



## Inspection Report on

**Accredilink Community Response Taskforce**

**7 Mwrog Street  
Ruthin  
LL15 1LB**

**Mae'r adroddiad hwn hefyd ar gael yn Gymraeg**

**This report is also available in Welsh**

**Date Inspection Completed**

*27/09/2023*

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## About Accredilink Community Response Taskforce

|   |   |
|---|---|
| Type of care provided                                 | Domiciliary Support Service   |
| Registered Provider                                   | Accredilink Community Response Taskforce CYF  |
| Registered places                                     | 0   |
| Language of the service                               | Both  |
| Previous Care Inspectorate Wales inspection           | <a href="#">This is the first inspection since the service was registered under the Regulation and Inspection of Social Care (Wales) Act 2016.</a>                          |
| 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

People are happy with the service they receive and are complimentary about the regular staff who visit them. Pre assessments have not been completed to ensure people's needs can be appropriately met by the service. Personal plans vary, with some lacking detailed information, relevant risk assessments or evidence of reviews taking place. Some action is being taken to address this.

Staff work well together as a team and feel supported and valued in their roles. Records do not show that all staff have received inductions, supervisions and training provided for them is limited. A new training programme is being introduced for staff to complete.

Some improvements have been made with the governance and oversight of the service. Applications have been made by the acting responsible individual (RI) and acting manager to be registered in these roles. Policies are reviewed and audits are being completed for the service. Robust recruitment practices are not being followed to ensure staff are suitable to work at the service. Quality of care reviews have not been completed six monthly as is required to monitor, review and improve the service people receive.

Improvements are needed regarding the suitability of the service, personal plans, fitness of staff, support and development and quality of care reviews.

## Well-being

People have some control over their day-to-day life. People told us they are asked about their needs, preferences and are offered choices. Comments include *“They are very accommodating”*, *“They offer the times I like”* and *“Quite happy with the times”*. They said they didn’t really have preferences for staff commenting *“they’re very good”*. People are unsure if pre assessments had been completed before a service is provided and we did not see any records of these. Feedback from people is mixed as to whether or not they have any involvement in their personal plans or reviews. People’s comments ranged from “No” to *“They would have to involve me; I know what I want”* and *“able to speak my mind”*. People’s views are not routinely sought to make further improvements to the service they receive.

People’s physical, mental and emotional wellbeing needs are not always met. People spoke about professionals who visited them to help them remain healthy and well. We saw comprehensive medical histories are recorded. People and staff told us they are kept informed of any changes. Not all personal plans contain detailed information about people’s care and support needs, outcomes, preferences or are readily available in people’s homes. Staff have limited training to be able to meet people’s specific needs. Some actions have already been taken by the acting RI to ensure plans are being updated to contain more detail, are accessible for staff and a new training programme is being introduced. People are complimentary about staff commenting *“regard them as friend”*, *“Carers so helpful, do extra things like help with washing”* and *“I’m well cared for, have a lot of support around me”*. They are positive about the service they receive, commenting *“No complaints, completely happy with what we’re getting”*, *“I’m very happy with the service, I do rely on them”* and *“They’re very flexible”*.

People are not always protected from harm Staff and people are able to raise concerns. Communication and contact with office has improved and the on-call system is working well. People’s comments include they *“Feel safe in carers hands when using transfer aids”*. Some staff have received safeguarding training and their awareness of the policy varies. Recruitment practices are not robust to ensure new staff are suitable to work with people.

## Care and Support

People do not always have an accurate and up-to-date personal plan. Pre-assessments have not been carried out with people prior to the service commencing. The acting RI told us they are waiting for some assessments of needs. Staff said they are given information about people before working with them. Not all personal plans clearly identify people's care and support people needs including any outcomes and preferences. These are not always reviewed regularly or updated. Some improvements are being made, we saw new personal plans contain more detail and all the relevant information and staff confirmed this. One-page profiles provide staff with a quick reference guide for each person. Staff told us they can access information about plans and risk assessments on their mobile phones and paper copies are kept in people's homes. Not all personal plans contain relevant and adequate risk assessments. The acting RI is waiting for some up-to-date risk assessments relating to manual handling. People told us "*Files, has everything in them, now have much more including a file*" and confirmed files containing information had been dropped off at their home. While no immediate action is required, these are areas for improvement and we expect the provider to take action.

