



Rachel Cares Ltd

## Rachel Cares LTD

### Six Monthly Report QTR 3&4 and Annual Report

- **REPORT A**  
**Six Monthly Care Review Report for QTR 3 & 4**  
for period 1<sup>st</sup> October 2023 to 31<sup>st</sup> March 2024
- **REPORT B**  
**Annual Business & Financial Report**  
for period 1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2024
- **Report C**  
**Directors Annual Report**  
for period 1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2024

# Rachel Cares LTD - REPORT A

## Quality of Care Review Report

Six Monthly Report  
01/10/2023 to 31/03/2024

### 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 at least on an annual basis, usually at the beginning of QTR 2. These questionnaires will be completed by clients, families / representatives, and staff. The results of questionnaires will be analysed and presented in the QTR 2 and annual 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 and their families: -***

Whilst we continually receive verbal positive feedback on the services and care we provide, for this six month period we can also evidence written feedback e.g.

37 compliments noted during Financial Year 23/24 (17 in last six month period) including the following:

- 3 x Thank you emails for the service provided
- 5 x Thank you text messages
- 3x Thank you cards
- 6 x Telephone messages

The above numbers exclude the multiple positive endorsement quotes contained within the annual client satisfaction survey conducted in 2023.

A full list of these positive endorsements are included in the full annual client satisfaction survey 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 other 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 well being 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 this 6 month period there have been 4 CIW reportable incidents that were dealt with appropriately and guidelines followed. These were reported as a notifiable incident to CIW. This was well documented and evidenced by the manager.

- 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 all by staff. Clients also have a copy of this policy in their care plan file. For this 6 month period there have been 0 complaints and 17 compliments. For the full annual period there were 0 complaints and 37 compliments.
- There are 'individual has fallen / and or paramedics called' forms that are filled out if a client has fallen / ambulance called. These are checked and

- documented on Quarterly audits. For the 6 month period there were 10 client falls some of which resulted in ambulance calls or first responders. All relevant forms were completed.
- 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.

### **Annual Client Satisfaction Survey**

A Client Satisfaction Survey was conducted during 2023

This was reported in the previous 6 monthly Quality report

### **Annual Staff Satisfaction Survey**

A Staff Satisfaction Survey was conducted during 2023.

This was reported in the previous 6 monthly Quality report

## **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: 29/5/2024

# **Rachel Cares LTD - REPORT B**

## **Business & Financial Report**

Annual

01/04/23 to 31/03/24

REDACTED FROM PUBLISHED REPORT

# **REPORT C**

## **Annual Directors Report**

**For period 01/04/23 to 31/03/24**

Over the last year has seen the business to continue its growth at a steady pace, although we do not wish to expand too much and too quickly as it is imperative we can continue to offer a bespoke service offering excellent quality of care.

We have continued our positive working relationships working with health and social care professionals and other community resource teams such as memory lane café, dementia swimming and dance for dementia. We feel it is vital to work in partnership to share knowledge and experiences, which we feel is vital to our progression as a care provider.

We have an excellent working relationship with our staff where we have an open door policy so staff can speak to us anytime if they have any issues or concerns. All staff are fully trained and receive ongoing training throughout and have regular supervision.

We have continued with our purpose which is to offer a high-quality bespoke service to enable clients to stay in the loving comfort of their own home with caring professional staff.

We have continued with our purpose that person-centred support at its heart, where the unique needs of everyone are recognised and skilled staff are available to provide care and support in a way that encourages self-determination and enables clients to achieve their best possible quality of life to:

- be as physically, mentally and emotionally healthy as possible;
- be safe;
- be involved in activities, hobbies or individual interests;
- access education, learning and development opportunities;
- have control over everyday life and where relevant participation in work;
- maintain their linguistic, cultural and /or religious identities;
- maintain family and personal relationships; and develop their potential, learn and practice life skills.

Our continued aims are:

- Ensure that our service consistently reflect the needs of the individuals who use and access our service
- To actively encourage the people who use our service to be at the heart of the decision-making process surrounding their care and support
- To maximise the health and well-being of the people who use our service
- To recruit and retain a diverse, skilled and experienced work force
- To audit our service internally on a regular basis to ensure compliance to regulations to protect the people who use our service

## **Client and Care Plan**

We continue to ensure 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. 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.

From feedback of questionnaires there was 100% response that needs were being met and that clients are involved in the planning of their care and support.

## **Equality and diversity**

We continue to strive to offer a flexible, efficient and professional service which is tailored to meet each person's individual cultural and ethnic needs. Services are offered irrespective of clients' race or ethnic origin, religion, sexual gender, sexual orientation. The sole criterion for accepting a client is our ability to provide for the care needs assessed.

Feedback from questionnaires shows that cultural needs were being met.

