



Inspection Report on

Abacare RCT Branch

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

Date Inspection Completed

9th October 2020

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About Abacare RCT Branch

Type of care provided	Domiciliary Support Service
Registered Provider	Abacaredig Holdings Ltd
Registered places	N/A as domiciliary support service.
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	Yes

Summary

Abacare RCT is a domiciliary support service, which offers support to people aged 18 and over in the Merthyr Tydfil and Rhondda Cynon Taff area. William Taplin is the nominated Responsible Individual (RI) who has overall responsibility for the service and there is a manager in post who is registered with Social Care Wales.

People are happy with the care they receive from Abacare RCT and feel well supported by staff. Staff recruitment and training is effective, however, not all staff report feeling supported by the management team. Several areas of improvement are required around personal plans, the frequency of reviews, management of rotas, allocation of travel time and the auditing, tracking and storage of key documents. There is evidence of policies and procedures in place; however, the service also needs to improve the frequency of supervision offered to staff.

Well-being

People using the service advise they are satisfied with the care they receive from care staff. Calls are not rushed or hurried and staff complete tasks in the way people would like them to. Feedback shows care staff are highly regarded and are kind and caring in their attitude. One person receiving services commented staff are "*brilliant*". A health professional we contacted described staff as "*wonderful*" and reported care staff work hard to build up positive relationships with clients, which improves their quality of life and general health and wellbeing.

There are good infection control measures in place, which enable care staff to offer direct care and support in a safe manner. We found the service had an up to date infection control policy in place. Care staff we spoke with told us the service provides a sufficient supply of personal protective equipment (PPE) such as aprons, masks and hand wash. Care and office staff feel they have sufficient training to ensure they are effectively using protective equipment. People told us they felt safe during care calls and staff always wore PPE appropriately.

The service could improve the way it protects people from abuse and neglect. Staff confirmed they completed induction and refresher training to help them understand their role in protecting and supporting vulnerable adults. People know whom to contact if they have any concerns and report office staff as helpful and supportive. However, office oversight of key documentation requires significant improvement to ensure tasks are completed in line with care plans.

Care and Support

Overall people are happy with the service they receive from Abacare RCT and feel supported to maintain individual choices and daily routines. Documentation we looked at show people are involved in the planning of their care. Information on personal plans ensure staff provide day-to-day support in the way people like it. However, we found two out of the five files we viewed lacked key information around people's medical conditions. This is important information, which supports staff to understand any changes in people's health and enables them to protect people from any potential risks. We discussed these concerns with the RI of the service, who provided reassurance he would take immediate action to resolve this.

There are arrangements in place to obtain views from people using the service. However, documentation we viewed shows the service does not undertake reviews with the required frequency. This means people do not have the opportunity to provide feedback on the care they receive and the service is not able to identify any changes, or adjust personal plans in a timely manner. We found systems are in place for assisting people with their medication. The medication charts we viewed demonstrated people received their medication at the right time. Documents also showed staff made referrals to social and health professionals in a timely manner to support people to remain healthy.

People do not benefit from having regular care staff and do not always receive their full allocated call times. Electronic systems used to monitor individual call times showed people do not always receive calls as identified in their care plan. Four of the five call records we looked at showed people received under 70% of their allocated time. Care staff told us rotas changed frequently and office staff added additional calls with little advanced notice or consultation. Some care staff we spoke with reported they shortened calls or attended calls earlier than scheduled due to insufficient allocated travel time, which placed them under increased pressure. A number of people using the service commented they did not always receive staff rotas, were not informed when care staff were running late or of staff changes. The responsible individual (RI) for the service provided reassurances he would take action to resolve this.

Leadership and Management

The collection, auditing and securing of documents requires significant improvement. Records we viewed were generally of a good standard however, many care files lacked either daily case notes, medication charts or financial records. This lack of oversight meant the service could not ensure staff maintained records and undertook care tasks as directed in people's personal plans. The service did not demonstrate the importance of protecting people's personal information, as office staff were unable to confirm the location of key documentation. Some care staff we spoke with were unsure of their role and responsibilities regarding the collection, temporary storage and submission of records and key information. Office staff also had no clear guidance in place for receiving and logging submitted documentation. We informed the RI that the current oversight and security arrangements in place were insufficient and required immediate improvement.

The service provider safely recruits staff, which ensures they are suitable for their role. Training records we viewed evidenced, all staff receive appropriate induction and refresher training to help them support people effectively. Staff we spoke with told us they were confident they had the right skills and knowledge to assist people, understood their responsibilities to safeguard vulnerable adults and knew how to report any concerns. However, some staff members reported they did not always feel confident the concerns they raised were actioned in a timely manner; as office staff were at times described as difficult to reach and unhelpful in their manner. We found the service referred safeguarding concerns promptly to the local authority, which supported timely intervention.

