



Inspection Report on

Abacare Ebbw Vale

**Access 465
Rassau Industrial Estate
Rassau
Ebbw Vale
NP23 5SD**

Date Inspection Completed

09 July 2019, 11 July 2019

Welsh Government © Crown copyright 2019.

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk
You must reproduce our material accurately and not use it in a misleading context.*

Description of the service

Abacare Ebbw Vale is a domiciliary support service and the office is located in Rassau, Ebbw Vale. The service provides support to adults and children with learning disabilities, physical disabilities and mental health problems in the Gwent regional partnership area.

The responsible individual (RI) is William Edward Taplin and the manager of the service is registered with Social Care Wales.

Summary of our findings

1. Overall assessment

We received positive feedback from people and their relatives who were happy with the service and the support provided. People are supported by well trained and motivated care workers. Personal plans did not always contain detailed information about people and how staff were to provide care and support. Call management systems were not monitored robustly to ensure people receive the right support at the time they need it. The RI maintains good oversight of the service. Medication and recruitment practices need to be consistently safe.

2. Improvements

This is the first inspection of this service since it was approved under The Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).

3. Requirements and recommendations

Section four sets out details of our recommendations to improve the service and areas where the service is not currently meeting legal requirements. These include the following:

- **Personal plans:** There must be detailed guidance and information for staff to follow within an individuals' personal plan on how peoples' needs will be met.
- **Safe recruitment practices:** There must be full and satisfactory information available in relation to all staff employed at the service.
- **Medication:** A safe system of recording and administering medication needs to be in place to ensure people's health is promoted consistently.
- **Service delivery:** Call management systems need to be closely monitored to ensure people are receiving the care and support they need, when they need it.

1. Well-being

Our findings

People are treated with dignity and respect. We found there are systems in place for people who use the service to feedback and be listened to. We spoke with 11 people who use the service in some capacity and we were told consistently that care workers are respectful and polite. We found that telephone questionnaires are completed on a regular basis with people who use the service and actions identified where the service could improve. The RI had been out to visit a sample of people using the service during their regulatory visit and we noted the positive comments made. We also noted how the RI was told how some areas of service delivery needed to be improved. We found this had been followed up by staff in the office through further consultation. We conclude people are respected and listened to.

Overall, there are systems in place to protect people from abuse; however the application of these systems requires strengthening. Generally risks were identified as part of the initial assessment process but further work was needed to ensure these were clearly documented. Care workers we spoke to were aware of their responsibilities to keep people safe and the procedures to follow if they had concerns about an individual's safety. People and their relatives/ representatives told us they were confident with who they needed to contact if they had any concerns. A relative told us about a concern they had raised that had been dealt with immediately. We considered improvements were needed with regards to the oversight and of call management, to ensure people receive the right support when they need it. We also raised concerns with the lack of consistent auditing of medication administration charts (MAR) and daily care logs. We conclude people are generally safe from harm, however the service needs to ensure there are robust mechanisms in place to safeguard people whom they provide support to.

People are supported with their physical health, mental health and emotional well-being. We found the service had liaised with the relevant health professionals, with or on behalf of the person using the service when needed. We noted input in care documentation from occupational therapists, district nurses, community mental health nurses and social workers. This demonstrated a multi-disciplinary approach to the service provided. However, we found personal plans did not consistently set out how each individuals care and support needs would be met by staff or the action for them to take to reduce risks to people's well-being. We also noted personal plans lacked sufficient information about people's health conditions. People and relatives generally spoke to us about their positive experiences and how valuable the service had been for them. We spoke with three health and social care professionals all of whom spoke positively about the service provided. We conclude people are supported to get the right care and support from allied professionals in order to meet there assessed needs.

2. Care and Support

Our findings

People have personal plans/service delivery plans in place; however these did not provide clear and constructive guidance for staff about how to meet the assessed needs of the individual and were not outcome focussed. We reviewed personal plans for six people who use the service. Care files viewed in the main contained evidence of care and support plans from the local authority and personal plans had generally taken these support plans into account; however we found this to be inconsistent. We found personal plans did not always contain comprehensive information that would give staff clear guidance on how to support people in specific areas of assessed need. For example, for one person their personal plan referred to them having diabetes; however there was no indication of what type, any signs or symptom of the condition, what this meant for the person or what action staff should take if the person suffered an episode due to their condition.

Further, we found personal care plans lacked emphasis on supporting people to achieve their outcomes. We also noted personal plans were not being reviewed consistently on a three monthly basis as required. Daily records were completed however these were not being regularly monitored or reviewed. This did not ensure that staff had provided the right level of support or if people were achieving their outcomes. On the other hand, we did see one personal plan that was detailed and contained comprehensive information on meeting the individual's needs. However, as detailed above this was not consistent across documentation we viewed. We found the service had liaised with health and social care professionals, however documentation was not always on file. Therefore, we conclude people cannot feel confident that there is an accurate, up to date plan of how their care and support is to be provided in order to meet their needs.

