



Inspection Report on

Abicare Services Ltd

**Abicare Services Ltd
Unit 1a Torfaen Business Centre
Panteg Way
Pontypool
NP4 0LS**

Date Inspection Completed

21/09/2021

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About Abicare Services Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	Abicare Services Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	20 January 2020
Does this service provide the Welsh Language active offer?	This service does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people who use, or intend to use their service. We recommend that the service provider consider Welsh Government's ' <i>More Than Just Words</i> ' follow on strategic guidance for Welsh language in social care.

Summary

Abicare Services Limited is a domiciliary support service that provides care and support to people in their own homes within Gwent. Services provided include live-in provision and allocated calls to a person's home. We undertook an announced inspection comprising of a physical visit to the registered office with other aspects of the inspection done on a virtual basis.

The majority of people we spoke with were complimentary about the service provided. Each person receiving a service has a personal plan, detailing individual care and support needs. Not all written plans were comprehensive or reviewed on a regular basis. An electronic care documentation system currently being piloted at the service is more comprehensive and easily accessible to staff and management. Systems are in place, which support the running of the service. Call monitoring systems identify a significant amount of calls are late and/or cut short. We expect action to be taken to rectify this. Comprehensive induction and training are available for staff. Formal supervision and staff meetings are provided. Improvements in the recruitment process are required. Staff we spoke to were complimentary about working for the service and said management are accessible and approachable.

Well-being

People maintain some control over their daily lives. Personal plans highlight personal preferences, likes and dislikes of the individual. The newly appointed responsible individual is identifying areas for development to improve outcomes for people, enhancing people's wellbeing alongside continuing to support people to stay in their own home. People are regularly consulted by the service on how they feel their experience of care and support has been. The majority of people receiving a service and their representatives are complimentary about the quality of care and support they receive. People told us their regular care staff are "Great" and "Knew what they were doing". Insufficient staffing has affected the continuity of care people receive during the pandemic. For example, we were told, "New staff turning up who never know what to do" and "Family have to help out when they don't have enough staff."

There are measures in place to safeguard people from the risk of harm. Individual risk assessments are included in care records where needed. Care staff told us they know what steps to take if they are concerned about a person. We viewed staff files and a staff training matrix, which shows care staff receive training to ensure people's safety; these include training in safeguarding, medication, moving and handling. Accompanied by recently updated policies and procedures. There are systems in place to record accidents and incidents. Measures are in place, which promote safe medication practices. Staff complete medication training and their competency checked to ensure safe administration of medicines. Electronic records were seen evidencing medicine administration on a daily basis alongside review by management to ensure people are supported to remain healthy.

Care and Support

Each person receiving a service has a personal plan in place, covering core areas of care and support needs. Plans are person centred and contain a personal profile called “Things to know about me”, which explains to staff what matters most to the people in their care. The provider has recently piloted an electronic care documentation system. We found the system is comprehensive with clear evidence of regular review and updates, to ensure documentation is up to date and reflects people’s care and support needs. Improvements in paper plans to ensure consistency and evidence of review is required. For example, one person’s medication plan was not reviewed for five months, another person’s plan and risk assessments did not have evidence of any review on file. Following our inspection, management told us they are transferring all care documentation onto the electronic system. Due care and attention is required to ensure all records are transferred fully and contain accurate and up-to-date information.

Given the current COVID 19 restrictions, we did not observe interactions between people receiving a service and care staff to determine the quality of care people receive. Feedback from people using the service and their family / representatives is generally positive. People said, *“They (staff) appear to be under pressure at the moment”* and *“Some problems with them not turning up on time, on occasions only one carer is available”* and *“We have been rung to say they cannot turn up.”* Relatives told us *“The care staff do their best”* and *“Stay as long as they can.”* One relative said *“Great service, such a relief”* and *“They are meeting her needs so she can remain in her own home for longer”*.