The Responsible individual maintains appropriate oversight over the quality of care and the effectiveness of systems in place. Overall, we found policies and procedures we viewed were current and up to date. However, a number of policies including safeguarding, whistleblowing and complaints do not include contact details of relevant agencies. We recommend revising these documents to ensure people are aware of which organisation to contact when needed.

The service was unable to provide records to show they offered staff regular supervision, as the matrix used by the service did not record previous supervision dates. Paper files we looked at showed long gaps between supervision sessions, some care staff reported they received supervision on a regular basis while other stated they received supervision infrequently. We noted staff have the opportunity to discuss policies and report any concerns during team meetings however, the service needs to be mindful these meetings not used to replace one to one supervision opportunities. We informed the RI this area requires improvements.

Environment

This area is not considered as part of a domiciliary support inspection.

Areas for improvement and action at the previous inspection

The service must have effective recording of medication.	Regulation 58(2)(b)	Achieved
A person is not fit to work at the service unless they have provided full and satisfactory information.	Regulation 35(2)(d)	Achieved
Time allocated for travel must have sufficient having regard to the distance between the location of one scheduled and the next scheduled visit.	Regulation 41(3)(a)	Not Achieved

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

The service provider must ensure that records relating to individuals are accurate and up to date and keep all records securely.	Regulation 59(3)(a)(b)
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We found poor outcomes for people, and / or risk to people's wellbeing, which is likely to continue if no action is taken. Therefore, we have issued a priority action (non-compliance) notice and expect the provider to take immediate steps to address this and make improvements.

Areas where improvement is required

In preparing the personal plan, the service provider must take into account any risks to the individual wellbeing.	Regulation 15(7)(e)
The personal plan must be reviewed as and when required but at least every three months.	Regulation 16(1)
The service provider must ensure that any person working at the service receives appropriate supervision and appraisal.	Regulation - 36(2)(c)
The service provider must ensure that care and support is provided in a way, which protects, promotes and maintains the	Regulation 21(1)

safety and wellbeing of individuals.

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.

Regulation 41.3 (a)(b)

We have not issued a priority action (non-compliance) notice on this occasion. This is because there is no immediate or significant risk to or poor outcomes for people using the service. We expect the registered provider to take action to rectify this and we will follow this up at the next inspection

Date Published 30/11/2020



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 our website

www.careinspectorate.wales

Abacare RCT Branch

Abercynon

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Leadership and Management	Our Ref: NONCO-00009702-FMRB
Non-compliance identified at this inspection	
Timescale for completion	01/12/20
Evidence	
<p>The registered person is not compliant with Regulation 59(3)(a)(b) - The service provider must ensure that records relating to individuals are accurate and up to date and keep all records securely.</p> <p>On 9th October 2020 the inspector viewed care files, which did not contain daily care notes, medication charts and financial records.</p> <p>Service user File 1: contained one MAR chart dated 22/8/2020 to 8/9/2020 - audited 1st Oct 2020. No further documentation since that date.</p> <p>Service user File 2: contained one daily record book dated April 2019 - July 2019. No further documentation since that date.</p> <p>Service user File 3: contained one daily record book dated July 19 - Sept 19 - audited 2nd Oct 2020. Most recent MAR chart on file dated 25/04/2020 - audited 2nd Oct 2020. No further documentation since that date.</p> <p>Service user File 4: No daily recording on file. No financial management records on file.</p> <p>Service user File 5: No medication or daily records of file.</p> <p>Five safeguarding incidents around possible theft of money or items involving staff. The manager was unable to provide daily care records or financial records to demonstrate effective oversight.</p> <p>Management Staff member 1: Requested additional information, informed staff had gathered all evidence available to them in preparation for the site visit and advised some documents were unavailable as they may have been archived. Co-ordinator also stated tracking records could be difficult as care staff often brought paperwork into the office and left them on filing cabinets without informing co-ordinator's.</p> <p>Manager via telephone: Discussed missing documents on care files. Manager advised staff sometimes took records out of clients home and left them in the boot of their car.</p> <p>Feedback gathered from staff members on 12th and 13th October 2020 :</p> <p>Staff A: Commented there were no arrangements in place for picking up MARS charts and care plans. Plans often remained in the home for several months and no clarity as to whose responsibility it was to collect and submit them.</p> <p>Staff B: Commented they supported clients with shopping and kept receipts in the onsite safe, however advised supervisors had not checked this information for a considerable period.</p>	

The impact for people using the service is that they are placed at increased risk due to inadequate oversight/auditing of MAR charts, financial records and daily care records and the unsafe storage of records increases the possibility of a potential data breach.