The service has mechanisms in place to safeguard people from abuse. We found staff had received safeguarding training. Discussion with them demonstrated a good knowledge of safeguarding and whistleblowing procedures, and how to report matters of a safeguarding nature. Care workers also felt confident of who to contact outside of the service if needed. A record was kept of complaints and the outcome of any concerns made. A safeguarding policy was available to staff, however this required some changes to reflect the changes in legislation under RISCA. We conclude there are measures in place to protect people from harm.

People are not consistently supported to manage their medication safely. We found personal plans lacked information on how people received their medication. They also lacked guidance on how medication was to be administered. For example, we looked at one person's care and support plan from their placing authority that indicated the following, '*(X) may require assistance with insulin. (X) can manage the majority of this but may need guidance. The insulin pen is turned to 42mg.*' When we looked at their personal plan, this

information was not recorded. We spoke to carers who supported this person on a regular basis, one carer had good knowledge of the support required however, the second care worker had very little knowledge of the person's health condition. Care workers had regular training in medication administration and a policy was available which provided clear guidance to staff. MAR charts we reviewed revealed many omissions with no explanation if the medication had or had not been administered. We found MAR charts were not being consistently monitored. This did not ensure that staff were providing the right level of support or if people were receiving their medication as prescribed. We conclude, there are systems in place with regards to supporting people with their medication, however improvements are needed to ensure medication practices are consistently safe.

People cannot be confident that they will get the right support in the way they need it. Whilst most people told us they had positive relationships with care staff, we received mixed responses in relation to the time keeping of care calls. One person who received a service told us, *'They are excellent and obliging.'* We spoke to another person who told us, *'They treat me well.'* On the other hand, one relative explained how the night time medication call for their relative was never at the same time and questioned the length of time the care workers were staying with their relative, stating, *'I don't think they are there for the full 15 minutes.'* We reviewed the personal plan for this person and examined calls logs and noted that call times to this person were very inconsistent and were not reflective of the scheduled calls within the local authority care plan and personal plan. We reviewed call logs for another person using the service and identified further inconsistencies with planned call times and actual call times. The manager and RI gave us verbal assurances that this would be addressed as a priority. We conclude, people using the service cannot be confident that suitable arrangements are in place to ensure that they receive the required support as outlined in their personal plan.

3. Leadership and Management

Our findings

The provider has systems in place to review and improve the quality of care; however auditing and monitoring systems need to be strengthened. Regular management meetings took place to review the running of the service. We noted the RI had a sound oversight of the service and reported to the provider on a monthly basis. A sample of the minutes seen confirmed that their responsibilities under RISCA were being met. We were told audits of staff files had taken place and an action plan developed to address any issues identified. We evidenced that consultation with people who used the service, relatives and care workers formed part of the auditing and quality assurance process. We saw that the RI carried out visits to people who used the service. Evidence showed that any issues identified during these visits were addressed promptly and disseminated down to the managerial teams to follow up.

However, we noted that an electronic call monitoring system was being used and noted a lack of oversight and monitoring of this system. As detailed within the report we noted some discrepancies in people's call times in the personal plan, call log documentation and actual recorded call times. On more than one occasion, we saw a person was receiving a bed time call approximately one hour later than what their service delivery plan specified. We requested sight of the provider's 'Late, missed and cancelled visits,' policy and we were told the expectation was that nominated office staff keep track of the level of late call visits as part of their overall responsibilities. However, we were unable to evidence this task was being completed consistently. We also noted this area of concern was highlighted by the RI in March 2019, although during our inspection this area of service delivery remained a concern. We had a discussion with the RI and service manager about ensuring people's call times were accurately reflected in their plans and to ensure this area of service delivery is monitored and managed more effectively. We also spoke at length in relation to commissioned 15 minute calls at the service and the change in legislation. We asked the provider to analyse all 15 minute calls and liaise with the relevant commissioners in order to review this further. We conclude, whilst there are processes in place for evaluating the quality of the service, monitoring systems need to be strengthened to ensure people can be confident that their care and support will be delivered as planned.

Staff feel valued and supported. We spoke with four members of staff and received positive comments regarding the support and training received. Staff told us they received regular supervision and we saw examples in staff personnel files where supervision had taken place on a three monthly basis. This was a mixture of office supervision and observation of practice. We viewed a staff supervision matrix, which indicated scheduled and supervision sessions which had been carried out. This indicated the majority of staff had received supervision on a three monthly basis. We reviewed team meeting minutes and considered these were held on a fairly regular basis. We recommended a staff signing sheet should be

used to indicate how many staff had actually attended each meeting. Staff told us they were allocated travel time between each call on their rota, however if they had been asked to pick up a call during the day, then this made things more difficult for them to reach their destination on time. Some staff told us they had been given a fixed hours contract, however some told us they had not been given this opportunity and were still on a zero hour contract. This was discussed with the provider who assured us staff contracts would be reviewed as a priority. Staff told us they are well trained to carry out their role and we were also told that the induction process at the service was very beneficial. We noted a record of induction on the majority of files viewed. A record of staff training was reviewed, this included training that had been completed and which courses required updating. This indicated the majority of staff had completed key training in mandatory subjects. The manager told us the provider is currently supporting all social care staff to be registered with Social Care Wales. Therefore, we conclude, people are supported by staff who are suitably trained and supported.

