



Inspection Report on

Abacare RCT Branch

**Ty Cynon
Navigation Park
Abercynon
CF45 4SN**

Date Inspection Completed

03/04/2023

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About Abacare RCT 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	
Does this service provide the Welsh Language active offer?	The service is working towards an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

People receive a good standard of care from Abacare RCT. Staff are helpful and pleasant and people's routines and preferences are understood and followed. Personal plans contain sufficient information to ensure care staff understand how to support people appropriately. Call durations are in line with plans and people do not feel hurried or rushed. Call times are not always received as scheduled and require strengthening. Plans are reviewed regularly and monitoring charts are completed. Overall, records evidence medication is managed and administered safely.

Regular auditing ensures practices remain safe. All staff are subject to robust recruitment checks and receive a period of induction and ongoing training to maintain their skills. Staff receive regular supervision and feel supported in their roles. Up to date policies and procedures support good practice. The Responsible Individual (RI) conducts six monthly quality of care reports and regular monitoring visits to consider the service provided.

Well-being

People have influence over the care they receive. The service asks people and relatives how they would like their care to be provided. Person centred plans document individual strengths, preferences, and routines. People tell us they receive care from a consistent team of staff who are familiar with their support needs and who listen to them. Regular reviews ensure people can provide feedback on the standard of care they receive. People know how to make a complaint and the service takes action to address any issues. The RI seeks feedback from people using the service on a three monthly basis.

Detailed documents ensure people's needs are understood and they remain as well as possible. Personal plans are detailed and consider peoples medical history, physical and emotional needs. Risk assessments are completed when required and daily records evidence tasks are undertaken in line with personal plans. Care staff carry out calls in an unhurried manner however, people told us calls are not always provided at the scheduled times. Overall, the administration of medication is well managed and the service maintains accurate medication records.

There are measures in place to protect people from harm. Care staff receive appropriate training to support good practice and ensure they have the correct skills. Recruitment checks are completed to a good standard. People have access to information and know how to raise concerns. Office and care staff understand their responsibility to safeguard vulnerable adults. There are a range of policies in place to support safe practices. Staff have access to sufficient personal protective equipment (PPE). The RI maintains oversight over the service provided.

Care and Support

People are happy with the support provided by care staff. People told us calls are completed by familiar staff, who remain for the full duration of their calls and offer care in an unhurried manner. People's comments include *"Staff are very good they do all that they can"*, they are *"lovely girls"*, *"They are as good as gold"*, *"I never feel rushed and staff are very helpful"*. Relatives describe staff as *"Excellent"*, *"They go the extra mile and continue to impress me"*, and *"I trust him (staff) completely"*. A compliments file also included comments such as *"I am over the moon with the care. The carers are brilliant and really treat my mom and dad with so much love and respect"*.

Plans are detailed and personalised and reviews are carried out in line with regulations. Personal plans provide details on people's life story, physical needs, medical backgrounds and routines and strengths. One plan was tailored to a person who preferred to receive personal care in the afternoon, another identified how one person liked to be approached stating *'I would like my carers to talk to me during my calls as I am quite chatty'*. Plans support people to make choices, with comments such as *'I am able to choose my clothes and direct staff to what I would like'*. People told us they have opportunities to discuss how they would like their care to be provided and we saw people sign plans to evidence consultation. Regular reviews are carried out to consider people's feedback and identify any changes in people's care needs or circumstances.

Call times require some improvement. A number of people told us they did not receive calls at scheduled times. Comments include *"My one carer arrives on time the others never know when they are coming"* and *"Times of calls vary"*, *"My evening call comes anytime between 5pm and 8pm"*. Although the majority of people advised this did not cause problems, one person told us this had resulted in missed calls. Some staff members we spoke with told us they do not always attend calls in the scheduled order and call rotas we viewed evidence some calls are provided much later or earlier than scheduled. While no immediate action is required, this is an area for improvement and we expect the provider to address this issue in a timely manner.

Monitoring records are completed and overall medication is well managed. Daily records and monitoring charts are completed electronically and evidence tasks are undertaken in line with plans. Overall, medication charts are completed to a good standard and any isolated gaps or errors are addressed following routine auditing. Themed medication supervision is offered to all staff and the service is currently investing in electronic medication recordings to support and improve practice.

Environment

This theme does not currently form part of the inspection remit for domiciliary support services in Wales.

We can confirm the service operates from secure premises with appropriate arrangements for storing confidential information.

Leadership and Management

Staff enjoy working for the service and feel supported. Care staff report they have adequate time to spend with people during their care calls and are given ample time to travel from one call to another. Staff rotas are well managed with additional calls usually allocated only after discussion with care staff. The management team are described as flexible and take

into account family commitments. Care staff tell us they feel valued by the management team. Several staff members describe working for the company as *“Marvellous”*, *“I can’t fault them”*, *“It’s the best company I have worked for”*, *“I enjoy the job”* and *“It’s a rewarding role”*. One supervisor was described as *“Excellent”*, *“She rings all the time to see how we are and looks after us girls”*.

The service offers regular supervision and training opportunities. Staff told us they benefit from a positive induction period followed by several days of shadowing opportunities with experienced staff members. The training matrix and discussions with staff shows the service offers ongoing training so staff remain sufficiently skilled to undertake their role. We saw evidence of regular team meetings and formal supervision to support professional development and enable staff to discuss any issues or changes to the service. There are quality assurance processes in place to support the delivery of good services. The RI completes three monthly visits in line with regulations. Six-monthly quality of care reports consider the quality of services offered and any improvements needed. We found a sufficient range of up to date policies in place to support and guide good practices. Office staff tell us they have clear roles and responsibilities. We found well-organised recruitment files containing the appropriate pre-employment checks to ensure potential staff have the right mix of skills, qualities, and competencies. The service completes a number of audits and routine checks to support good practices. We saw evidence the service offers internal promotion opportunities, rewards, and incentives to reflect staff commitment.

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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21	The service does not provide care calls at the scheduled times.	New
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