



Inspection Report on

Gozian Healthcare Ltd.

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Date Inspection Completed

13th January 2023

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About Gozian Healthcare Ltd.

Type of care provided.	Domiciliary Support Service
Registered Provider	Gozian healthcare LTD
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the services first inspection visit since registration on 10th August 2022. The service has been operational since November 2022
Does this service provide the Welsh Language active offer?	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

People are very happy with the service they receive and speak fondly of the care staff who support them. People are supported to maintain their independence and achieve their personal outcomes. People feel they receive a quality service from staff who are kind, caring and professional. Detailed personal plans and daily records are person centred and support people's wellbeing. However, the provider must ensure that people have access to their care planning documentation. Care staff are happy working at Gozian Health Care and have good terms and conditions such as contractual hours and transport, but improvements are required to the oversight of staff training and timely supervisions within probationary periods. Recruitment processes are in place, but the provider must ensure references are received and full employment histories are obtained.

The Responsible Individual (RI) is also the registered manger but recently a manager and office support staff have been employed to support the growth of the new service. An electronic monitoring system is now also in place which has improved oversight of call delivery. Managers and supervisors have good oversight of the care and support being delivered. Management conduct supervisions and observations with care staff to ensure they are competent in their role. Care staff feel well supported and valued in their role. There are policies and procedures in place for the running of the service however some require amendment so that they are in line with Welsh legislation. Complaints are taken seriously and dealt with correctly. The RI has begun to gather service user feedback which was positive. The RI is currently working on the first quality of care review within timescales.

Well-being

Systems are in place to ensure people can share their views. People can talk openly with consistent care staff they know well and can speak directly to the RI who also regularly attends care calls. We saw feedback surveys are provided for people and their relatives. Reviews of people's personal plans have been scheduled to occur in a timely manner. People's outcomes are clearly identified. People told us they are supported to be independent. People do not always have access to their care plans and associated documents such as daily care logs and medication records. People we spoke to told us they were not made aware how to access. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Care is delivered with respect, kindness and care by staff who understand the needs of the person they care for. Care staff continuity is good and enables people to have their care delivered in their preferred way. Staff feel well supported and mostly competent to undertake their roles. Some improvement is required to staff training and development. Care staff feedback they were happy in their roles. People told us staff were kind and understood their needs.

People have ways to raise a concern with the service if required. We saw regular feedback is listened to and appropriate action taken. There are systems and records in place to maintain oversight of people's safety. Managers log any compliments, complaints, and concerns. People have individual risk assessments where measures are identified to limit their level of risk. People and care staff have access to a service user guide and policies and procedures which explain how to raise a concern. Safeguarding is understood by staff and logs of any incidents are maintained.

People told us that the service has enabled them to be more independent and helped them gain confidence. Relatives told us that care staff have good levels of knowledge and understanding and knew their loved ones well. Relatives are involved in their loved one's care where appropriate. Health professionals are involved in people's care when required to ensure their physical and mental well-being is maintained. Care staff maintain excellent daily records monitoring people's physical and emotional health.

Care and Support

People are happy with the care and support they receive. Staff were referred to as kind and polite by people we spoke to. Care staff are praised for their dedication to the role and levels of care provided. Consistent care staff ensures positive relationships are developed and staff know people well. Calls are delivered within appropriate timescales and staff stay for the duration needed to deliver care. Daily recordings by care staff are detailed and evidence they engage with people and check their wellbeing. People told us they are involved in their care and can make changes as they choose. People told us they can speak openly with the care staff and can contact the office with any issues.

People's needs are assessed prior to commencement of a service. Personal plans are detailed, person-centred, with any risks identified and addressed via care planning. Clear outcomes and tasks are identified for care staff to understand what support is required. People's strengths are identified, and care is built around their abilities. Reviews have been planned to take place within a timely manner, but none have yet taken place as they are not due. The electronic system used enables the service to have good oversight of care and support being provided. This ensures that people are receiving the right support at the right time. People and their relatives need to be able to access the electronic system or an alternative offered. This was not currently happening, and some People did not have access to their care plans at their homes. This is an area of improvement that will be followed up at next inspection and we expect the provider to take action.

People are protected from abuse and neglect. We examined people's calls which show that people receive a consistent call time so they know when staff will be arriving. Carers stay can deliver care in the time that they stay. There are detailed risk assessments in place to keep people safe and as independent as possible. There are recruitment checks in place to ensure the care workers are safe to support vulnerable people. There is a record maintained of any safeguarding incidents, but further analysis will enable the managers to identify any patterns and trends and preventative steps that could be taken. There is a safeguarding policy in place but requires review to include All Wales safeguarding procedures.

Leadership and Management

The Responsible Individual (RI) is also the registered manager but recently a manager and office support staff have been employed to support the growth of the new service. Systems are in place to monitor the performance of the service. There is a system in place to gain feedback from people, their relatives and care staff. Management monitor care and support systems daily. Supervisors ensure that care staff are competent in their roles by conducting regular medication competencies and observations. Policies and procedures are in place for care staff and people, and these provide a good level of information. Some documents require amendment to ensure people are informed how to access their care records and that all policies are in line with current Welsh legislation.

Staff feel well supported and mostly competent to undertake their roles, Staff have good terms and conditions and reported feeling well supported. Staff recruitment requires some improvement pre-employment checks completed prior to employment, but the follow up of references should be checked and completeness of employment history should be more robust. There is a system in place to ensure Disclosure and Barring (DBS) certificates are renewed every three years. The provider has started to enrol people on professional training and preparing staff to register with Social Care Wales, (the workforce regulator). While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Formal supervision of staff has been planned into staff diaries and spot checks were taking place, but staff training needs to be recorded more robustly to make it clear what training is required and when. We viewed the staff training matrix and found that some staff have not attended some training courses and others are overdue refresher training. Employee records show that a lot of the training people have undertaken has been whilst in the employ of their previous workplaces. We were told the service is investing in an online training provider and was developing systems to monitor staff training. Staff training and development has been identified as an area of improvement and the provider should take action to ensure this is addressed.

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
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17	People did not have access to their care planning documentation. There was no guidance within service user guides / agreements on how to access records There was no evidence that arrangements for accessing documentation was discussed at assessment / service commencement.	New
34	Staff training requires increased oversight. Staff had gaps in some fundamental care training. Staff had not been registered with SCW the workforce regulator. Staff were not enrolled on a QCF	New
35	35 (2) (d) full and satisfactory information or documentation, as the case may be, in respect of each of the matters specified in Part 1 of Schedule 1 and this information or documentation is available at the service for inspection by the service regulator; There was missing information in relation to safe staff recruitment in the following 2 areas , Two written references, including a reference from the last employer, if any. A full employment history, together with a satisfactory written explanation of any gaps in employment.	New

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