Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Care Inspectorate Wales

Care Standards Act 2000

Inspection Report

Abicare Services Limited

New Inn

Type of Inspection – Focused
Date(s) of inspection – 1 May 2019, 3 May 2019 and 9 May 2019
Date of publication – Monday. 3 June 2019

Summary

About the service

Abicare Services Limited operates a domiciliary care agency which has an office in New Inn, Torfaen and delivers a service throughout the county of Monmouthshire. The agency is registered with Care Inspectorate Wales (CIW). The provider has nominated a responsible individual to oversee the agency. The provider has appointed a manager.

What type of inspection was carried out?

We, (CIW) carried out a focussed inspection of the agency to follow up non-compliance. We visited the agency office on an unannounced basis on 1 and 9 May 2019. We also visited people who use the service in their homes on 3 May 2019. During our visits, we considered the experiences of people using the service, reliability of the service, quality of staffing and the leadership and management of the agency.
Information in this report was gained by:

- Visiting the agency office on 1 and 9 May 2019.
- Speaking with the appointed manager, compliance manager, locality trainer, community team manager, keyworkers and care staff.
- Telephone discussion with the responsible individual.
- Visiting four people in their own homes on 3 May 2019 and examining information held at their home.
- Examination of six service user's information held at the agency office.
- Examination of six staff personnel files held at the agency office.
- Consideration of information held on the agency by CIW.
- Examination of the agency's quality assurance systems.
- Examination of the agency's accident/incident folder.
- Examination of the agency's complaint folder.
- Examination of the agency's staff supervision and training matrix.
- At the time of writing this report no questionnaires had been returned to CIW.

What does the service do well?

We did not identify any specific areas of excellence that were above the practises determined by the National Minimum Standards for Domiciliary Care Agencies in Wales 2004.

What has improved since the last inspection?

Since the last inspection, the following improvements have been made:

- The majority of service delivery plans and associated risk assessments had been reviewed and updated, copies were available in people's homes. Service delivery plans are person centred, timely reviews of plans ensure that people's wishes and feelings were taken into account. Legal requirements have now been met.
- The agency's ongoing recruitment process has increased staffing levels.

What needs to be done to improve the service?

We identified that the agency remains non-compliant with the following Domiciliary Care Agencies (Wales) Regulations 2004.

Arrangements for the provision of personal care **Regulation 14 (6).** This is because the registered provider failed to make suitable arrangements for the recording, handling, safe keeping, safe administration and disposal of medicines used in the course of personal care to service users. Some improvements were noted however legal requirements have not been met and as such the notice remains. We expect the registered person to take immediate action to rectify this and this will be followed up at the next inspection.

Staffing **Regulation 16 (1) (e).** This is because the registered provider failed to ensure that service users receive continuity of care as is reasonable to meet their needs for personal care. Some improvements were noted however legal requirements have not been met and as such the notice remains. We expect the registered person to take immediate action to rectify this and this will be followed up at the next inspection.

Fitness of workers **Regulation 15 (1) (b).** This is because the registered provider failed to ensure no person works as a domiciliary care worker for the agency without full and satisfactory information or documentation in respect of each of the matters specified in Schedule 3. Required improvements had not been met. A notice has been issued and we expect the registered person to take action to rectify this and this will be followed up at the next inspection.

Staffing **Regulation 16 (4).** This is because the registered provider failed to ensure that members of staff receive appropriate supervision. Required improvements had not been met. A notice has been issued and we expect the registered person to take action to rectify this and this will be followed up at the next inspection.

Notification of incidents **Regulation 26 (2) (c).** This is because the registered provider failed to notify CIW that an allegation of misconduct by a person who works for the agency. A notice has not been issued on this occasion, as we did not identify any significant adverse impact on people.

The following recommendations are made to improve good practice and outcomes for people who use the service:

- Ensure the statement of purpose includes an accurate picture of service provision in Wales and the agency's position regarding an ''Active Offer' in relation to the Welsh

language.

- Ensure all policy and procedures, literature relates to Welsh legislation and practise.
- Ensure complaints are responded to in a timely manner and follow the agency's policy and procedure for handling complaints.
- Ensure the effectiveness of quality care review and planning for driving improvements.
- Ensure people receiving a service are provided with details, in advance, of the staff who would be visiting their home.