## **Complaints / Compliments**

We continue with our aim to resolve all concerns and complaints swiftly and effectively. We believe that if a client wishes to make a complaint or register a concern, they should find it easy to do so. Positive action is taken to encourage, enable and empower clients to use the complaints and compliments procedure.

From feedback of questionnaires it shows that there were no concerns or complaints that were not dealt with quickly and appropriately. There is no evidence of any issue in any area of our service that needs addressing. The response for compliments demonstrated that we offer a high-quality service.

## **Risk assessments**

We continue to ensure risk assessments are undertaken for clients who require care in their homes. A record of this assessment is retained in the client's files along with any action taken and communicated to the relevant interested parties. Any ongoing hazards will be recorded in the client care plan. Risk assessments are reviewed every 3 months and evidenced. Some risk assessments have been reviewed before the 3 months and evidenced.

## **Accessibility of Information**

We continue to work with key community and third sector partners to ensure a person-centred approach while getting the most from all resources. Also, to ensure to work in partnership with clients' and other 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. This approach allows a more co-ordinated, integrated way of working.

We have received excellent feedback from health and social care professionals which demonstrate how well we work in partnership.

### **Security and Safeguarding**

We continue to ensure data relating to the client / staff member are kept in locked cabinets at office or behind secure computer passwords. Care workers ensure that premises are secure when leaving a client's home and that the Key Policy is observed and adhered to. When leaving client's home ensure as much as possible that the client is safe and well and any keys are where they are supposed to be.

All care workers are encouraged to report any fears or potential safety/security problems immediately to management, who will attend and perform a risk assessment to assess level of risk or safety to both client and staff. The agency abides by the General Data Protection Regulation (GDPR) and the Data Protection Act 2018.

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.

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.

3. There is an out of hours support arrangements in place
4. Staff have an emergency manual in place

There are robust checks in place with regards to recruitment. Each member of staff must have a disclosure barring service (DBS) and two references before commencing employment. This evidenced and documented in all staff files.

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 to in the event of any incident.

Monitoring security and 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

### **Consistency**

We continue to always strive to provide service in a consistent manner. Wherever possible the same person or team will be provided to and introduced to the client for their approval.

From feedback of questionnaires there was overwhelmingly positive response in this area.

### **Staffing**

We continue to ensure 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.

We continue to ensure 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.

We continue to ensure 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.

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.

From feedback of questionnaires from clients there was 100% response that our service was Excellent/ Good (92% excellent / 8% Good).

From feedback of questionnaires from staff there was 100% response rate of feeling valued and supported; having adequate training; being part of a team; and recommending us to a friend/ relative for care and to work for us. The questionnaires demonstrate that staff morale is high and happy in their work.

### **Recruitment and Retention**

We continue to be creative in our approach to recruitment and access Social Media and Networking approaches to target the market in our aims to recruit and retain quality members of staff.

We focus on the importance of the quality of staffing and will always make decisions based on what we believe is right for the business and the people who use our services in our efforts in recruitment and retention.

### **Insurance Cover**

Rachel Cares Ltd has a comprehensive insurance, which provides a high level of cover for all employees in relation to events occurring within the scope of their daily duties. The cover includes protection for the client in relation to any damage occurring to the clients' property from the actions of a member of staff. Our insurance cover includes:

- Employers Liability

Rachel Cares Ltd has an indemnity against legal liability for damages in respect of any persons employed arising out of and in the course of employment by the insured.

- Public Liability

Rachel Cares Ltd also has public liability cover, which provides cover for legal liability including dishonesty by staff, malpractice errors and acts of omissions.

The insurance certificate is on display at office.

### **CIW Inspection**

We received our first CIW Full inspection during 2023 (result published March 2023). We received good feedback and the following is the summary statement:

'Rachel Cares LTD provides care and support to people in their own homes. People receive a person-centred service and have care documentation focusing on their personal outcomes and detailing strategies on the best ways of achieving them. There are processes in place to monitor people's health and well-being and risk assessments are produced to manage areas of concern. People and their representatives provided us with consistently positive feedback regarding the service they receive and the care workers who provide their care and support. There is an established team of care workers who are trained to meet the needs of the people they support. Care workers told us they feel supported in their roles. The management team have good oversight of service delivery and there are robust governance and quality assurance measures in place which helps the service run smoothly. A safe recruitment process ensures care workers possess the right skills and attitude needed for working in the care sector.'

### **Final Summary**

Providing care and support in the community, Rachel Cares Ltd (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.

The quality of our service is paramount importance to us, and 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:
- Providing the highest level of client satisfaction of the care and support we provide
- Creating and sustaining effective partnerships with our clients
- Raising expectations, aspirations and standards
- Listening and being responsive to all our clients
- Championing continuous improvement

We are an agency that continues to grow but still want to remain reasonably small and know that we need to ensure that we have enough staff and resources to do this whilst continuing to deliver high quality care and support.

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



John Young  
Director / Responsible Individual

Date: 29/05/2024