



Inspection Report on

Abacare RCT Branch

**Ty Cynon
Navigation Park
Abercynon
CF45 4SN**

Date Inspection Completed

8 February 2021

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About Abacare RCT Branch

Type of care provided	Domiciliary Support Service
Registered Provider	Abacaredig Holdings Ltd
Registered places	Not applicable
Language of the service	English
Previous Care Inspectorate Wales inspection	9 October 2020
Does this service provide the Welsh Language active offer?	The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

We completed a virtual focused inspection, to establish if the service had addressed areas of non-compliance identified at the last inspection. During the previous inspection, we found the service was not meeting regulatory requirements around the completion, collection, storage, submission and auditing of documents relating to people's daily care.

Overall, we found evidence people are satisfied with the standard of care they receive from Abacare RCT. The service has effective systems in place to protect people's personal information. Care staff are clear about their roles and responsibilities when completing, storing and submitting documentation. Supervisors have clear guidance around the receiving and logging of information and the completion of routine audits ensure ongoing good practice.

Well-being

People told us they have positive relationships with staff and were happy with the standard of care they receive. Comments included, the service is “*very good*”, “*second to none*”, care staff are “*excellent*” and “*I can’t fault them*”. Care staff provide calls in a timely manner, offer support in line with people’s routines and remain for the agreed duration of the call. People told us the service contacts them routinely to ensure staff continue to provide positive care.

The service has good infection control measures in place. Staff have access to a sufficient supply of personal protective equipment (PPE) and confirm they benefit from ongoing training to ensure they use this equipment effectively. People told us staff wear masks, gloves and aprons during care calls and report feeling safe and protected.

Staff understand their safeguarding responsibilities and feel confident in raising concerns with their line manager. A range of detailed, up to date policies and procedures are in place to keep people safe and support good care practices. People told us they are able to contact supervisors if they have any concerns and feel listened to by the service.

As this was a focused inspection, we have not considered this theme.

Leadership and Management

The service has clear guidance to ensure the completion, collection, storage and timely submission of documentation. Designated staff collect daily logbooks and medication administration records (MAR's) on a routine basis. This ensures paperwork does not remain in individual homes for extended periods. Staff store collected documents securely in line with guidance and supervisors maintain a log to evidence the date of submission.

Staff maintain records for those individuals who require support with managing their finances. Records contain details of funds withdrawn and used by staff, as well as any remaining balance. This ensures the service maintains good oversight of financial transactions and safeguards those individuals who require this support.

The service regularly audits daily recordings, financial records, MAR's and any supplementary care documentation. These systems ensure the service maintains good oversight of the standard of care provided, safeguards those individuals accessing the service and supports supervisors to address any practice issues, which may require improvement.

Environment

As this was a focused inspection, we have not considered this theme.

Areas for improvement and action at, or since the previous inspection

<p>Issued non compliance</p> <p>The service provider must ensure that records relating to individuals are accurate and up to date and keep all records securely.</p> <p><u>The following areas were not considered at this inspection.</u></p> <p>Non issued non compliance</p>	<p>Regulation 59(3)(a)(b)</p>	<p>Achieved</p>
<p>In preparing the personal plan, the service provider must take into account any risks to the individual wellbeing.</p>	<p>Regulation 15(7)(e)</p>	<p>Not Achieved</p>
<p>The personal plan must be reviewed as and when required but at least every three months.</p>	<p>Regulation 16(1) :</p>	<p>Not Achieved</p>
<p>The service provider must ensure that any person working at the service receives appropriate supervision and appraisal.</p>	<p>Regulation - 36(2)(c)</p>	<p>Not Achieved</p>
<p>The service provider must ensure that care and support is provided to each individual in accordance with the individual's personal plans.</p>	<p>Regulation 21(2)</p>	<p>Not Achieved</p>
<p>Time allocated for travel must have sufficient having regard to the distance between the location of one scheduled and the next scheduled visit and other factors which might reasonably be expected to affect travel time.</p>	<p>Regulation 41.3 (a)(b)</p>	<p>Not Achieved</p>

Where providers fail to improve and take action we may escalate the matter by issuing a priority action (non-compliance) notice.

Areas where immediate action is required

None	
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Areas where improvement is required

None	
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