



# Inspection Report on

**Abicare Services Ltd**

**Unit 2, Torfaen Business Centre  
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Pontypool  
NP4 0LS**

**Date Inspection Completed**

07/02/2023

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## About Abicare Services Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	Abicare Services Limited
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	21 September 2021
Does this service provide the Welsh Language active offer?	The service provides an 'Active Offer' of the Welsh language. It anticipates, identifies and meets the Welsh language and cultural needs of people who use, or may use, the service.

### Summary

Abicare Services Limited is a domiciliary support service that provides care and support to people in their own homes predominantly within Gwent, they also operate a service in the Western Bay area. Services provided include live-in provision and allocated calls to a person's home.

The majority of people we spoke with are complimentary about the service provided. Each person receiving a service has a personal plan, detailing individual care and support needs and how these are to be met. Systems are in place, which support the running of the service. People are supported by care workers who are recruited and vetted appropriately with pre-employment checks in place. Comprehensive induction and training are available. Formal supervision of staff requires improvement. Staff we spoke to are complimentary about working for the service and said management are accessible and approachable. The management team have put checks and processes in place to keep service delivery under review. There is a good organisational structure in place, with all staff having their designated roles and responsibilities. There is sufficient oversight of the service.

## Well-being

The service encourages people to have as much choice and control over their everyday lives as possible. People's likes/dislikes and preferences are included in personal plans. People are encouraged to share their views about the service they receive. Individuals and their families told us they are happy with the care and support they receive. One person told us "*Delighted with the care provided*" and another person said, "*Staff are lovely*".

People receive the support they need to maintain their health and well-being. The service assesses people's care and support needs and any associated risks to their health and well-being. These are documented in personal plans and risk assessments, providing guidance for staff on how to support individuals with their needs. A person-centred approach to care planning ensures people are at the forefront of the care and support they receive. Feedback from people and their representatives suggests care staff treat people with dignity and respect. The service has systems in place for the management of medication. Care workers receive medication training and competency checks are carried out. There are systems in place to log and monitor medication errors and these are investigated to prevent further occurrence.

There are safeguarding mechanisms in place to protect people from harm and neglect. Systems are in place to record accidents and incidents. Audits of people's care delivery and health and safety monitoring is in place. Risks to people are assessed and their safety managed and monitored so they are supported to stay safe, and their freedom respected. Policies and procedures support safe practice and contain up-to-date national guidance. Care workers receive safeguarding training and are clear about their responsibilities and the procedure to follow if they have any concerns regarding the people they support.

## Care and Support

People receiving a service and their representatives are positive about the service they receive, *“Excellent staff, they care deeply”* and *“Delighted with the care”*. However, other people said, *“They can be late”* and *“Care staff don’t seem to stay with the company long, lots of different people”*.

There is a good organisational structure in place, with all staff having their designated roles and responsibilities. The service provides both live-in care and allocated care calls for people in their own home. Each person receiving a service has a personal plan in place, covering core areas of care and support needs. Plans are person centred, concise and clearly written, providing care staff with guidance to meet people’s needs. Plans contain risk assessments and information from other professionals. Feedback from people and any changes to their needs result in personal plans and risk assessments being updated. The service provider uses an electronic care documentation system which provides clear evidence of reviews and updates to people’s plans.

Robust medication procedures are in place. Staff receive appropriate training and their competencies to administer medication is checked. Personal plans clearly document the extent to which individuals need support with medication administration and give information on the way people prefer to have their medication. The electronic care documentation system has an alert system which informs senior staff when medication is late or not administered and this is followed up and resolved in a timely manner.

Staff rotas allow travel time for staff between calls. A call monitoring system requires staff to log when they start the call and finish. On a weekly basis the Responsible Individual (RI) reviews and signs off call monitoring logs. This provides additional oversight of calls ensuring late or missed calls are managed and reduced. We were told that calls can still be late at times and this is reflective of the monitoring we reviewed. This has improved and should continue to improve with successful staff recruitment.

## Leadership and Management

Systems are in place, which support the running of the service. The RI has oversight of the service is accessible and a regular presence at the registered offices. The manager is suitably qualified for the role and registered with the workforce regulator, Social Care Wales (SCW). The RI has completed the required reports to evidence the quality of care is reviewed.

Systems are in place to monitor the quality of the service which considers the views of people receiving a service, their relatives/representatives, and staff. Including regular telephone contact with people who receive a service to ask their opinion of service delivery. The electronic care documentation system has a range of monitoring and audit tools incorporated. A more robust application of these systems is required to evidence actions taken by senior staff to address any deficits. The service operates effectively on a day-to-day basis, and the service is committed to providing good quality care and support.

People are given information about the service. There is a written guide available, which provides people who receive the service, their representatives and others with information about the care and services people can expect to receive. There is a statement of purpose (SOP) which describes how the service is provided, identifies the vision of the service. The service is delivered in line with its SOP. The policies we viewed provide an overview of the principles by which the service operates.

The recruitment of staff is an ongoing venture with new and innovative methods introduced, including attendance at local community colleges. These have been successful in increasing the number of new starters with the company. The service has robust and safe recruitment systems. They include the required references and current Disclosure and Barring Security (DBS) checks. Newly appointed care staff complete a thorough induction programme which includes training, shadow shifts and competency checking. Care staff are supported to register with the workforce regulator, Social Care Wales (SCW). There is commitment to ensuring all care workers undertake the qualifications required to enable them to register. Care staff training records indicate care staff have access to a variety of training opportunities, and most care staff have completed a good level of training.

The staff supervision matrix shows some gaps in staff formal supervision. For example, two people have a gap of five months between supervision with their line manager. Formal supervision provides an opportunity for care staff to discuss any concerns or training needs they may have and for management to provide feedback on their work performance. This is an area for improvement, and we expect the provider to take action.

### 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
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 provider failed to ensure all staff received formal supervision on a regular basis.	New
35	The service provider failed to ensure full and satisfactory information or documentation was available for all staff employed at the service.	Achieved
21	The service provider failed to ensure that care and support is provided to each person in accordance with their personal plan, call times and length of calls are not being kept.	Achieved



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