has been properly assessed and planned, and that changes required will be acted upon as soon as they are identified.

People are given choice and consideration in the service they receive. We saw that people were consulted as to preferred times of calls. Staff ensured that they entered people's homes only by appointment and agreed method, such as a key lock, knocking and entering, or waiting for the person or their relative/representative to open the door. We saw in some records that staff altered their calls to accommodate hospital or GP appointments. One person told us that they found the service *"excellent"* and that *"they always ask if there is anything else they can do before leaving"*. A person also described the staff as *"considerate and kind"*. Another person told us that they were *"very happy"* with the service and that the staff were all *"lovely"*. Our discussions with people and examination of records held at the registered office and in people's homes demonstrate the extent of the person centred care offered and the flexible and considerate nature of the service.

The service had appropriate systems in place to ensure that people received a timely service that could fully meet their needs. An electronic call monitoring system is used to

ensure that all calls were carried out as scheduled. We found that usually people received care and support at the expected times and for the required duration in line with the persons timetable of care. There is close oversight of this system because a member of staff monitors the electronic system and would respond in a timely way to any late or missed calls. People and their relatives we spoke with were very complimentary of the agency's time keeping. One person informed us that carers, "*are always on time*" and another said, "*carers are usually within five or ten minutes of the agreed time. If they are going to be later they always ring me to let me know*". Overall, people receive timely care.

Quality Of Staffing

Overall, people can be assured that they are supported by staff who have been appropriately recruited and have sufficient training to meet their individual care needs.

We looked at four recruitment files and found that staff were recruited in line with the legal requirements. We saw that Disclosure and Barring Service (DBS) checks were carried out before staff commenced employment and any gaps in people's employment history were explored and recorded. We were informed that all staff were subject to a probationary period, which included spot checks and one to one supervision sessions.

People can be confident that staff are appropriately trained for the care and support they provide. There was evidence in individual staff records we examined; staff had completed training on safeguarding of vulnerable adults, administration of medication, first aid, moving and handling procedures, fire safety, health & safety and infection control. Additionally staff undertook training specific to the needs of their allocated clients, e.g. dementia. Documentary evidence was seen which evidenced that staff undertake an induction to the agency followed by shadowing shifts with more experienced staff prior to being allocated shifts. We were informed that all staff were subject to a probationary period, which included spot checks and 1-1 supervision sessions.

People's wellbeing was enhanced due to positive interactions with staff who provide their care. During the inspection we observed staff delivering good quality care to the people they supported and it was also evident that they had developed a good rapport with people receiving care and their family members. A relative we spoke with told us "*the carers are always good humoured*" and "*staff are wonderful, they go over and above what they should do*". One person we visited commented that "*carers are so kind and thoughtful*". People therefore had positive relationships with staff.

People who use the service can be assured that they will be cared for by motivated staff who are appreciated and want to make a positive difference to people's lives. We had

discussions with five staff members, who all reported to us that they enjoyed their job. We were told that *“it’s a good job which fits in well around my family life”* and *“they are good employers”*. One staff member told us that *“they always ask me if I can do something, rather than instruct me to do it. This makes a huge difference”*. Staff we spoke with confirmed that the agency ensured that good channels of communication were maintained through regular supervision meetings as well as staff/team meetings.

Quality Of Leadership and Management

People can be confident they are safe because the business is well run, with due care and attention to regulation. The manager demonstrated they were knowledgeable about when to report incidents, to both CIW and the Adult Protection team if there had been an adverse incident or if they suspected a person was at risk. Staff we spoke with told us they knew who to contact if they had concerns about a person and suspected they were at risk of harm or abuse.

We saw the Statement of Purpose that was clearly written and contained the required information so that people know what type of service they can expect from RSD Social Care Ltd.

People who use the service can be assured that the planning, organising, and systems in place benefitted their care, as communication was robust and there was strong direction from management. Quality monitoring was in place and we saw that people who used the service and their relatives were included in the process. Policies and procedures were reviewed regularly and were made available to all staff members.

The agency uses electronic monitoring systems for all its tasks and we saw that this flags up any issues with call times if carers have not logged in within the allocated time. The system also highlights for each person if care plans require reviewing, individual staff supervision and also tracks staff training. Information was clearly displayed and easy to follow.

Overall we found that people using the service can be confident the agency was well run. Administrative systems were well organised and the required records were being maintained.

Quality Of The Environment

The Quality of Environment is not a theme we explore in any detail for domiciliary care agencies. However, we saw that the office was suitably equipped for the purposes of the day-to-day operation and management of the service. People using the service and staff employed can have confidence that their personal information was stored securely.

How we inspect and report on services

We conduct two types of inspection; baseline and focused. Both consider the experience of people using services.

- **Baseline inspections** assess whether the registration of a service is justified and whether the conditions of registration are appropriate. For most services, we carry out these inspections every three years. Exceptions are registered child minders, out of school care, sessional care, crèches and open access provision, which are every four years.

At these inspections we check whether the service has a clear, effective Statement of Purpose and whether the service delivers on the commitments set out in its Statement of Purpose. In assessing whether registration is justified inspectors check that the service can demonstrate a history of compliance with regulations.

- **Focused inspections** consider the experience of people using services and we will look at compliance with regulations when poor outcomes for people using services are identified. We carry out these inspections in between baseline inspections. Focused inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focused inspections may be scheduled or carried out in response to concerns.

Inspectors use a variety of methods to gather information during inspections. These may include;

- Talking with people who use services and their representatives
- Talking to staff and the manager
- Looking at documentation
- Observation of staff interactions with people and of the environment
- Comments made within questionnaires returned from people who use services, staff and health and social care professionals

We inspect and report our findings under 'Quality Themes'. Those relevant to each type of service are referred to within our inspection reports.

Further information about what we do can be found in our leaflet 'Improving Care and Social Services in Wales'. You can download this from our website, [Improving Care and Social Services in Wales](#) or ask us to send you a copy by contacting us.