



# Inspection Report on

**Abacare Newtown Branch**

**St David's House  
New Street  
Newtown  
SY16 1RB**

**Date Inspection Completed**

24/01/2023

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## About Abacare Newtown Branch

|  |   |
|--|---|
| Type of care provided                                      | Domiciliary Support Service   |
| Registered Provider  | Abacaredig Holdings Ltd   |
| Registered places  | 0   |
| Language of the service                                    | English   |
| Previous Care Inspectorate Wales inspection                | This was the first inspection under RISCA.  |
| Does this service provide the Welsh Language active offer? | 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

Abacaredig provide domiciliary support to people in the community living in their own homes.

Effective systems are in place to ensure the service runs smoothly and gives an up-to-date oversight of the day-to-day operations.

Recruitment processes are robust, and staff are supported with their personal development. Staff told us that they feel supported by the management team and that the communication within the team is good.

People are supported in a way that they choose and are involved in all aspects of their care from the initial assessment to the commencement of service and for as long as they need the service.

## Well-being

People are happy with the care and support they receive and have positive relationships with the staff who support them, comments from people supported include *“everyone is first class,” “They are wonderful, I can’t speak more highly” and “I know the carers and trust them”*. People are mostly happy with the times of the support they receive and are kept informed of any issues or delays. People receive a rota on a weekly basis informing them of which staff will be delivering their support, people told us they appreciate knowing who is coming to see them.

Care staff are respectful of people and their homes, ensuring that support is in line with care tasks. People are supported with personal care, domestic tasks, medication and cooking, with care staff encouraging people to take an active role. People benefit from the social aspect of support with one person telling us *“I am quite happy with all the staff that come here, they are lovely, its nice to have someone to speak to.”*

People are supported with their physical and emotional needs. Records seen show that health conditions are monitored, and staff work with professionals to maintain treatment plans, seeking additional support if needed. People’s records are updated following any medical appointments and evidence that staff work with district nurses and occupational therapists to promote people’s wellbeing and independence.

People are supported with their medication if needed by staff who are appropriately trained and receive annual observations. Team leaders audit medication monthly and consult with the pharmacy or GP if needed. Electronic medication records ensure that people receive the right medication at the right time and that any errors are identified and addressed promptly.

## Care and Support

People receive support which is person centred and helps them to meet their personal outcomes. For most people this is being able to remain in their own home and rebuild independent skills after a period of ill health. Information about people's life history, their likes and dislikes are recorded. One person told us *"Staff give me confidence; they motivate me to do what I can and let me do myself what I can."*

Care tasks inform staff of the support people need and how they would like to be supported, ensuring that people are treated with dignity and respect and are empowered to retain their independence as much as possible. People and their representatives are involved in the admissions process, contributing to support plans and risk assessments which then develop the care tasks on each person's specific care call record. A person receiving support told us *"They (staff) check on me to make sure I am happy and if there are any changes, they have some really good carers"*.

The provider has developed a process which ensures three monthly contact with people using the service to discuss the care they are receiving and review the records in place to make sure people are happy and the information is relevant. These reviews take place by phone and in person with a minimum of three reviews in any twelve-month period being face to face.

Care staff record daily notes on handheld devices which can be seen by people and with consent their representatives through email access. Care staff can update records with any important information and log incidents and events which are reviewed by management and actioned within a specific time. Records seen on the day of inspection were detailed, clear and used appropriate language to document support delivered.

Processes are in place to safeguard people. Staff receive training and are supported by the safeguarding policy which refers to the All Wales Safeguarding Procedures. The provider reports safeguarding concerns to the commissioners and regulator promptly. People using the service told us that they would know how and who to raise a concern with, one person told us *"I feel safe at home."* Staff are registered with Social Care Wales.

## Leadership and Management

The provider has systems in place to audit the quality and efficiency of the service. Compliance reports evidence monitoring of areas such as training and supervision for staff and reviewing of records and risk assessments for people supported. The responsible individual (RI) carries out visits, engaging with people using the service and employees to gain feedback which helps identify areas for development within the service.

The electronic system allows care staff to report incidents and concerns in a timely manner meaning that they are reviewed quickly, and appropriate action taken. This information is audited by the management team and reflected on. The quality-of-care report evidences this with any lessons learned or changes to practice shared with the team in regular staff meetings.

People are supported by staff who have received an in-depth induction and who are supported to continue their learning and development. The recruitment and pre-employment process ensure staff are suitable to work at the service. Staff receive online and face to face training which is refreshed annually. The provider accesses support from health board professionals where specific clinical training is required. Staff receive regular supervision and an annual appraisal of their work. Themed supervision meetings ensure that staff are competent and confident in their role. One staff member told us *“I feel valued and appreciated in my job,”* another said, *“We have a very good team here that works well together and helps each other out, the systems we have in place are good.”*

The provider demonstrates a commitment to the health, safety and wellbeing of people supported and staff working at the service. Risk assessments are carried out for areas in which the staff work, and policies provide guidance on lone working with systems in place to keep staff safe whilst delivering care in the community.

People can access information about the service provided. People have copies of the service user guide in their home which is also available in Welsh.

### 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 |
|------------|---------|--------|
|------------|---------|--------|

|     |  |     |
|-----|--|-----|
| N/A | No non-compliance of this type was identified at this inspection | N/A |
|-----|--|-----|



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