



Inspection Report on

Abacare Ystradgynlais Branch

**Unit 300
Ystradgynlais Business Park
Ystradgynlais
Swansea
SA9 1BS**

Date Inspection Completed

24/10/2022

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About Abacare Ystradgynlais Branch

Type of care provided	Domiciliary Support Service
Registered Provider	Abacaredig Holdings Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	26/04/2021
Does this service provide the Welsh Language active offer?	Working Towards. 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

Overall, people tell us they have a good relationship with care staff and are happy with the care provided. Individualised personal plans are developed with people and their representatives. Plans contain sufficient information and guidance for care staff to understand people's needs. Ongoing reviews ensure plans remain up to date. Most people are happy with their calls and benefit from a familiar staff team. There are arrangements in place to support the safe administration of medication and care staff use positive infection control measures when undertaking visits. People and their representatives told us they know how to raise a concern.

Recruitment checks are carried out to ensure staff are safe to work with vulnerable people. A clear staff structure is in place to support the smooth running of the service. The service has a range of up-to-date policies. Audits are completed to check the quality of services received. Care staff told us overall they are happy working for the service and receive ongoing training. Rotas require some improvement and records show supervision is not offered to staff on a regular basis and requires strengthening. The responsible individual (RI) visits need to be carried out more frequently to ensure they meet regulatory requirements.

Well-being

The service supports choice and control. Personal plans are developed in conjunction with the people and their representatives. Personal outcomes are considered, and people's routines are documented. Regular feedback is sought to ensure the service provides a good standard of support. People tell us they have good contact and communication with the service and can report any issues or concerns.

Individual needs are understood, and overall people have a positive relationship with staff. Appropriate assessments and plans are in place to outline people's health and care needs. Risk assessments provide staff with the information they need to offer care safely. Medication management supports people to remain as healthy as they can be. Overall, people feel happy with the service they receive and are complimentary of the care staff who assist them.

People are supported to remain safe and well. Care staff understand their safeguarding responsibilities and how to report issues or concerns. A range of policies and procedures helps to support safe practice. Care workers receive training, so they remain sufficiently skilled. Staff are recruited appropriately to ensure they are suited to their roles. Not all staff receive regular supervision. Call times for most people are stable however others feel rota's require improvement. Care staff have access to personal protective equipment (PPE) and understand the importance of infection control. The responsible individual has oversight of the service however further improvements are required to ensure visits are completed in line with regulations.

Care and Support

Detailed personal plans outline the support each person needs. Assessments and personal plans set out the level of support and care people require. We sampled several personal plans and found these sufficiently detailed, documenting individual preferences and routines. Overall, plans reflect people's current package of care. We noted one plan had not been updated to indicate a recent change in the frequency of calls, the service advised they would take immediate action to address this. We found people signatures on plans which indicate they are involved and agree with the care provided. Care staff complete daily logs and monitoring forms to record their input. Reviews undertaken by the service considers whether plans remain accurate and identify any changes in people's needs.

Overall people report a positive experience of care. People are complimentary about care staff and the support they receive and know how to raise a complaint or concern. The majority of people we spoke with confirm care calls are never missed and they are generally allocated set call times and regular care workers. We were told staff provide care in a kind and unhurried manner and office staff were easy to contact and supportive.

Comments from people and their relatives include:

"Carers are brilliant with my mum",

They (staff) are *"reliable", "a good bunch of girls", "they do a fantastic job".*

"I would recommend them"

"The carers cheer me up"

However, others told us both care staff and call times varied.

"I don't know what time they are coming sometimes"

The office was described by one relative as *"disorganised"*.

Another told us their call time often changed without discussion and their newly allocated call time *"does not suit us"*. Several people and their relatives also commented they would like better access to care rotas and electronic daily notes. This was discussed with the service.

The service has systems in place to manage medication and infection control. Staff told us they have access to PPE and are aware how to use this. People we spoke with confirm staff wear PPE when offering support. Ongoing training and up to date infection control policies support good practice. We viewed a sample of medication administration records (MAR's) and found these to be completed appropriately. Routine audits ensure medication records are managed correctly and contain no gaps or errors. Completed MARs are collected and submitted in a timely manner and are stored safely.

Environment

The quality of environment is not a theme which is fully considered for domiciliary support services.

We visited the office premises and found confidential records are stored securely with no personal or confidential information on display. Documentation which is stored electronically benefits from passwords and paper records are stored in locked cupboards.

Leadership and Management

Regular staff training is provided however, supervision requires improvement. The staff training matrix we viewed shows staff receive induction and ongoing training which enables them to meet the needs of those people they support. Staff we spoke with report feeling sufficiently trained to undertake their duties. Several staff told us they receive regular supervision sessions, while others report only occasional sessions are offered. The supervision matrix provided by the service shows several staff members with long gaps between supervision sessions. While no immediate action is required, this is an area for improvement, and we expect the provider to address this issue in a timely manner.

Overall, there are good governance measures in place. The management team consistently report concerns and significant events to the appropriate agencies. We saw evidence six-monthly quality of care reviews are completed. However, we noted the RI had not visited the service every three months as required. This is a regulatory requirement and an important tool, which considers feedback from a range of staff, people, and their relatives. While no immediate action is required, this is an area for improvement, and we expect the provider to address this issue in a timely manner. We viewed a selection of policies and found them to be robust and up to date and staff we spoke with had a good working understanding of these. The service uses a range of internal audits to support the oversight of areas such as medication records, care documents, and incidents and accidents.

Staff are recruited safely and overall care staff feel supported, however rotas require some improvement. A sample of recruitment files we viewed evidence the necessary background checks had been completed. Many care staff we spoke with feel supported in their role and confident in approaching their manager with any queries or issues. Comments include:

“I have more time to travel and spend with clients”

“They (office staff) always contact me back”.

While another staff member stated *“I like working for the company but at times feel that coordinators don't listen”*

Staffing rota's show sufficient staff in place to provide the right level of care and support.

However, some staff members told us there are occasions when calls are added *“at short notice”* and without consultation which causes them additional pressure.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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36	The service does not provide staff with regular opportunities for one to one supervision.	New
73	RI visits are not completed every three months in line with regulations.	New

Date Published 14/12/2022