Inspection Report on

Abacare RCT Branch

Ty Cynon
Navigation Park
Abercynon
CF45 4SN

Date Inspection Completed

01/08/2019
Description of the service
Abacare is situated at premises on a business park in Abercynon Rhondda Cynon Taff. The responsible individual is William Taplin and the manager in post is registered with Social Care Wales.

The agency is registered to provide personal care to older people, people with physical disabilities, sensory loss/impairment, learning disabilities, mental health needs and with dementia care needs. The agency covers the Merthyr Tydfil and Rhondda Cynon Taff areas.

Summary of our findings

1. Overall assessment
People are able to speak for themselves and contribute to the decisions that affect the support they are being provided and their rights are promoted. People’s health needs with regards medication was being put at risk and records we examined showed that they did not receive the right care and support for the right amount of time. People were supported by carers that they knew and liked and were happy with the care they received. People can not be fully confident that all staff members providing their care are suitably checked by the agency. However, they can be assured that they are supported by a service that provides staff that have the knowledge, competency, skills and qualifications to provide to provide the level of care and support they require.

2. Improvements
There were no significant improvements since the last inspection; although the provider is in the process of addressing the issues raised in this report.

3. Requirements and recommendations
Section four of this report sets out our recommendations to improve the service and areas where the agency is not meeting legal requirements.
1. Well-being

Our findings
People are able to speak for themselves and contribute to the decisions that affect the support they are being provided. We visited four people using the service to discuss the care they received. We examined care documentation kept at their homes and found that there were service user guides in the care files. This set out the services provided, so that people were fully aware of what support they should expect to receive. We saw client agreements and the service’s Statement of Purpose, which provided a detailed breakdown and signposted to other agencies for complaints or information. People using the service told us that they knew how to contact management and they knew how to make a complaint. They told us:
“I am very well looked after”
“I have a good rapport with my carers”
“staff are brilliant:
Therefore, we conclude the rights of people are promoted within the service.

The service does not always promote the health and wellbeing of people. Whilst service users told us that they felt that they received the care they required, and that this was carried out effectively, we saw significant gaps within the medication records, when recording the administration of medication. We also saw that care was not being delivered at the times set out in individual care plans as assessed by the local authority. Whilst we were told that care packages were being re-assessed, we judged that the service was not meeting their legal requirement and people’s health needs with regards medication was being put at risk and that they did not receive the right care and support for the right amount of time.
2. Care and Support

Our findings
The service does not have robust arrangements in place to ensure that medication is administered safely. We examined the medication records for four individuals and found a significant number of instances in which staff had not signed medication administration record sheets (MARs) to confirm that medication had been administered. In addition, there was inconsistency in recording when PRN (when required) medication was administered. We found that in the medication records we examined there were gaps in signing MAR sheets for PRN medication. We spoke to staff who told us different staff used different methods; some would leave a blank entry if medication was not needed or offered and refused, some staff would write ‘R’ for refused. The service has a medication policy and staff receive medication training. We informed the manager that they were not meeting their legal requirements. Therefore, management need to ensure that staff are correctly applying the principles of the medication policy, so that all people are supported consistently and safely with the administration of medication.

People do not receive the care at the right time as set out in their care plan. We examined call records for six people over a two week period. We found that of the total planned delivery of care hours only 76% of the call hours had been delivered. In addition, staff told us that they were only allocated five minutes travel time between calls, which did not take into account of traffic or distance. They told us that this was a contributing factor to calls being cut short or care provided late. The manager told us that in many cases service users lived with relatives and when the care task were finished they were not needed. In other cases where a night call had been scheduled to help a person to retire to bed staff often found that relatives had done this and that they were not needed. The manager stated that she was in discussion with the commissioning team to review care packages. We spoke with four people who received care packages. We were told that they were ‘very happy with the care the staff provided’. Overall, people told us that if care staff were running late they were contacted, and they didn’t feel that care tasks were rushed or uncompleted. Whilst call times are not as set out in people’s personal plans and insufficient time is allocated for care staff to travel between calls, there was no evidence that this had an adverse impact on people’s care. We recommended that the review of care packages and call travel time is carried out as a matter of urgency.
3. Leadership and Management

Our findings
People are cared for by staff who are not always appropriately and safely recruited. We reviewed the personnel files for five members of staff and found that not all pre-employment checks had been completed in line with regulation. In two cases, there were gaps in the employment history of applicants. There was no evidence that this had been discussed with the applicants. We also noted that the service was not assessing the linguistic ability of candidates in order to ensure there is effective communication between staff and the people who receive a service from them. Issues relating to references and Disclosure and Barring (DBS) certificates had been addressed by management. We noted that all other information required by legislation with regards staff recruitment, was present in the personnel files examined. Based on the information available to us, we can conclude that people cannot be fully confident that all staff members providing their care are suitably checked by the agency.

People can be assured that staff receive appropriate training. Care staff are appropriately inducted into the agency and the work they are expected to undertake. The service has a formal induction period. All of the staff personnel files we looked at contained an induction record for and details of probation interviews. Staff undertake shadowing of experienced staff and these are recorded and monitored by the Registered Manager and signed off. Training undertaken is recorded on to a database and we saw that relevant and appropriate training (relevant to the needs of the users) is provided to all staff. Several we saw had also achieved the standard care qualification under the qualification framework (QCF2 & 3) and others were undertaking the same. We saw in personnel files, certificates from private and local authority training providers covering subjects such as safeguarding, medication awareness, diabetes, dementia care and manual handling. People can be assured that they are supported by a service that provides staff that have the knowledge, competency, skills and qualifications to provide to provide the level of care and support they require.
4. Improvements required and recommended following this inspection

4.1 Areas of non-compliance from previous inspections

Regulation 35(d) This is because it was identified that staff files that did not contain previous employment history or references.

