



## Inspection Report on

**Abacare Ebbw Vale**

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

## **Date Inspection Completed**

17 February 2022

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## About Abacare Ebbw Vale

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	
Does this service provide the Welsh Language active offer?	The service is working towards providing an 'Active Offer' of the Welsh language.

### Summary

People told us staff are kind and caring. Personal plans require additional information as a priority to ensure support needs are clearly identified so staff have this information to support people safely. Care staff are safely recruited, however support mechanisms in place for staff require some improvement. We identified deficits regarding call monitoring processes and the oversight of the duration of actual call times against agreed call times. Safeguarding processes are embedded at the service. The service provider reports events as set out in regulation to CIW and other authorities in a timely manner. The statement of purpose (SOP) clearly demonstrates the range of health and care needs the service will provide support for, including the geographical area where support services are delivered. Quality assurance processes are evident and shows good oversight of the service by the Responsible Individual. (RI)

## Well-being

People's physical health and well-being is supported, however care documentation does not accurately reflect people's support needs. We were told by people receiving a service staff are kind and caring. The service has liaised with the relevant health professionals, with or on behalf of the person using the service when needed. Information on people's specific health conditions are available for care staff. Staff we spoke with have a good understanding of people's needs. However, people do not always receive care and support when they need it. Call times and call durations lack consistency. Personal plans to inform staff how they must support people are not always accurate or comprehensive. We have issued a priority action notice to the service provider and expect immediate action to be taken.

Mechanisms are in place to safeguard people. People receive support from care workers who have been safely recruited. We note the provider has completed Disclosure and Barring Service (DBS) checks on staff they recruit prior to the commencement of their employment. The DBS helps employers make safer recruitment decisions. Arrangements are in place for people to raise concerns. The service provider reports matters of a safeguarding nature to the relevant parties as required. Infection control and Covid-19 policies and procedures are in place, and people told us they feel safe. The safeguarding policy details the required information, including escalation processes. Medication systems have shown improvement, but further oversight is required to ensure medicine management is monitored robustly.

The service provider has a clear management structure, however, oversight of call management requires improvement. We saw quality assurance reports completed by the RI on a quarterly basis that detail an overview of the service and note there has been regular engagement with people, their representatives and staff. Reports show people are able to express their views and have the opportunity to contribute to the running of the service. Improvements are needed with regard to the oversight of call management to ensure people receive care and support when they need it. Some people we spoke with told us communication is good, however others felt communication could be improved. Systems in place for staff to receive regular one to one supervision with their line manager require strengthening.

## Care and Support

Care documentation needs to improve to ensure care staff are fully informed on how to meet people's individual needs. A new electronic care planning system records information on individual support needs, routines, preferences and medical conditions. We saw detailed factsheets on people's conditions such as diabetes that give a good overview, including what the person may experience and what action to take. However, the detail within personal plans to inform staff on people's support needs is inconsistent. A mobilising risk assessment for one person refers to a toileting sling being used, however there is no detail of how to safely use this equipment and no reference to any specialist assessment that has been completed. A plan for a second individual indicates the person requires a supervised shower, however further information within the plan and daily records contradicts this. Therefore information is not always clear and this inconsistency has the potential of compromising people's well-being and safety. Further information is detailed in a priority action notice issued to the service provider for immediate improvement.

Safe practices are promoted. Electronic daily records are completed detailing care tasks completed. These are monitored for quality and actions for improvements identified and passed onto care workers. Staff receive safeguarding and infection control training and are able to demonstrate a good knowledge of safeguarding and infection prevention procedures. A safeguarding policy is available to staff, and includes specific detail relating to escalation, ensuring information is shared with the relevant people. We completed a partial review of the service provider's medication procedures. A medication policy is in place alongside medication training for staff and observations of competency. Medication safety is promoted by an electronic auditing process overseen by supervisors. We found the majority of administrations are completed accurately, however we did note some discrepancies. We will follow this up at our next inspection.

People benefit from having support delivered by kind and caring staff. Overall, people are satisfied with care and support delivery, one person told us, *"One care worker has made such a difference to the care of (X), it's like (X) is a different person."* Staff we spoke with have a good understanding of people's needs. People's communication needs and preferences are considered during initial assessments and the Welsh language provision is included within literature at the service. Some people we spoke with felt communication from the provider was good, whilst on the other hand some felt communication was poor. Staff demonstrate a good understanding of when to escalate matters of concern to emergency services, for example following a fall/injury. Information is available to staff to support them in their decision making. The service liaise with health and social care professionals if required.

## Leadership and Management

Oversight of the quality and performance of the service is demonstrated. The RI maintains good oversight of the service. This includes three monthly RI reports, gathering feedback from people using the service, their relatives and staff. It is evidently clear quality assurance processes are in place where overall service delivery is overseen by the RI. A quality of care review has been undertaken in the last six months which reflects clear engagement with individuals, relatives and staff. The manager has direct access to the RI, however, arrangements for the manager to have formal recorded supervision are not in place. The service provider notifies CIW and the relevant authorities of incidents as required by regulation. The SOP is up-to-date and clearly details the service provided.

Monitoring systems need to be strengthened to ensure people can be confident their care and support will be delivered as planned. We note an electronic call monitoring system (ECM) is used for the timing of care calls and found a lack of oversight of this system. Actual call times within daily logs and the ECM are not reflective of the scheduled and agreed call timings within the personal plan for the individual. We reviewed call times for four people and note care staff do not always stay for the duration of their planned visit and note call timings to be inconsistent. We were informed office staff monitor the ECM as part of their overall duties, however from the records we reviewed it is evident this oversight is not robust. One person told us, *“Call times can be quite hit and miss and when care workers are running late we do not always get a call from the office.”* This area of concern has also been noted by the RI during quality assurance reviews and we note the issues still remain. We expect the provider to take action to address these matters and we will follow this up at the next inspection.

Mechanisms are in place to ensure a staff member's suitability for the post. Staff files contain information such as application forms, relevant identification, references and DBS checks. One to one supervision is not always completed on a three monthly basis. We note spot checks of staff practice is completed periodically to review performance and group supervision cover topics such as infection prevention and control. Records reflect employment contracts are reviewed during supervisions, this was also confirmed by care staff we spoke with. Staff told us they feel well equipped to undertake their role. Information provided by the service indicates the majority of staff have received refresher training within the last 12 months, this includes specific training relating to children. We did note many care staff have not received practical manual handling training for over two years. The provider explained this face to face training was suspended for a long period of time because of the coronavirus pandemic. Care staff are supported to register with Social Care Wales and to complete the relevant qualifications. However, induction records on file are not always fully complete.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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
15	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.	Not Achieved

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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21	People cannot be confident their care and support will be delivered as planned as in accordance with their personal plan.	New
36	One to one supervision for care staff is not completed consistently on a three monthly basis.	New
58	Medication (Regulation 58 (1)): The registered provider had not ensured that there are suitable arrangements for the recording and safe administration of medicines.	Reviewed
35	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.	Achieved

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