Quality Of Life

People receiving a service who we spoke with gave mixed responses to the care and support they receive. Comments included:
“Usually on time but not always, not always rung to say they are running late”
“Carers are absolutely fabulous”
“Often not aware who will be here next”
“Gradually getting better, still not aware of who will be turning up”
“Sometimes they come too early at night”

People can now be assured that the agency provides care staff with sufficient information in order for them to provide the right care, based on the person’s wishes. We examined six service delivery plans held in the office and four sets of documentation kept in people’s homes. We found that each person receiving a service we visited had an up to date plan available in their home. Five out of the six files examined in the office had up to date service delivery plans and associated risk assessments. One file had not been reviewed for over 12 months however this file was scheduled for review. Information within care documentation was person centred, detailing activities and care to be delivered at each scheduled visit. Legal requirements ensuring people’s wishes and feelings are taken into account have now been met.

People receiving a service told us they were not always contacted when calls were going to be late and staff were frequently late. Notes kept in people’s homes and the agency’s electronic call monitoring service confirmed this, we found that there were inconsistencies in the times service users received their care. A week’s worth of call monitoring records for the service was examined and we saw that 24% of calls were late by more than 15 minutes and 37% of these late calls were more than 30 minutes late. The latest call logged during that one week was 103 minutes. We also saw that daily recording in files kept in people’s homes evidenced calls being late. For example, we saw during the previous two days one person had two morning calls starting 39 and 16 minutes late. Another person’s daily recording showed an evening call was 26 minutes early. We were told by a relative of a person receiving a service that call times had *“started to improve, but I still have to ring the office to find out where carers are”* and another person receiving a service stated *“we still don’t always get a phone call to say carers are late”.* We also noted 25% of calls have been cut short by more than ten minutes resulting in staff not staying for the expected time. Whilst we saw that there were times when staff stayed for the duration of the planned call and even extended the call time, there were frequent occasions when people were not receiving the full length of their planned call especially during evenings. The agency had introduced staff telephone monitoring as part of their quality assurance system. We saw issues being raised by staff included not enough travel time and improvements in communication were required.

Additionally, two relatives informed us that two male carers had attended calls, one person told us *"I had to turn the two men away and we managed without carers*" and the other relative stated "*I had to request on two separate occasions a response to my email about the two male staff arriving, it took over a month to receive a response"*. One relative explained if they did not accept two male members of staff, care would not be delivered. Everyone we spoke with in their own homes stated a roster of carers attending would be beneficial, on a day to day basis people often did not know who would be arriving for the next call. Staff spoken with stated *"rota's are still very last minute"* and gave an example of their rota for the next two days changing including a call in another area to a person they were not familiar with. When visiting people in their home at the end of each call we heard people asking which staff would be coming next and on one occasion staff could not say. We concluded that call times continue to be routinely changed, often late and cut short, care is sometimes provided by staff with whom the person is unfamiliar. This means people do not get the right care at the right time and is often provided by unfamiliar care staff and as such the agency continues to not meet their legal requirements.

We saw that administration of medication was not always completed accurately. We examined the Medication Administration Records (MAR charts) and found there to be gaps in recordings (confirming that staff had administered the medication). We noted that staff were not using the correct coding system for when medication is not given. We also saw entries crossed out, and not counter-signed by a witness to verify the mistake. Instructions for the administration of medication were not comprehensive, details for the quantity/dosage and frequency of medication was lacking. We saw one person's MAR chart for pain relief medication stated *"as required"* however the times of medication to be administered stated 9.30am, 12.30pm, 17.30pm and 20.00pm, indicating insufficient time between doses had not been considered and potential confusion for staff administering medication. We were told the agency had introduced monthly log book audits completed by keyworkers. Log book audits, which included daily communication logs and medication logs had been completed on three of the five records we examined. However, two of the audits completed failed to identify when MAR charts had been completed incorrectly. This means people cannot be assured that safe and robust systems for the administration of medication are in place and is not meeting legal requirements in this regard.