Recruitment practices require some improvement. We examined six staff recruitment files and found some discrepancies in relation to contracts of employment (three staff) identification (four staff) employment histories (two staff) and employment references (two staff). We found Disclosure and Barring Service (DBS) checks had been completed on all staff files viewed, however we did note a risk assessment had not been completed for one staff where a positive disclosure was recorded. We discussed some of these issues with the manager who assured us measures would be put in place in order to make the necessary improvements. The above indicates recruitment practices require strengthening to fully meet regulatory requirements.

The service is clear about its aims and objectives. We viewed the statement of purpose (SOP) and service user guide (SUG). The SOP is fundamental in setting out the vision for the service and is a key document that should clearly demonstrate the range of health and care needs the service will provide support for, including any specialist service/care provision offered. The SOP for the service provided an overall picture of the service offered although we identified some additional information that was required. The SOP should clearly outline the range of needs that can be supported. The document needs to reflect the service provision for children, including any specialist training undertaken by staff. The SOP will also need to clearly define the single regional partnership area where support services are delivered. This was discussed with the RI and we were given assurance these changes would be completed. We reviewed the SUG, this is a written guide produced by the service that enables people to have a good understanding of how the service operates in providing care and support. We considered the SUG to be very robust and contained comprehensive information. Therefore we judge, people can be mostly clear about the services that are provided at the home.

4. Improvements required and recommended following this inspection

4.1 Areas of non compliance from previous inspections

This is the first inspection of this service since it was approved under RISCA.

4.2 Recommendations to meet legal requirements

We found that the registered provider is not meeting its legal requirements under RISCA in relation to:

- Personal plan (Regulation 15 (1) (a)): The registered provider had not prepared a personal plan which sets out how on a day to day basis the individual's care and support needs will be met.
- Medication (Regulation 58 (1)): The registered provider had not ensured that there are suitable arrangements for the recording and safe administration of medicines.
- Fitness of staff (Regulation 35 (2) (d) Schedule 1): Full and satisfactory information or documentation was not available for all staff employed at the service.

We did not issue a non-compliance notice on this occasion as we did not identify any major impact to service users and we were assured measures will be taken to address the issues identified and manage any potential risks. We expect immediate action to be taken to address these areas, which will be considered at our next inspection.

4.3 Recommendations for improvement

- Call timings need to be monitored and any action taken needs to be recorded for all late/early calls.
- The SOP needs to be updated to reflect one regional partnership board footprint and to include more detail as to how the needs of children will be met.
- Daily care logs and medication charts need to be audited for completeness in a timely manner.
- The Safeguarding policy needs to be updated to reflect currently legislation.
- Personal plans need to be reviewed on at least a three monthly basis.
- To analyse 15 minute calls and to liaise with the relevant commissioners in relation to this practice and change in legislation.
- Team meeting attendance to be recorded.

5. How we undertook this inspection

This was the first inspection of the service following re-registration under RISCA. This was a full inspection undertaken as part of our inspection programme. We made an announced visit to the main office on 9 July 2019 between the hours of 09:30 and 16:50. We carried out a second announced visit to the main office on the 11 July 2019 between the hours of 09:40 and 17:05.

The following regulations were considered as part of this inspection:

- The Regulated Services (Service Providers and Responsible Individuals (Wales) Regulations 2017.

The following methods were used:

- We considered the information held by us about the service, including the last inspection report and notifiable events received since the last inspection.
- We spoke with seven people using the service.
- We spoke with four staff members and a number of office staff.
- We spoke to the RI and the management team at the service.
- Consideration of the service's SOP and service user guide.
- Examination of the personal plans of people using the service and associated care documentation.
- Examination of staff records, including recruitment, supervision, team meeting minutes and training.
- Examination of staff rota's, including timesheets and call logs.
- Examination of a range of documentation pertaining to the service, such as accident and incident reports and policies and procedures.

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.

<https://careinspectorate.wales/sites/default/files/2018-04/180409humanrightsen.pdf>

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Domiciliary Support Service
Service Provider	Abacaredig Holdings Ltd
Responsible Individual	William Edward Taplin
Date of previous Care Inspectorate Wales inspection	This is the first inspection of this service since it was approved under RISCA
Dates of this Inspection visit(s)	09/07/2019 & 11/07/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	The service is working towards this.
Additional Information:	

Date Published 28/08/2019