Inspection Report on

Abacare RCT Branch

Ty Cynon
Navigation Park
Abercynon
CF45 4SN

Date Inspection Completed

19 and 22 November 2019
Description of the service
Abacare RCT is situated at premises on a business park in Abercynon Rhondda Cynon Taff. The responsible individual (RI) is William Taplin and there is a manager in post who is registered with Social Care Wales. Abacare provides personal care to older people, people with physical disabilities, sensory loss/impairment, learning disabilities, mental health needs and dementia care needs. The agency covers the Merthyr Tydfil and Rhondda Cynon Taff areas.

Summary of our findings

1. Overall assessment

   Overall, people are happy with the service they receive from Abacare. Action has been taken to improve medication administration records (MAR’s) and recruitment files however, further work is required before the service is fully compliant with regulations. Care is provided in line with people’s personal plans however staff are not always allocated time to travel from one call to the next.

2. Improvements

   This was a focused inspection to assess the service’s progress regarding non-compliance notices served following the previous inspection in August 2019. Overall, we found there had been some improvements to the service relating to:

   - Information included within recruitment files.
   - Receiving calls as stated in personal plans.
   - Medication administration records.

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.

   These include:

   - Travel time
   - Recruitment files
   - Medication administration records.
1. Well-being

Our findings

People are treated with dignity and respect. People were supported by staff who were attentive and responded to their needs in an appropriate manner. Care was provided in consultation with the person receiving the service and individuals were able to contribute to decision making in their day to day lives. In conclusion people receiving services are provided with opportunities to make decisions about the level and style of care they receive.

Staff demonstrate positive regard for people’s overall well-being. People were treated with warmth and kindness by friendly staff and on the whole people's physical care needs were met. However, medication administration charts require continued improvement to ensure medication was administered and recorded in a safe manner. Therefore, we conclude people receive a service which supports their emotional and physical well-being however, medication charts require ongoing work.

Measures are in place for safeguarding people. Management had undertaken work to improve the information contained on recruitment files but further work is still required to meet regulations. Improved audit tools were in place to support managerial oversight and ensure the best possible outcomes for individuals using the service. Therefore, we conclude people are appropriately safeguarded but further improvements are required in relation to staff recruitment files.
2. Care and Development

Our findings

Medication requires ongoing improvement. We found since the last inspection Abacare had put measures in place to address errors in the recording and administration of medication. We saw evidence the management team had introduced regular auditing of medication administration charts (MAR’s) and were also undertaking medication themed supervision. These sessions’ reinforced staff’s knowledge and understanding of how to safely support people with their medication needs. We were informed senior care staff, who were competent with medication management, had been nominated to provide advice and information to the wider team. Whilst there was some evidence of overall improvements, we found recently audited MAR charts, as well as those we viewed in people’s homes, continued to contain gaps in recording. This was discussed with the manager and RI who agreed further work was required. The above evidence indicates the general oversight of medication has improved. However, further work is required as the service is not fully meeting regulatory requirements.

Care is provided in accordance with personal plans. Rotas we examined evidenced the duration of care calls were in line with people’s personal plans. Daily records we looked at demonstrated calls were on time and lasted for the full duration. People we spoke with confirmed, on the whole, staff were punctual and completed tasks in an unhurried manner. Overall, people appeared happy with the care they received. Comments included:
“*The service has improved*”
“*They turn up on time and do anything they need to do*”.
*Staff are “excellent”, “Whoever comes here is absolutely wonderful…and they care”*
“I usually have the same staff”, “They do everything I ask”,
“*They are so caring they want to do more*”
“*Carers are brilliant, I have no complaints about any of them*”.
Therefore we can conclude people are happy with the care they receive from Abacare.
3. Leadership and Management

Our findings

Recruitment files require ongoing improvement. The service was able to demonstrate improvements had been made in evidencing employee's previous work history. However, we were advised by the manager that 10-15 historical files still required further information. We looked at six employee files and saw documents for a newly appointed member of staff contained gaps in their employment history. Therefore, further work is required in this area and at present the service remains non-compliant with regulations.

Staff are not given sufficient travel time and office staff are not always contactable. Rotas we looked at demonstrated staff did not always receive travel time between calls. Staff we spoke with confirmed their rotas were frequently changed and additional calls were added often without prior discussion. Comments included “weekends are a nightmare with extra calls” while another staff member told us travel times were “hit and miss…..rotas come out with travel times but then calls get added on”. Members of staff we spoke with commented “I can’t get hold of anyone in the office” and “I can’t always get through to the office to let them know that I can’t do (extra) calls”. Staff spoke of managing their designated calls by starting their shifts earlier or by shortening their lunch breaks. Again these issues were discussed with the RI who agreed action would be taken. During the previous inspection a recommendation was made that travel times should be addressed as a matter of urgency. The evidence we found demonstrates improvements have not been made and on occasion staff are not provided with adequate time to travel from one call to another.
4. Improvements required and recommended following this inspection

4.1 Areas of non compliance from previous inspections

Non issued non compliance:

Regulation 35(d). This is because we identified that some staff files that did not contain previous employment histories. **Compliance has not been fully met at this inspection.**

Regulation 41(4)(a). This is because the level of care and support provided to people is not in accordance with their personal plans. **Compliance has been met at this inspection.**

Issued non compliance:

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. **Compliance has not been fully met at this inspection.**

4.2 Areas of non compliance from this inspection

We identified the agency remains non compliant with the following. Ongoing improvement is needed for the service provider to fully satisfy the following requirements:

Regulation 58(2)(b). This is because we found gaps in medication administration records. As significant improvements have been made by the service this has been reduced to a non-issued non compliance.

Regulation 35(2)(d). This is because we identified some staff files that did not contain previous employment histories.

Regulation 41(3)(a). This is because we found staff were not always given allocated travel time.

We did not find evidence of any negative impact on people receiving services as a result we will not be issuing further non-compliance notices at this time. We expect the provider to take further action to improve these areas of the service provided. These areas will be followed up at our next inspection.

4.3 Recommendations

We made the following recommendation to support good practice:

- Lines of communication between care staff and office staff to improve as a matter of urgency.

5. How we undertook this inspection
We carried out a focused inspection of the agency to follow up non-compliances identified at the last inspection. The visit was unannounced and was undertaken on 19 November 2019 at the registered office and we carried out visits to people receiving a service in their own homes. We also undertook additional home visits on 22nd November 2019.

Our inspection considered the following sources of evidence against legal requirements set out in The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017:

The following methodology was used to gather evidence for this report:

- We looked at information held by CIW.
- Information was gathered through discussions with the manager and three office based staff.
- We spoke to five care staff, one in person and four via telephone.
- We had a telephone discussion with the responsible individual.
- We visited six people receiving services and viewed their care files.
- We examined six staff files.
- We examined of the agency’s electronic call monitoring system.
- We examined of staff rotas.
- We examined of Medication Administration records.

Further information about what we do can be found on our website: [www.careinspectorate.wales](http://www.careinspectorate.wales)
### About the service

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<tr>
<th>Type of care provided</th>
<th>Domiciliary Support Service</th>
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<tr>
<td>Service Provider</td>
<td>Abacaredig Holdings Ltd</td>
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<tr>
<td>Responsible Individual</td>
<td>William Taplin</td>
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<tr>
<td>Date of previous Care Inspectorate Wales inspection</td>
<td>1/8/19</td>
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<tr>
<td>Dates of this Inspection visit(s)</td>
<td>19/12/2019 and 22/12/2019</td>
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<td>Operating Language of the service</td>
<td>English</td>
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<tr>
<td>Does this service provide the Welsh Language active offer?</td>
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