People are provided with care and support but information needs improving. When asked what the service does well, staff commented "*Care, both caring for the people we work with and caring for the staff*" and "*Work well supporting clients and staff*". Feedback we obtained shows that people are generally happy with their care and support. Some information is being updated and made more accessible for staff. Staff confirmed they are made aware of any changes relating to people's needs, medication or use of specialised equipment through information put on to the electronic system or direct communication. There are comprehensive records kept of people's medical histories. Staff told us they complete electronic records in a timely manner to show the care and support provided for people. They like this system and find it easier to use. The acting RI is taking action to make improvements regarding documentation. More person-centred information is being completed focusing on people's strengths and encouraging their independence.

The provider promotes hygienic practices and manages risk of infection. There is a policy in place for staff to follow. Personal Protective Equipment (PPE) is accessible to staff.

## Leadership and Management

People are supported by a service which does not follow robust recruitment processes. Staff files do not contain all the information as required in the regulations. We found discrepancies regarding disclosure and barring service (DBS) checks for staff. The service's own recruitment policy is not being followed. Recruitment processes are not

robust enough to ensure staff are suitable for their roles. This is placing people's health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this.

People are supported by staff who feel valued, supported, but do not always have the knowledge and skills they need. Staff consider themselves to be a good team, are happy and work well together, comments include "*Love it, love my job*". They can raise issues with the acting RI and management who are always available and approachable. Staff told us they had an induction and some form of supervision however there are no formal records of these. Staff said they had received some training, comments include "Love doing training, so important". We found this to be limited and not as listed in the statement of purpose. A new training programme is being introduced for staff to complete. This is placing people's health and well-being at risk, and we have therefore issued a priority action notice. The provider must take immediate action to address this.

There is sufficient travel and care time for staff. Staff confirmed there are no issues with travel times and they always have plenty of time for breaks in between calls. Staff receive their rotas in advance, which are not often changed with the same visits carried out. Staff told us all visits are well covered with staff commenting "*would happily work extra if need be and available*".

Some governance arrangements are in place but these need to be strengthened to make further improvements to the service. The acting RI has implemented some changes and work is ongoing. Policies and procedures have recently been reviewed and audits are carried out. Quality of care review reports have not been completed six monthly as required to monitor, review and improve the quality of service. The acting RI has recently contacted some people to obtain their views about the service. While no immediate action is required, this is an area for improvement, and we expect the provider to take action.

### 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 |
|------------|--|--------|
| 35         | The provider has failed to ensure recruitment pre-employment checks are fully completed prior to new staff being employed to work at the service. Ensure there is a robust process in place to obtain all the required information including references prior to them commencing their post and all staff have an up-to-date Disclosure and Barring Service (DBS) checks in place and accurately recorded. | New    |
| 36         | The service provider has failed to ensure that all staff have received support and training relevant to their roles. Ensure all staff receive inductions, supervisions and complete the training they need to carry out their roles and responsibilities effectively and can appropriately meet the needs of people using the service.   | New    |

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 |
| 14                      | The service provider has not evidenced that pre-assessments have been carried out prior to people being offered a service. Ensure there is documentary evidence to demonstrate that pre-assessments have been completed and the service demonstrates their ability to meet people's needs before a service is offered.               | New    |
| 15                      | The service provider has not ensured that all personal plans contain detailed information for staff to be able to appropriately meet people's needs. Ensure all personal plans are available for staff, up to date, contain all the relevant information and are reviewed with people and others involved in their care and support. | New    |
| 80                      | The provider has not undertaken a quality care review within the prescribed timescale. The provider must ensure a review is undertaken every 6 months and provide a report for inspection  | New    |



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