



## Inspection Report on

**Miracle Workers Agency Ltd**

**Sterling House  
Lewis's Lane  
Abergavenny  
NP7 5BA**

## **Date Inspection Completed**

24 May 2021

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## About Miracle Workers Agency Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	Miracle Workers Agency Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	16 December 2020
Does this service provide the Welsh Language active offer?	This was a focused inspection; we did not consider Welsh language provision on this occasion.

### Summary

Miracle Workers Agency Ltd is a domiciliary support service that provides a live-in care service to people throughout the United Kingdom who require care and support in their own homes. The agency introduces self-employed care workers to service users, where support is provided on a live-in basis. This was a focussed announced inspection.

People and their representatives using the service are very satisfied with the support they receive. Care staff are competent within their roles and have fostered good relationships with people and their representatives. The service provider is committed to providing a high quality service and quality assurance systems in place have improved. Supervisory and training arrangements for care workers have been strengthened. Personal plans are not always revised as required to ensure care staff have the correct information in order to support people safely.

## Well-being

People's physical well-being is promoted. Systems to ensure personal plans are always in place and up to date require improving. The service provider facilitates support from health professionals to maintain people's physical health and care records viewed reflect this. People and their representatives we spoke with told us communication is good and they feel involved in matters of importance to them, including any health concerns. Care documentation is not always reflective of people's needs. Personal plans are not always revised when people's care and support needs change.

The service provider has systems in place so people feel listened to and they benefit from a quality service that promotes their voice and safety. People are consulted regarding the care and support they receive. We were told they also have opportunities to participate in reviewing their care package and suggest changes or amendments to their personal plan if required. Records reviewed reflected this. We were told opinions and suggestions are listened to and acted upon. The responsible individual (RI) has systems in place to engage with people and their representatives on a regular basis. Sufficient measures are in place for safeguarding people and promoting safe medication practices.

People receive care from staff who are skilled and supported to do their roles. The service provider has improved systems in place to support care staff in their role. Staff told us they feel supported. Training for staff has developed in order to ensure staff are equipped to support people. Systems for monitoring quality at the service have improved. People and their representatives told us staff use their initiative and are professional in their approach. We were told staff wear the relevant personal protective equipment (PPE) and follow local and national infection control guidance.

## Care and Support

People and their families have good relationships with care and office staff who provide the care and support including oversight of the care package. We spoke to a number of people and their families who receive services and they emphasised the excellent relationships they have with care staff. Comments we received include *“they talk to (X) and treat them with dignity and respect”, “the care is excellent” and “they really do care.”* Family members told us the service provides good quality care and feel fully involved. One relative told us *“care plans have been much improved and contain better structure and I have the opportunity to comment and make changes.”* Care records we reviewed demonstrates people’s involvement in both daily living activities and access to social opportunities.

Measures are implemented to promote safe working practices. A medication policy is in place and medication administration records (MARs) are reviewed by office staff. The service provider liaises periodically with care staff and reviews care documentation and medication practices. We reviewed care staff supervision records that reflect the support and advice given. MARs we reviewed indicate medication is administered as required. Staff told us they receive training in medication and safeguarding and records we reviewed reflect training in this area is up to date. People and their families told us they feel safe. Staff gave positive feedback about the training and support they receive from the service provider.

People cannot feel confident that there is an up to date personal plan of how care and support is to be provided in order to meet their needs. We reviewed personal plans for five people who use the service. We found personal plans do not always contain accurate information which would give staff clear guidance on how to support people in specific areas of need. For example, one person did not have a personal plan in place following a significant change in circumstance. We also note a delay in updating a personal plan for one person because their mobility has deteriorated. We did see personal routines that indicate people’s wants and wishes including information of particular importance to them. However, as detailed above care documentation is not always revised as required. We found the service does liaise with health and social care professionals, this was confirmed during our conversation with families and care workers, and also reflected in care records.

## Leadership and Management

The service provider maintains appropriate oversight of the quality of care and the effectiveness of systems in place. There is a clear management structure and lines of delegation. The RI completes a detailed log of regular contact with people using the service and people working at the service. Policies and procedures viewed are current and include signposting, with information more accessible to people when needed. For example, the safeguarding policy includes a flowchart that clearly indicates the procedure for care staff to follow. The service provider has made provision for the quality of care to be reviewed on a six monthly basis and the report shows a detailed overview of the service including areas for development. The overall performance of the service is overseen by a management board, to which quarterly monitoring reports and performance indicators are submitted by the RI. Representatives we spoke with consider the service to be well-managed.

There are effective arrangements for supporting and developing staff. Staff we spoke with consistently told us they feel supported and valued. Supervision and training records examined indicates staff development and training has been further developed by the service provider. All staff are now required to complete additional training appropriate to their role, this includes mental capacity and fire training. For the majority of staff regular supervision is provided. We were assured the management team monitor when refresher training and supervision was last completed and when this is next due. Some staff feel the initial induction provided could be improved upon. All social care workers are required to complete the relevant induction programme required by Social Care Wales (SCW). The service provider assured us all care staff are supported to register with SCW and to complete the relevant qualifications. Information we reviewed reflects this.

## **Environment**

This theme does not currently form part of the inspection remit for domiciliary support services in Wales. However, we found the service operates from secure premises with appropriate arrangements for storing confidential information. We also noted safe working practices in the work place with risk assessments and measures implemented that robustly take into account the current coronavirus pandemic.





**Areas for improvement and action at, or since, the previous inspection. Achieved**

The service provider had not ensured that any person working at the service receives appropriate supervision.	Regulation 36(2)(c)
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The Responsible Individual had not met with staff and people using the service every three months and evidenced this contact made.	Regulation 73(3)
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The service provider had not ensured the provision of quality of care and support is reviewed every six months	Regulation 80(2)
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The service provider had not ensured people working at the service receives core training appropriate to the work they are to perform	Regulation 36(2)(d)
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**Areas for improvement and action at, or since, the previous inspection. Not Achieved**

The service provider had not ensured individuals personal plan had been revised as necessary	Regulation 16(5)
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Where providers fail to improve we will escalate the matter by issuing a priority action notice. Where providers fail to take priority action we may escalate the matter to an Improvement and Enforcement Panel.

**Areas where priority action is required**

None	
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**Areas where improvement is required**

The service provider had not prepared a plan for all individuals which sets out the steps which will be taken to mitigate any identified risk to the individuals well-being.	Regulation 15(1)(c)
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The area(s) identified above require improvement but we have not issued a priority action notice on this occasion. This is because there is no immediate or significant risk 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.

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