



Rachel Cares LTD

6 Monthly Report

- **REPORT A**

Care Review Report

for period 1st April 2025 to 30th September 2025

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Quality of Care Review Report

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Introduction

Rachel Cares Ltd is registered as a domiciliary service (adults) with Care Inspectorate Wales (CIW). At Rachel Cares we take our responsibilities for quality of service, conformance to standards and regulations very seriously.

Under regulation 76, arrangements are in place to obtain views from clients, their families / representatives, and staff on the quality of care and support provided and how this can be improved.

The agency demonstrates the performance of its staff and its service through a number of ways such as:

- **Client Feedback:** clients and their families/representatives are asked their views through regular feedbacks (verbal (telephone, face to face) and written (email, letter))
- **Client Review meetings**, which are carried out every 3 months or if required before due to change of needs),
- **Client satisfaction questionnaires.**
- **Staff monitoring and supervision:** Staff are monitored on a regular basis through spot checks, feedback from supervisions and satisfaction questionnaires.

The quality review report seeks to determine the extent to which people who are in receipt of services have their rights met and can achieve their personal outcomes through the service provided using the following questions:

- 1) **Do people feel their voices are heard, that they have choice about their care and support, and opportunities are made available to them?**

Providing care and support in the community, Rachel Cares (management and staff) has responsibility for providing good quality social care by ensuring good service delivery and promoting good outcomes for individuals who use our service. This is carried out in a person-centred way and promoting well-being.

Our key principles:

- Working with clients, supporting them to feel that they are at the centre and have ownership of their care and support with us. This includes control by the individual over day-to-day life (including care and support provided and the way it is provided).

- Awareness of the cultural and religious needs of individuals who use our service and provide care and support that meets these needs. Examples include food choice and preparation, enabling people to dress in accordance with their culture or religion.
- Working with a dialogue that operates an open and honest way that leads to and supports trust, confidence, and respect.
- Ensuring the concept of 'meeting needs' is recognised that everyone's needs are different and personal to them.
- Ensuring the individual's views and wishes are critical to working in a person-centred way.
- Ensuring staff are confident, well trained and are engaging with clients etc.
- Ensuring clients are supported to feel confident and able to engage with us.
- Ensuring to continue during the assessment process we gather all the information from the client, their families and representatives regarding their health and care needs. Seeking their views and wishes and how they want to be supported in their own homes, ensuring this information is transferred on to a detailed care plan which is personalised and written in the client's own words, reflecting choice and opportunities.
- Ensuring to continue to deliver high standards of care that we have enough staff are appropriately trained. We have a learning culture which supports training and development of staff. This means keeping up to date through on-going training and learning.
- Ensuring supervision is carried out as is a key tool in ensuring accountability, support, learning, professional development, and service development, as supervision provides an opportunity for the worker to reflect on practice.

Evidence of the extent to which rights of individuals who use our service are being met

As part of our governance, we seek and act on feedback from individuals using our service. We also seek feedback from those acting on behalf of clients such as families, representatives etc, staff and external agencies such as social workers, nurses, GPs etc so that we can continually evaluate our service and drive improvement.

We will present questionnaires to all clients and staff on an annual basis. These questionnaires will be completed by clients, families / representatives, and staff. The results of questionnaires will be analysed and presented in the Quality Assurance Annual Reports.

Care plans are reviewed every 3 months and evidenced. Some care plans have been reviewed before the 3 months due to change of needs and evidenced. The care plans are detailed in a person-centred way of how the client wants their needs met.

Risk assessments are reviewed every 3 months and evidenced. Some risk assessments have been reviewed before the 3 months and evidenced.

Staff files are regularly reviewed and well evidenced with regards to training and supervision. This demonstrates that staff are being appropriately trained.