A dedicated and caring staff team supports people, but at times, management struggle to provide sufficient staff to cover all calls in a timely manner. Staff rotas allow travel time for staff between calls. A call monitoring system requires staff to log when they start the call and finish. Records of call logs we examined identified significant amount of calls, which were late and/or cut short. Management told us about the difficulties with ensuring sufficient staffing levels during the pandemic. Care staff having to isolate or short notice sickness, alongside the retention and recruitment of staff, which is a wider issue across the social care sector as a whole currently. The recruitment of staff is an ongoing venture with new and innovative methods introduced, including attendance at local community shows. We expect action be taken to address the number of late calls and shortening of calls and we will follow this up at the next inspection.

Leadership and Management

Systems are in place, which support the running of the service. A suitably experienced and registered manager is in post. The provider has effective oversight of financial matters. The newly appointed Responsible Individual (RI) is a regular presence at the service. The RI has completed a quality of care report, identifying area's requiring improvement with actions and timeframes to complete. The service regularly contacts people to ensure they are happy with the care and support they receive. . The services quality of care report identifies *"91% of customers surveyed in July 2021 when asked 'My Care Team offer an Honest and Open Culture' replied with "Excellent, Very Good and Good."*

People are given information about the service. There is a written guide available, which provides people who receive the service, their representatives and others with information about the care and services people can expect to receive. There is a statement of purpose (SOP) which describes how the service is provided. The SOP required review and this was completed promptly. The service is delivered in line with its SOP. The policies we viewed provide an overview of the principles by which the service operates.

The provider carries out most of the necessary checks when recruiting staff to keep people safe. We examined five staff files and saw that not all references were available for two members of staff and evidence of verification checks was not available for one person. Following our inspection, the contract of employment was amended to clearly state the actual commencement of employment in the community once all relevant screening and vetting checks are complete.

There is a comprehensive induction process in place, which new staff undertake on commencement of their employment. Care staff receive core training including moving and handling, food hygiene, safeguarding and health and safety. One feedback questionnaire stated, *"Staff in the community and office are friendly, professional and make new staff feel welcome. The training is the best I have seen in the sector, and prepares staff for delivering care."* The staff supervision matrix showed the majority of staff were up to date with their formal supervision. Evidence was not available during the inspection to show these are held on a regular basis. Care staff have the opportunity to attend team meetings to discuss the operation of the service and progress of people receiving a service.

Staff working within the live-in service told us they feel valued and well supported in their roles. The newly appointed RI has made a positive impact on service delivery and is well regarded by the staff we spoke to. Feedback questionnaires received stated *"I have seen vast improvements"* and *"We are kept informed of any changes"*.

Environment

This theme does not currently form part of the inspection remit for domiciliary support services in Wales. However, we found the service operates from secure premises with appropriate arrangements for storing confidential information. Management told us about financial investment in office premises within Wales including the procurement of larger facilities.

Areas for improvement and action at, or since, the previous inspection. Achieved

We found that the service provider did not ensure a suitable six monthly quality of care report was produced and available.	Regulation 80(4)
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We found that the service provider did not ensure records specified in part 1 of Schedule 2 were accurate and available in relation to complaints and allegations.	Regulation 59(1)
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We found that the service provider did not ensure records specified in part 1 of Schedule 2 in relation to copies of staff employed birth certificate and passport (if any).	Regulation 59(1)
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Areas for improvement and action at, or since, the previous inspection. Not Achieved

None	
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Areas where priority action is required

None	
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Areas where improvement is required

The service provider failed to ensure full and satisfactory information or documentation was available for all staff employed at the service.	Regulation 35(2)(d)
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The service provider failed to ensure that care and support is provided to each person in accordance with their personal plan, call times and length of calls are not being kept.	Regulation 21(2)
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The area(s) identified above require improvement but we have not issued a priority action notice on this occasion. This is because there is no immediate or significant risk for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection.

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