Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

Abacare Ebbw Vale

Access 465
Rassau Industrial Estate
Rassau
Ebbw Vale
NP23 5SD

Date Inspection Completed

08/02/2024

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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	05 September 2022
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

People told us they receive a good standard of care and support, and they are very complimentary of the service provided. They are supported with their physical, mental health and emotional well-being. Personal plans are in place, although the review process requires some attention. Staff recruitment remains a focus and different methods are used to attract new care staff to join the service. Care staff feel supported and receive training which ensures they have appropriate skills and knowledge to carry out their roles. However, they do not always receive regular formal supervision as required.

Safeguarding concerns are dealt with appropriately. Measures are in place to promote safe medication practices. Call management systems are monitored to review people are receiving support as planned. The service is well-run, supported by a clear management structure and governance arrangements. There is regular oversight of the service by the responsible individual (RI).

Well-being

Care staff provide care and support promoting people's overall well-being. Assessments of people's needs are undertaken with people before they receive a service. People's personal plan indicates their preferences and how they wish their support to be provided. People receive support from care staff who have a good understanding of each individual person's needs. The service provider told us no person currently requires a Welsh language service. Although there is a commitment in making provision for the Welsh language 'Active Offer', which is included in service documentation.

People's physical health and overall well-being is supported. The service provider facilitates support from health professionals to maintain people's physical health and care recordings reflect this. People and their representatives we spoke with told us communication is good and care staff liaise with healthcare professionals and emergency services when required. They also told us this process is well supported by the office staff team. Systems to ensure personal plans are reviewed on a three-monthly basis requires improving.

People are safe and they are protected from abuse and neglect. Care recordings take into consideration risk management promoting people's safety. People we spoke with know whom to contact if they have any concerns. Medication management systems are in place, and there is oversight of these practices. Care staff are confident in reporting any concerns and feel they would be listened to, and actions taken, if the need arose. Character and suitability checks of care staff to undertake their roles are in place. The service provider has completed Disclosure and Barring Service (DBS) checks on care staff they recruit prior to the commencement of their employment. The DBS helps employers maintain safety within the service. Care staff numbers are sufficient to meet peoples' needs.

The service provider has a clear management structure in place to maintain standards and drive quality. We saw quality assurance reports completed by the RI on a quarterly basis. Reports detail an overview of the service and note there has been engagement with people, their representatives, and staff. Records show people are happy with the service delivery. Reporting processes to safeguarding teams and Care Inspectorate Wales (CIW) are well-defined. We received positive feedback from care staff who told us they feel supported. Mechanisms in place to provide care staff with regular one to one supervision require improvement.

Care and Support

People and their families are very happy with the care and support provided and have good relationships with care staff. We spoke to several people and representatives who emphasised the valuable relationships they have with care staff. Comments include, *"Carers are fabulous," "Support is fantastic,"* and *"The level of care is amazing, the regular care workers sing and dance as a distraction and they then get the job done."*

Some of the people we spoke with told us they are happy with the timings of their care calls; however other people told us care call timings can be inconsistent. Recordings on the electronic call monitoring system reflect there is some variance in planned and actual care call times. We spoke with the manager who showed us how call monitoring is constantly reviewed and acted on when necessary. We are satisfied this area is being scrutinised.

Personal plans set out how care and support needs are met. People told us they feel involved in their care, and personal plans we examined reflect these are co-produced. Care and support is delivered consistently in line with people's personal plan. However, daily notes of care delivery do not always indicate people are afforded choice or control. Some care recordings are task orientated and do not reflect peoples' voices are considered. People are involved in reviewing their personal plan, but more consistency is required to ensure personal plans are reviewed at least three monthly. This is an area for improvement, and we expect the service provider to take action to address this and we will follow this up at the next inspection.

There are mechanisms in place to promote peoples' safety and well-being. The service liaises with health and social care professionals if support is required, and this is reflected in care documentation. Care staff receive safeguarding training. Some care staff demonstrate a good knowledge of safeguarding procedures, although some care staff we spoke with were unsure. People and their representatives told us they feel safe, and care staff wear the relevant personal protective equipment when delivering care.

Arrangements are in place to support people with their medication. There is a medication policy in place providing guidance on the administration of medication. Care staff complete medication training and supervisory staff assess care staff competency regularly. There is an electronic system used by care staff to record when medication has been administered. We sampled a small number of medication administration records and found these are completed well. We saw any gaps in administration are accounted for on the internal recording systems.

Leadership and Management

Systems are in place to measure and monitor the performance of the service. The RI completes a report every three months reflecting they consult with people and their relatives, including care staff, whilst considering the quality of service delivery. The quality of care is reviewed on a six-monthly basis and a report is produced. However, the views of people using the service are not clearly reflected in the most recent six-monthly quality of care report. The RI assured us this will be addressed during the next quality care review.

People and relatives know how to make a complaint if they need to. Internal systems show complaints and matters of a safeguarding nature are managed well. There is oversight of key documentation ensuring tasks are completed and audited. CIW receive notification of events as required. The Statement of Purpose provides an overall picture of the service offered, including provision of the Welsh 'Active Offer. The service provider supports recognition events acknowledging care staff performance. These events support workforce retention.

Selection and vetting arrangements are in place for care staff; however, supervision arrangements require improvement. The service provider has enhanced their recruitment channels with various initiatives utilised to attract more care staff. The recruitment files we sampled show the service has conducted most of the required pre-employment checks to ensure suitability. Records show DBS checks are completed for all staff. We informed the service provider some attention needs to be given to employment references and to identification records kept on file.

Training records show care staff complete core training, and they are supported to register with the workforce regulator, Social Care Wales. Regular team meetings are held to share information and to review practice. Care staff told us they feel supported and valued. The service provider was unable to provide records to show they offer care workers regular supervision. Records we looked at show long gaps between supervision sessions taking place. This is an area for improvement, and we expect the service provider to take action to address this and we will follow this up at the next inspection.

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

36	Ensure all staff receive three monthly supervision	New
16	Ensure personal plans are reviewed as and when but at least every three months	New
21	People cannot be confident their care and support will be delivered as planned as in accordance with their personal plan.	Achieved
34	The service provider has not ensured there are a sufficient number of staff deployed at the service having regard to the care and support needs of the individuals.	Achieved
60	The service provider had not notified CIW in a timely manner of any events which prevented the provider continuing to provide the service safely.	Achieved
58	Medication (Regulation 58 (1)): The registered provider had not ensured that there are suitable arrangements for the recording and safe administration of medicines.	Achieved

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