Direct quotes from clients; their families / representatives and professionals: -

Whilst we continually receive verbal positive feedback on the services and care we provide, we can also evidence written feedback:-

6 Month:

01/04/2025 to 30/09/2025 24 compliments noted including the following:

- *To Rachel and all the wonderful carers. Words cannot express our sincere gratitude for all you help, advice, thoughtfulness, professionalism and love, you have shown mum, and the rest of the family.*
- *Mum values your support and how a positive relationship has been established with you all as she couldn't have spoken more highly of you all.*
- *I feel secure knowing that you are there to help me.*
- *Wonderful service and the carers are wonderful*
- *Thank you for being there for us both. I truly can't thank you and your team enough.*

Annual Client Satisfaction Survey

Results of the Annual Client satisfaction survey 2025 will be included in the next report

Annual Staff Satisfaction Survey

Results of the Annual Staff satisfaction survey 2025 will be included in the next report

Summary

The quality of our service is paramount importance to us, as the business plan is for the quality of service to be the main aspect that differentiates us from the competition. We believe that meeting the requirements, needs and expectations of our clients is the ultimate measurement of quality. The extent to which people feel their voices are heard, that they have a choice about their care and support and their opportunities available to them will continue to be achieved by:

- Listening to clients and understanding what it is they want and why.
- Engaging our clients' in creating and sharing standards, processes, and best practice

- Continuously striving to improve quality of our services through:
 1. Providing the highest level of client satisfaction of the care and support we provide.
 2. Creating and sustaining effective partnerships with our clients
 3. Raising expectations, aspirations and standards
 4. Listening and being responsive to all of our clients
 5. Championing continuous improvement

We are an agency that wants to grow but at a controlled pace, that enables us to maintain the 'family' atmosphere and close teamwork with our staff. We will always ensure that even in periods of growth, we will plan thoroughly to ensure we have adequate staff resources to enable us to deliver high quality care and support.

To continue to drive improvement we need to continue our positive workplace culture with the right staff, with the right values which is achieved through good learning and development opportunities.

2) Are people happy and supported to maintain their ongoing health, development, and overall well-being?

We use the social model of disability, which positively promotes choice, control, dignity, equity, opportunity, and participation.

We work in a holistic approach that considers things such as related health issues; well-being; personal and social factors such as isolation, confidence, and community life.

Our key principles:

- Working with clients exploring the issues and problems affecting their daily health and wellbeing, regarding the Wellbeing Act 2016.
- Ensuring the health, well-being, independence, and rights of individuals are at the heart of care and support we provide.
- Ensuring people are treated with dignity and respect, and safe from abuse and neglect.
- Ensuring our clients are achieving outcomes that matter to them.
- Ensuring to work in partnership with clients' and others involved in their care and support to consider what other support might be available from wider support network or within the community in meeting the outcomes the individual wants to achieve – looking at the individual's life holistically.

- Ensuring to continue to promote social participation for our clients to attend social activities that optimised their health and wellbeing.
- Encouraging and supporting to provide access to resources and advice.
- Signposting and supporting clients to manage their conditions on day to day life.

Evidence of the extent to which people are happy to maintain their ongoing health, development, and overall well-being.

As part of our governance we ensure we deliver the right level of support and care whilst recognising that people's needs fluctuate. The care plans are carried out in accordance of the individual's wishes that will make a difference to their health and well-being.

We do this by:

- Engaging with clients and their families/ representatives
- Ensuring people to be at the heart of the decisions about their health and wellbeing
- Working with key community and third sector partners to ensure a person-centred approach while getting the most from all resources

This approach allows a more co-ordinated, integrated way of working. Also, it builds on existing core services such as primary care, and district nursing.

- Ensuring staff individually and collectively have the skills, knowledge, and experience to deliver the care to meet the individuals' needs.

Summary

Promoting wellbeing is vitally important involving individual identity and self-respect. We will continue to improve outcomes by:

- Ensuring to continue that care staff have sufficient time to carry out their work and dignity of the client.,
- Ensuring to continue to promote an attentive service culture in which the client is listened to, and their needs are noticed and carried out.
- To continue to encourage clients to engage in the wider community participating in existing activities and services. Some of our clients are currently participating going for walks, going out for a meal, coffee and cake or simply companionship in their own home.
- Ongoing communication with clients and people involved in the care and support is fundamental to taking the right decisions at the right time. It enables decisions to be altered over time to reflect people's changing needs.