Regulation 58.2(b) This is because it was identified that MAR charts were not being completed in accordance with the service policy and procedures.

Non-compliance notices were not issued on that occasion, as there was no immediate or significant impact for people using the service.

4.2 Areas of non-compliance from this inspection

Regulation 35(d). This is because we identified that some staff files that did not contain previous employment histories.

Regulation 41(4)(a). This is because the level of care and support provided to people is not in accordance with their personal plans

Non-compliance notices have not been issued on this occasion, as there is no immediate or significant impact for people using the service. We expect the registered persons to take action to rectify the above areas as they will be explored during the next inspection.

Regulation 58(2)(b). The service does not have robust arrangements in place to ensure that medication is administered safely as evidenced by gaps in medication administration records.

A formal Non-compliance notice has been issued.

4.3 Recommendations for improvement

- That the review of care packages and call travel time is carried out as a matter of urgency.

- The manager reviews staff recruitment process to ensure that employment history gaps are checked, DBS checks are updated and the linguistic ability of staff is assessed.
5. How we undertook this inspection
This was a focused inspection undertaken to follow up on non-compliance identified at the last inspection. We made an unannounced to the agencies office on 1 August 2019. We completed home visits to people using the service, and additional telephone calls to people and staff members.

The following methods were used.

- We made one announced visit to the registered office of the service;
- We spoke to the manager and regional manager;
- We spoke to four care workers over the telephone;
- We visited four people in their own homes;
- We examined four care records in relation to medication;
- We examined four staff personnel files;
- We examined four people’s electronic call monitoring records;
- We examined the Statement of Purpose (SoP) and compared it with the service we observed. The SoP sets out the vision for the service and demonstrates how, particularly through the levels and training of staff, etc, the service will promote the best possible outcomes for the people they care for.

We are committed to promoting and upholding the rights of people who use care and support services. In undertaking this inspection we actively sought to uphold people’s legal human rights.

Further information about what we do can be found on our website: www.careinspectorate.wales
### About the service

<table>
<thead>
<tr>
<th><strong>Type of care provided</strong></th>
<th>Domiciliary Support Service</th>
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<tbody>
<tr>
<td><strong>Service Provider</strong></td>
<td>Abacaredig Holdings Ltd</td>
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<tr>
<td><strong>Responsible Individual</strong></td>
<td>William Taplin</td>
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<tr>
<td><strong>Date of previous Care Inspectorate Wales inspection</strong></td>
<td>8 February 2019</td>
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<tr>
<td><strong>Dates of this Inspection visit(s)</strong></td>
<td>01/08/2019</td>
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<tr>
<td><strong>Operating Language of the service</strong></td>
<td>English</td>
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<tr>
<td><strong>Does this service provide the Welsh Language active offer?</strong></td>
<td>Not covered at this inspection</td>
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**Additional Information:**

**Date Published**: 04/09/2019
Care Inspectorate Wales
Regulation and Inspection of Social Care (Wales) Act 2016
Non Compliance Notice
Domiciliary Support Service

This notice sets out where your service is not compliant with the regulations. You, as the registered person, are required to take action to ensure compliance is achieved in the timescales specified.

The issuing of this notice is a serious matter. Failure to achieve compliance will result in Care Inspectorate Wales taking action in line with its enforcement policy.

Further advice and information is available on CSSIW's website www.careinspectorate.wales

Abacare RCT Branch
Abercynon

Date of publication: 4th September 2019
Non-compliance identified at this inspection

<table>
<thead>
<tr>
<th>Timescale for completion</th>
<th>16/11/19</th>
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<tr>
<th>Description of non-compliance/Action to be taken</th>
<th>Regulation number</th>
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<tbody>
<tr>
<td>Evidence</td>
<td>58(2)(b)</td>
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Regulation 58.2(b) This is because it was identified that MAR charts were not being completed in accordance with the service policy and procedures.

Evidence:

Service user 1:
22 June 2019 not signed lunch medication. No evidence to confirm if medication was administered, missed or refused.
22 May 2019 tea time and evening medication not signed. No evidence to confirm if medication was administered, missed or refused.
30 May 2019 tea time medication not signed. No evidence to confirm if medication was administered, missed or refused.

Service user 2:
29 March not signed. No evidence to confirm if medication was administered, missed or refused.
6 April not signed. No evidence to confirm if medication was administered, missed or refused.
MAR sheet for 17 April to 14 May 2019 not dated.
23 April 6 entries not signed. No evidence to confirm if medication was administered, missed or refused.
14 June not signed. No evidence to confirm if medication was administered, missed or refused.
11-14 June 4 entries not signed. No evidence to confirm if medication was administered, missed or refused.
30 June not signed. No evidence to confirm if medication was administered, missed or refused.

Service user 3
29 June 12 entries not signed. No evidence to confirm if medication was administered, missed or refused.
30 June 4 entries not signed. No evidence to confirm if medication was administered, missed or refused.

Service user 4
14 August 2 entries not signed. No evidence to confirm if medication was administered, missed or refused.
21 August 1 entries not signed. No evidence to confirm if medication was administered, missed or refused.
or refused.  
26 August 1 entries not signed. No evidence to confirm if medication was administered, missed or refused.  
25 August 4 entries not signed. No evidence to confirm if medication was administered, missed or refused.

This was an issue identified at the last inspection and a non-issued non-compliance was noted in the report. This has not been addressed and the potential risk to service users health and safety continues.