



## Inspection Report on

**Miracle Workers Agency Ltd**

**Sterling House  
Lewis's Lane  
Abergavenny  
NP7 5BA**

## **Date Inspection Completed**

05/09/2023

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## About Miracle Workers Agency Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	Miracle Workers Agency Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	25 May 2021
Does this service promote Welsh language and culture?	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

Miracle Workers Agency Ltd is a domiciliary support service that provides a live-in care service to people throughout Wales who require care and support in their own homes. The agency introduces self-employed care workers to service users, where support is provided on a live-in basis.

People and their representatives using the service are satisfied with the support they receive. Personal plans are in place although information is not always updated or revised to reflect someone's current support needs. There is evidence the service contacts the relevant health professionals to support people's well-being. Medication administration is safe and supports people to maintain their health. Staff receive training and support which ensures they have appropriate skills and knowledge to carry out their roles effectively. The responsible individual (RI) has systems in place to engage with people and their representatives. Governance arrangements in place support the operation of the service to ensure it is providing people with the care and support they require.

## Well-being

Care workers treat people with dignity and respect. People receive appropriate, kind, and caring support from their care workers who are familiar with their needs. One person told us, *'We are involved in choosing the care workers which is good, we have had two care workers in place since we joined them and have no complaints.'* People told us they feel listened too, they have a plan of care, and can contribute to decisions which affect their daily life. Staff we spoke with told us they feel supported. The provider supports people to maintain their physical health and well-being. Records reveal people have the support from the relevant health and social care professionals as required.

There are clear systems in place to protect people from neglect and abuse. Generally, risks are identified in personal plans, but improvement is needed to ensure support needs and risks are clearly recorded and revised as required. This is of particular importance when people's needs change. Care workers we spoke with are aware of their responsibilities to keep people safe. This includes the procedures to follow if they have concerns about an individual's safety. A safeguarding policy is in place with contact details clearly recorded and accessible to staff. The safety of individuals is supported by robust recruitment practices. The provider has completed Disclosure and Barring Service (DBS) checks on staff. The DBS helps employers maintain safety within the service. Medication management systems are in place, and there is good oversight of these practices.

The service has a well-defined management structure and maintains oversight of the service. We saw quality assurance reports completed by the RI on a quarterly basis. These give a detailed overview of the service and capture the views of people receiving support. We received positive feedback from staff we spoke with who told us they feel well supported. Support mechanisms for staff are in place, including an embedded supervision process. We reviewed the providers Statement of Purpose (SOP). The SOP is fundamental in setting out the vision for the service. This document should also define arrangements in place to deliver the 'Active offer' for people who speak Welsh placing them at the core of services. The RI assured us the 'Active offer' is being considered further by the service provider.

## Care and Support

People and their families are happy with the service delivery and receive good continuity of care. We spoke with several people and their representatives; they emphasised the positive relationships they have with care workers. We were told when issues arise this is dealt with quickly by the care managers in the office. Comments include, *'They are very efficient, and I have no complaints,* and *'We have found the service overall good. Not perfect, but good.'* Care workers we spoke with show a good understanding of people's health conditions and the support they require.

Personal plans do not always provide clear guidance for staff on how to meet people's needs in a sensitive manner. Personal plans are in place and reviews of care and support reflect people are involved in the care planning process. Feedback from people and their relatives indicates they feel involved in the care and support arrangements. However, we found the information within personal plans is not always sufficiently detailed. A personal plan and risk assessment for another person has not been updated despite a change in continence support arrangements. We found similar failings at the last inspection. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

Mechanisms are in place to support people's health and well-being. Records show the provider makes referrals to social and health care professionals in a timely manner. This promotes and maintains people's well-being. We note detailed guidance and plans on file from health professionals. Information from a speech and language assessment was cross referenced well in one personal plan. However, we did note the review process failed to recognise an updated safer handling plan was completed by an occupational therapist. There was a lack of clear signposting on file to direct staff to follow this plan.

Arrangements are in place to support people with their medication. We completed a partial review of the service provider's medication procedures. Medication guidance is in place for care staff alongside medication training. Medication safety is promoted by an auditing process overseen by qualified staff. We found administrations on medication charts we reviewed are completed accurately. Supervision arrangements are in place which supports staff reflective practice.

## Leadership and Management

There are audit systems and processes in place for monitoring the service. The service maintains a clear quality assurance process. This includes regular management meetings to ensure the smooth and effective running of the service. Consultation with people using the service, relatives and care workers forms part of the auditing and quality assurance process. The service provider must ensure three monthly visits consider a proportion of people using the service across all geographical footprints in Wales. The quality of care is reviewed on a six-monthly basis and a report is produced. Surveys are used to obtain the views of stakeholders. We saw policies and procedures are in place to support practice. There are clear lines of accountability which staff are aware of.

The service provider is mostly clear about its aims and objectives. We viewed the SOP and written information for people using the service. The SOP provides an overall picture of the service offered. We asked the provider to consider people's language and communication needs further, including provision of the Welsh 'Active Offer.' It is the responsibility of everyone who provides care services for people and their families across Wales to deliver the 'Active offer' for people who speak Welsh. We received assurance from the provider this would be acted on.

People receive care from staff who are safely recruited, trained, and qualified in their roles. Recruitment records show all the required information is kept on file as required. Records show DBS checks are completed. Staff told us they complete an induction when they started employment with the provider. One member of staff told us, *'I had an induction and training which was very helpful and very good.'* Records reflect an induction programme is completed and the provider told us this is in line with Social Care Wales (SCW). Care staff are supported to register with SCW and information we were provided with reflects this. Staff receive regular supervision to support them in their role. A safeguarding policy is available and staff we spoke with have a good understanding of when and who to report matters of a safeguarding nature.

### 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
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N/A	No non-compliance of this type was identified at this inspection	N/A
15	The service provider had not prepared a plan for all individuals which sets out the steps which will be taken to mitigate any identified risk to the individuals well-being.	Not Achieved
16	The service provider had not ensured individuals personal plan had been revised as necessary	Not Achieved



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