



# Inspection Report on

**Rumney Care Newport**

**Alexandra Gate Business Centre Ltd  
2 Alexandra Gate  
Ffordd Pengam  
Cardiff  
CF24 2SA**

**Date Inspection Completed**

14/05/2024

**Welsh Government © Crown copyright 2024.**

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk)*  
*You must reproduce our material accurately and not use it in a misleading context.*

## About Rumney Care Newport

Type of care provided	Domiciliary Support Service
Registered Provider	Rumney Care and Ambulance Service Ltd
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">21 February 2023</a>
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

People who use Rhymney Care Newport are happy with the care and support they receive. People's voices are included in their personal plans, and they have control over the way they receive their care and support. People have positive relationships with care staff, and feel management are friendly and approachable.

Care Staff are happy in their job roles and feel they are well supported by the management of the service. Staff have sufficient training to complete their job role and are also registered with the work force regulator Social Care Wales. There are robust policies and procedures for staff to follow to ensure their work is of a good standard. Staff told us they enjoy their work and speak positively about the service provider.

The management have good oversight of the service. There are processes and systems in place to ensure care delivered is of high quality and with good managerial oversight. The Responsible Individual (RI) is compliant with all regulatory requirements. This includes visiting people using the service as well as oversight of the whole service to ensure good quality of care delivery.

## Well-being

Care staff treat people with dignity and respect and provide person centred care and support. Care staff listen to the people they support and help them to be as independent as they can. People told us staff show interest in their hobbies and the things they enjoy meaning staff are able to enjoy lots of conversation and friendly rapport with people receiving support.

We were told the staff *“Are supportive, they are nice, and they are flexible as a company.”* People told us they are able speak to the manager of the service whenever they need to, and the manager tries to accommodate any requests for short term changes or plans as best as possible.

People are supported to be healthy and as active as possible. Staff encourage people to complete the tasks they are able to and provide support when needed.

People’s wellbeing outcomes are supported by the service. Referrals to external agencies are made when necessary for expert advice and guidance. During the inspection we saw evidence of recommendations being implemented into people’s personal plans. The service provider takes necessary steps to promote health and wellbeing for people using the service.

Policies and procedures are in place to keep people safe from abuse and harm. They set out what should happen in the event of any incidents and staff follow these procedures when required. There are on-call staff available to help staff should they encounter a difficulty when they make care calls outside of office hours. Staff told us the support they receive from on-call management is helpful and it is reassuring to have someone who can help and advise them in any situation.

The service is working towards an Active Offer of the Welsh language and encouraging staff to promote Welsh language and culture by celebrating Welsh dates of interest such as Santes Dwynwen and St Davids day too.

## Care and Support

People can be assured a good standard of care and support is delivered by Rhymney Care and Ambulance Service. People using the service are very happy with the care and support they receive. One person told us the staff “*Give very good support and very good care.*” A family member told us their relative “*Brightens up when the staff come in.*” People told us the service is flexible and that staff are caring. All of the people and families spoken to as part of the inspection spoke positively about the care they, or their family members, receive.

The service is in the process of improving its care planning documentation. The implementation of a new electronic system allows for the creation of bespoke personal plans. This ensures people’s likes and preferences as well as their wellbeing goals are recorded. This new system also sets out clearly the tasks that people require support with at each call, and also sets out how people would like to receive that support. Personal plans convey a real sense of the person themselves, and their choices and preferences are clearly set out.

Personal plans and any required risk assessments are reviewed regularly in line with the regulations. Corresponding risk assessments are reviewed regularly, and people are involved in these reviews.

Risk assessments are in place to ensure the facilitation of positive risk taking whilst always maintaining people’s safety. There are safeguarding policies and procedures in place. Staff are familiar with these procedures and notify the relevant agencies as needed. The service provides Personal Protective Equipment (PPE) to all staff. There are plentiful supplies available to staff who collect this when needed. This promotes hygienic practices within the service. PPE is also worn when requested by people using the service.

Medication records are reviewed frequently by management within the service. There is a very robust system in place which collates information about each person’s medication administration which allows any issues to be identified quickly. This practice demonstrates good oversight of medication administration, and also is able to identify medication errors quickly and alert relevant people as necessary.

## Leadership and Management

People receive care from a well organised service. There are good governance arrangements in place allowing the RI and the manager good oversight of the service. The manager oversees the day to day running of the service. The imminent implementation of an electronic management system will streamline existing procedures and improve the oversight the management team currently has. There are systems in place to ensure staff are prompted when they need to complete any required training courses. These systems work well, as there is a high training compliance within the service.

There is a culture of openness within this service. Staff told us the manager is very supportive, approachable, and helps everyone in the service. One staff member said, *“When we encounter a difficult situation, the manager is there to help.”* Staff feel happy and proud to work for this service. Staff told us they receive all required training to complete their job roles and are passionate about the learning opportunities available to them. Staff told us if they request additional training this is organised for them.

Staff feel supported in their job roles. All staff receive supervision sessions with a manager, and these sessions cover a range of topics. However, staff do not receive supervision as frequently as set out in the regulations. This is an area for improvement, and we expect the provider to take action.

Information is available to staff as they need it. The new electronic system provides staff with an easy way to access the information they need before attending each care call. This includes each person’s personal plans, a breakdown of each task to be completed at that call, and most importantly how that person prefers to be supported.

There are complaints policies and procedures in place within the service. These are overseen by management, with appropriate action taken as required, and lessons learned acknowledged too. There are safeguarding policies in place which are followed by staff. This ensures people are kept safe from potential harm and abuse. Referrals with other agencies are made as appropriate which promotes people’s safety.

There are robust systems in place to oversee travel time between calls at the service. Call times are organised and planned in line with people’s preferred call times.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
------------	---------	--------

36	Supervision sessions must take place at least every 12 weeks, or sooner if required, as set out in the regulations.	New
----	---------------------------------------------------------------------------------------------------------------------	-----



### **Was this report helpful?**

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

**Date Published** 02/08/2024