



Inspection Report on

Awel Homecare Ltd

**27 Well Street
Ruthin
LL15 1AF**

Date Inspection Completed

22/01/2024

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About Awel Homecare Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	Awel Homecare LTD
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	This is the first inspection of the service under RISCA
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language.

Summary

People and relatives are generally happy with the service they receive. Person centred care is being delivered by care staff who know people well and describe them as “*lovely*”. Improvements are needed regarding personal plans and risk assessments as these are limited and do not cover all the care and support needs identified in other assessments. Improvements are also needed for medicines management as there are inadequate arrangements in place.

Care staff feel valued and supported and receive supervision more frequently than is required. They complete training to carry out their roles and responsibilities. Care staff told us they work together as “*one team*” and have managers who listen, help them and care about the staff and people using the service. Improvements are needed as staff files do not contain all the relevant information to evidence a robust recruitment process is being followed.

There is a new responsible individual (RI) who visits and spends time at the office. They work closely with the new manager and have already identified improvements that are needed and are taking steps to address this. A deputy manager has also been recruited to support with the day to day running of the service. More robust oversight is needed to ensure systems and processes are in place to monitor and continually improve the service and this will be considered at the next inspection.

Well-being

People have control over their day-to-day life. Care staff respect their preferences and ask them if they need help with anything. People and relatives are involved and informed of any changes and told us the service is *“working out well”* and *“Awel have gone out of their way”* for them.

Peoples physical, mental and emotional well-being needs are met by familiar care staff. Health needs are responded to in a timely manner with advice sought from professionals as needed. People’s needs are being met by care staff who know them well. Comments from care staff about the service include it is *“person centred”* and *the “well-being of people is always paramount”*. Improvements are needed as personal plans provide basic information for care staff to follow. We found that improvements are also needed regarding medication as there are discrepancies about the level of support care staff are offering which is not clear or in line with the services own medication policy. Staff have positive relationships with people and get to know their families. People and relative’s comments include *“carers are all such lovely girls”*, *“very friendly”* and they *“all have the right attitude.”* They also told us they *“care for people”* and *“we just hear laughter”* when they are here. Staff told us *“It is a very fulfilling job especially when you work with people who are lovely and appreciative”*.

People are not always protected from risk of harm. People, relatives and staff told us they are able to raise any concerns/ complaints and these are resolved. We discussed with the manager about recording outcomes and any actions taken. Staff complete training in safeguarding and there is a policy in place for them to follow. Information from other assessments have not been used to complete assessments for all the identified areas of risk.

Care and Support

People have personal plans and some risk assessments but they lack detailed information about the care and support people need. Plans contain very detailed background information about people's families, current living situation and any diagnosis. Plans for care and support provide basic information and do not include people's likes, dislikes and preferences. Care staff we spoke with are aware of people's preferences. Plans are reviewed but additional information is not always being added as part of this process. Risk assessments are not comprehensive for staff to follow or in line with other relevant assessments. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

People are provided with care and support and feel listened to. Discussions and detailed daily notes show a person-centred service is provided by care staff who are fond of people and know them very well. People and relatives commented on what is good about the service including, people being able to remain at home which they are "*immensely grateful*" for and providing a local service which is both efficient and flexible. Further consideration is being given to travel and care time with care staff being more involved in rotas. Care staff share information with each other using an instant messaging app and call in to the office to let them know about any issues. They told us there is good communication and everyone is kept well informed about progress or changes. People and relatives told us the manager and deputy manager visit to check if everything is okay and they get on very well with them.

The service does not have safe systems in place for medicines management. We found discrepancies between what care staff told us and what is recorded in local authority assessments, personal plans and daily notes regarding the support people require with their medication. Medication administration record (MAR) charts are not always being completed or audits carried out to identify and address any issues. Training records show care staff receive medication training but their competencies are not being assessed. There is a medication policy in place but we did not find that this is being followed in line with current best practice. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

The service promotes hygienic practices and manages risk of infection. Care staff complete training on infection control and there is a policy in place for them to follow. Supplies of personal protective equipment (PPE) are made available for care staff at the office.

Leadership and Management

People are supported by a service where rigorous recruitment checks have not been made. Staff files do not contain all the necessary information including full employment histories or two appropriate references. Most care staff commented that improvements are needed with increasing their working hours in line with the requirements of their overseas sponsorship. We identified that some actions have already been taken by the RI to address this and they are considering increasing care packages to provide more hours for care staff. While no immediate action is required, this is an area for improvement and we expect the provider to take action.

Care staff feel valued and supported in their roles. There is an open-door policy and care staff are encouraged to call in to the office anytime. An on-call system is in place should assistance be required outside of office hours. Care staff told us the management are really good, they care a lot and go out of their way to make sure staff are taken care of. Supervisions are carried out more frequently than is required and detailed records are kept of these. Care staff commented on supervisions being *“very helpful”* and *“my supervisors are always ready to listen to your complaints and together offer solutions”*. They also said, *“They care about the staff and support them while also challenging them to grow with the company”*. Care staff complete online training and manual handling training is provided face to face. Certificates and training records show they receive training to meet people’s needs. Social Care Wales inductions are carried out but staff do not have an induction to the service or records kept of their probation. Care staff have either registered with Social Care Wales, the workforce regulator or are in the process of doing so.

More robust governance arrangements are needed to support the smooth running of the service. The RI and manager are already aware of improvements needed to the service and are looking at ways to prioritise and address these. The RI visits the service weekly and will be completing three monthly visits when this is due. Information for the quality-of-care review is in the process of being gathered and a report will then be produced to reflect the findings. This will be considered at the next inspection.

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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15	Personal plans including risk assessments lack detailed information and are not in line with other assessments. Ensure personal plans and risk assessments contain accurate and important information for all care staff to be aware of.	New
58	The provider has not ensured that there are safe systems for medication management. Ensure that practice is in line with the policy regarding support offered by care staff, Medication Administration Record (MAR) charts, audits and medication competencies.	New
35	Robust recruitment checks have not been carried out regarding employment histories and references. Ensure that all staff have full employment histories and two appropriate references on file.	New

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