



## Inspection Report on

**Harlequin Care R.C.T**

**35 Fram Enterprise Centre  
Parc Busnes Edwards  
Pontyclun  
CF72 8QZ**

## **Date Inspection Completed**

21/10/2024

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## About Harlequin Care R.C.T

Type of care provided	Domiciliary Support Service
Registered Provider	HARLEQUIN (RCT) LTD
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	
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

Harlequin Care R.C.T provides care and support to people living in Rhondda Cynon Taf. People are happy with the service they receive and speak highly of care staff and the management. The service provided is person centred, meaning it is tailored to people's specific needs. Personal plans set out people's care and support needs and consider risks to people's health and safety. People are involved in the production of their personal plans and are consulted on the service they receive.

Care staff enjoy working for the service and feel supported in their roles, they receive regular supervision where they can discuss their work and development opportunities. Care staff are safely recruited and trained to meet the needs of the people they support. The Responsible Individual (RI) visits the service regularly and speaks to people and staff. Governance and quality assurance measures help the service operate smoothly. However, auditing systems need to be implemented to improve oversight of service delivery.

## Well-being

There are measures in place helping to safeguard people from harm and abuse. There is a safeguarding policy which is reflective of current statutory guidance. Care staff have safeguarding training and are familiar with the process for raising concerns. Risks to people's health and safety are assessed and managed. Care staff are recruited in line with regulation and are supported by the management.

The service treats people as individuals. The care and support provided is person centred. People are involved in the development of their personal plans to ensure they have a say on how they would like their care delivered. Personal plans provide a clear overview of people's needs and the care and support they require. However, personal plans need to be reviewed more frequently to ensure they remain relevant.

People are supported to maintain their health and well-being. An initial assessment is completed to determine the level of care and support people require. This assessment also considers people's health needs. Support is available to help people access the community, prepare meals and administer medication. There are systems in place ensuring people receive their medication as directed by the prescriber. Care staff have access to the required personal protective equipment (PPE) and adhere to the services infection control measures to make sure the risk of cross contamination is minimised.

## Care and Support

People receive a service suited to their needs. Prior to commencement of service a representative from the agency will visit the person to discuss their care and support needs and devise an initial personal plan. Any risks to people's health and safety are also discussed with risk assessments being implemented where appropriate. Care staff have access to people's personal plans via electronic devices. A hard copy of the plan is also kept in people's homes. Care staff we spoke to say the information recorded in people's personal plans is easy to understand, helping them deliver good quality care and support. We saw personal plans are reviewed; however, this does not always happen every three months as per regulatory requirements. We discussed this with the management team who assured us they would take action to resolve the matter.

Amongst other things service provision includes support for personal care, meal preparation and domestic tasks, shopping and the administration of medication. We saw there are suitable medication management arrangements in place. Care staff receive medication training and have their competency to administer medication checked regularly. There is a medication policy aligned with best practice guidance. We looked at a selection of medication administration records and found people receive their medication as directed. Medication audits are completed, however, these need to be strengthened so they document actions taken by the service if discrepancies are identified. The management assured us they would review their current auditing systems.

People we spoke with say they have positive relationships with care staff and are happy with the service they receive. One person told us, *"The carers are wonderful, really helpful, they do what I need them to do. I have no complaints"*. Another person said, *"I get on great with the staff, they are all very respectful"*. Positive feedback regarding care staff was also provided by people's representatives, one of whom commented, *"The staff are very pleasant and helpful, we have no concerns"*.

Infection prevention and control measures help reduce the risk of infection. People said care staff always wear personal protective equipment when attending to their personal care needs. Care staff receive relevant training and there is a policy underpinning safe practice.

## Leadership and Management

Care staff receive training and are supported within their roles. We examined the services training records and found care staff are mostly up to date with their training requirements. Care staff we spoke to say the standard of training provided is good and helps them remain sufficiently skilled. We saw all care staff are registered with Social Care Wales, the workforce regulator. Registration is required to ensure care staff are suitably equipped with the skills and knowledge needed for working in the care sector. In addition to training, care staff are routinely 'spot checked' by the management to ensure they are competent and are practicing safely. Care staff speak highly of the manager saying they feel supported and valued. One said, *"To be honest the management are great, polite, knowledgeable. I speak to them when I need them. They are always helpful"*. We saw care staff receive formal support from the management in the form of supervision and appraisal.

Care staff are safely recruited to ensure they are suitable to work with vulnerable people. The service completes all the required pre-employment checks prior to offering a contract to a new employee. These checks include employment history checks, Disclosure and Barring Service (DBS) checks and references from previous employers. On commencement of employment new care staff complete a structured induction where they receive core training and have the opportunity to shadow experienced members of the team. Care staff say the induction process is useful helping them settle into their new roles.

There are a range of governance and quality assurance systems in place. The RI meets with people and staff regularly to gather feedback on service provision. This feedback helps inform improvements within the service. Every six months a quality-of-care review is completed to assess the services performance and identify where improvements are needed. We looked at the latest quality of care reports and found they can be developed further by including more analysis of areas such as incidents / accidents, complaints and safeguarding matters. We found auditing systems require strengthening. This would allow the management to have better oversight of the service including actions taken in relation to any issues identified. We discussed this with the management team who assured us they would be reviewing their current systems to implement improvements.

We viewed a cross section of the services policies and procedures and found they are kept under review and updated when necessary. Other written information we looked at included the statement of purpose and user guide. We found both documents required some minor adjustments to reflect regulatory requirements. The RI assured us this would be done at the earliest opportunity.

### 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.

### Area(s) for Improvement

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this	N/A

	inspection	
41	The provider is not compliant with regulation 41(3). This is because people do not always receive their care and support within the agreed times. Calls are sometimes late / early and people are not always told if calls are not going to be on time. The service must try to ensure calls are made within the agreed timeframes and if this is not possible people are informed.	Achieved



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