



Inspection Report on

REALCOMFORTRECRUITMENT LTD

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Date Inspection Completed

27/02/2024

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About REALCOMFORTRECRUITMENT LTD

Type of care provided	Domiciliary Support Service
Registered Provider	Realcomfortrecruitment Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection under the Registration and Inspection of Social Care (Wales) Act 2016
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

Realcomfortrecruitment Ltd is a domiciliary support service for adults, aged 18 and over. The service offers care and support to people in their own homes in the Cardiff & Vale areas. The organisation is in its infancy. The statement of purpose (SOP) sets out the vision for the service.

People and their representatives are positive about the service they receive to allow them to live in their own homes. Each person has a personal plan, detailing their individual care and support needs and how these are to be met. People are fully involved in decisions about their care and support.

Care workers are appropriately recruited and vetted, who feel suitably knowledgeable and trained to carry out their role. The manager of the service is accessible and valued by people who use and work at the service. The Responsible Individual (RI) has a regular presence at the service, engages with people and reviews the quality of care. There are generally robust, thorough governance and quality assurance procedures in place.

Well-being

People can access information about the service provided. The statement of purpose and service user guide are available to individuals or their representatives. The statement of purpose reflects the types of care and support available, and how the services will be provided.

People and relatives spoken with told us the care and support provided is of a good standard. Prior to the service commencing, a suitably trained person completes an assessment with people, and care visit times are agreed. We were told that care workers are generally on time and worker continuity is generally consistent. Personal plans are produced with the individual and/or their representative. They consider people's needs, preferences and give instructions regarding the support people require. Risk assessments highlight areas of concern and the arrangements for keeping people safe. We saw support plans are updated when necessary.

People contribute to and have a voice in decisions that affect them. Feedback about the service is sought in a variety of ways including face to face visits, and through telephone monitoring calls. People are able to raise concerns about the service and feel their concerns would be addressed. They said there is good contact and communication with the manager and the office. People also have a voice because they are also involved in the RI quarterly Regulation 73 visits.

People are protected as far as possible from abuse and neglect. There are detailed and thorough policies and procedures to help guide care workers. Care workers are confident in whistleblowing and approaching management with any concern they might have. Care workers receive training in relation to a wide range of core and specialist subjects including safeguarding and infection control. Safe staff recruitment and vetting practices ensure care workers are safe to work within the care sector.

Care and Support

People are happy with the care they receive. Care workers support individuals to live as independently as possible in their own homes. The provider meets with people before a service is provided to capture important information about them. People are confident the service strives to support them as per their wishes.

People told us care workers treat them with dignity and respect. Care workers say they have positive relationships with the people they support. Care workers have a good understanding of the needs of people and are enthusiastic about providing the best possible care. Daily records show that the appropriate number of care workers attend the call, and deliver the care required, including any prompts or provision of medication. People and relatives also informed us there is continuity of care and generally they are allocated the same care workers. People generally speak positively about the care workers and reported feeling safe when supported by them.

People are safe and risks to their health and wellbeing minimised as much as possible. Personal plans and risk assessments are generally accurate and evidence how care workers should meet people's needs. These documents are important as they guide staff on how to care for people correctly. Routine reviews are completed within regulatory timeframes, however, did not evidence personal plans and risk assessments were considered. We saw records detailing discussions with people, their representatives and healthcare professionals. The system used for recording this information did not enable a smooth audit trail. People and relatives confirmed communication with and from the manager is good, and that they are regularly consulted with, about their care and support needs.

There are measures in place to assist people with their medication. Medication policies and procedures are in place that provides clear guidance to care workers. Medication training is undertaken by care workers and competency assessments are carried out. Personal plans document the extent to which individuals need support with medication administration. We noted instructions about where to apply prescribed creams is not always reflected within the personal plan or within the electronic Medication Administration Record (MAR's) to guide staff to where creams should be applied. This requires strengthening.

Appropriate infection control practices are facilitated. Care workers have access to PPE, have completed training and understand the importance of following good infection control measures.

Leadership and Management

People are given information about the service. There is a statement of purpose (SOP) that describes the care provided and the vision for the service. Procedures are in place to support good practice and staff have a sufficient understanding of key policies. We noted that some policies require review to ensure they remain current. Discussions with care workers demonstrate an understanding and confidence around reporting concerns and safeguarding.

People are supported by appropriate number of staff who are suitably recruited. Pre-employment checks includes references, right to work and Disclosure and Barring (DBS) checks. New staff are given a well-supported induction programme with shadowing more experienced care staff. Consistent ongoing mandatory and person specific training supports care workers in meeting people's needs. Care workers confirm they are satisfied with the standard and range of training provided and feel it equips them for their roles. Staff receive regular supervision enabling them to receive regular support from management. This allows them to discuss any areas of concern and an opportunity to reflect on their practice.

Care workers showed a good knowledge of the people they support and roles they undertake. Calls are planned and allow sufficient travel time in between calls to ensure care is provided at the scheduled time. This supports people to achieve their personal outcomes. Records show calls are punctual, last the required length of time agreed and that care is delivered following people's personal plans.

There are oversight and governance arrangements in place. The RI works in the service on a regular basis alongside a dedicated manager. There is a clear management structure for the service. The manager feels supported in their role by the RI to facilitate the safe running of the service. People, relatives, and staff confirmed communication with and from management is good. There are regular planned and documented staff meetings taking place. Internal audits and spot checks are used to consistently monitor the service people receive. The service provider is an organisation in its infancy. Some practices require further embedding and strengthening, such as care documentation review and the recording of supplementary information. We read reports detailing regular contact with people and relatives by the manager and RI. We discussed with the RI how the current quality of care six-monthly review reports can be strengthened and improved for future reference.

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
N/A	No non-compliance of this type was identified at this inspection	N/A

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