3) Do people feel safe and protected from abuse and neglect?

Our clients and staff have a right to be protected from abuse or the risk of abuse, discrimination, and harassment.

Our Key Principles

- Ensuring that there are robust policies and procedures in place such as safeguarding and whistleblowing and are up to date and effective.
- Ensuring staff are adhering to policies and procedures.
- Ensuring that our systems and procedures support effective safeguarding practice in our service.
- Ensuring there are appropriate arrangements in place to enable clients and staff to access help in crisis and emergency.
- Ensuring are working in partnership effectively with other agencies.
- Ensuring to continue to deliver high standards of care that we have enough staff are appropriately trained. We have a learning culture which supports training and development of staff. This means keeping up to date through on-going training and learning.
- Ensuring that appropriate recruitment checks have been carried out.

Evidence of the extent to which people feel safe and protected from abuse and neglect

Adults at risk is embedded in our work on registration, inspection, and monitoring.

- There are robust policies and procedures that have been reviewed and updated, if necessary, annually and in accordance with current legislation policy for safeguarding and protecting adults, which are known and adhered to by all staff. If an incident occurred prompt action, consistent with agreed procedures, would be taken in response to individual concerns from staff and clients and appropriate support would be provided to them.

For the relevant reporting period, the reported incidents are detailed below. All incidents were dealt with appropriately, guideline followed, well documented and evidenced by the management team.

	6 Month A 01/04/25 – 30/09/25	6 Month B 01/10/25 – 31/03/2026	Annual 01/04/24 – 31/03/25
Falls	15	NA	NA
Other	6	NA	NA
Totals incidents	21	NA	NA
Reported to CIW	0	NA	NA

- There is a whistle blowing policy which is reviewed and updated, if necessary, annually. It is known and adhered to by all staff.
- There are appropriate arrangements to enable clients and staff to access help in crisis or emergency.
 1. There is an out of hours support arrangements in place
 2. Staff have an emergency manual in place
- There is a complaints and compliments policy in place which is reviewed and updated annually if necessary. It is known and adhered to by all staff. Clients also have a copy of this policy in their care plan file.

	6 Month A 01/04/25 - 30/09/25	6 Month B 1/10/25 – 31/03/26	Annual 01/04/25 – 31/03/26
Complaints	0	NA	NA
Compliments	24	NA	NA

- There are 'individual has fallen / and or paramedics called' forms that are filled out if a client has fallen / ambulance called.
- What we find works well is having an effective working arrangement with partner agencies and other professionals and will continue to improve on this through regular monitoring.
- The staff have full training with safeguarding and from speaking to staff they know the wellbeing of the individual is of central importance throughout the safeguarding process. This includes control over the day-to-day life and recognise the individual is best placed to understand their own wellbeing requirements.
- All staff read and sign a code of conduct relating to their team and role. It sets out expectations of the member of staff in their role and can be referred back to in the event of any incident.
- There are robust recruitment checks in place and this is evidenced and documented.

Summary

We have governance in place which includes having auditing systems in place. These assess, monitor and mitigate any risks relating the health, safety and welfare of individuals using our service. We continually evaluate and seek to improve our governance and auditing practice. In addition, we ensure we securely maintain accurate, complete and detailed records in respect of each individual using the service and records relating the employment of staff and the overall management of our service. Continued professional development is a key to our continual improvement

processes, so all our staff skills are reviewed and, where additional training is required, this identified and provided

Monitoring safeguarding arrangements is fundamental to meeting our objective of ensuring to protect and promote the health, safety and welfare of the individuals who use our service. This is an important reason to continue to drive improvement of ensuring the health, safety and welfare of individuals' using our service and staff is paramount through regular monitoring.

John Young
Director and Responsible Individual
Rachel Cares Ltd

Signed:  _____

Dated: _____ 20/10/2025