Quality Of Staffing

Generally, people receiving a service were complimentary about care staff. Comments made included *“staff are great” and “I cannot fault staff”.*

People cannot be assured that the agency’s recruitment procedures are sufficiently robust. We examined six staff member’s files and we saw that not all files contained the required pre-employment information: references were not always obtained, there were unexplained gaps in staff members’ employment histories and verification of the reason why employment involving work with vulnerable people ended was not evidenced. We noted that the lack of required information had not been considered in respect of any risk that may be posed to people and indicated failings in managerial oversight. We found that recruitment practices continue to require strengthening in order to meet legal requirements to safeguard people and prevent poor well-being outcomes.

People receiving services are not supported by staff who receive adequate induction, support and opportunity to discuss and illustrate their competence. Staff told us that they did not receive regular supervision *“I have yet to receive any formal supervision”* and another person said *“I have only had one formal supervision since starting four months ago”.* We viewed a staff supervision matrix which showed that during the period 1 January 2019 until 30 April 2019 only two members of staff had received formal one to one supervision with a line manager. We saw newer members of staff had not received additional supervision during probation period at week 4, week 8 and week 12 as per the agency’s procedures. We were shown dates of forthcoming staff supervision, which was confirmed by staff during our second day of inspection. We found no evidence of staff annual appraisals being completed. We saw that one member of staff had not received formal supervision for 17 months. Additionally, new members of staff we spoke with discussed their induction into the agency including shadowing opportunities *“at least I had a few hours shadowing, other staff didn’t they were thrown in at the deep end”* another person said *“shadowing did not happen during my induction”.* We examined the agencies staff training matrix and evidence of staff completing induction training was seen. We were told all new staff complete a ‘shadowing passport’ demonstrating the member of staff has completed their induction period. This would be ‘signed off’ by the manager, however this document was not evident on staff files. In addition, shadowing information was not easily available when reviewing the agency’s electronic call monitoring records. Following our visit, we were provided with the agency’s ‘Shadowing Champion Guidance’ and shadow champion training certificates for three members of staff. We find that staff are still not fully inducted or supported to undertake their duties and as such the agency is not meeting legal requirements.

Quality Of Leadership and Management

The agency has introduced a range of audits and quality check systems. The appointed manager is now registered with Social Care Wales. The agency had undertaken several recruitment drives, resulting in significant changes in the care staff team, the recruitment of a community team manager and three keyworker positions being filled. Additional resources had been made available for the agency including weekly visits by the organisations compliance manager. During our inspection we saw a range of audits and quality assurance methods used by the agency. These included monthly audits of daily recording and medication administration by keyworkers as detailed in the previous section of this report. The use of telephone monitoring by the agency administrator to ascertain people's views and opinions on the care and support they receive. Weekly telephone monitoring alternated between people receiving a service and staff. The agency also utilised an electronic call monitoring system and communication system. Enabling staff to handover information, for example record accidents and incidents, medication errors. On a weekly basis we were told all entries on the electronic communication system were reviewed by the manager. During our inspection we were shown an example of weekly information available to the manager for review, we found the information comprehensive but difficult to filter and analyse to identify trends or patterns requiring action. At our last inspection we were told the agency would undertake a review of the quality of care during January/February 2019 seeking the views of people receiving a service, staff and other relevant stakeholders. At the time of writing this report, the annual quality assurance report was not available. Improvements are required in the effectiveness of quality care review and planning for driving improvements.

People cannot be completely confident that there is robust management of complaints received by the agency. At inspection we examined a complaints file and noted one formal complaint from a relative was logged during March 2019. However, we found this file to be incomplete. Outcomes and action taken following the receipt of the above complaint were not evident in the file. We also identified in the agency's telephone monitoring checks that a complaint had been made regarding male staff attending a call and the complainant was still waiting for an email response as promised by the manager, outcomes and action taken were absent. We conclude that complaints are not fully investigated, outcomes and actions are not recorded adequately and the agency is not meeting legal requirements.

People cannot be assured that CIW will be informed in a timely manner of notifiable events. For example, we noted an allegation of misconduct was made against a member of staff and CIW had not been informed of this. We find that improvements are required to ensure that all notifiable events are reported in accordance with legal requirements.

We examined the statement of purpose for the current service provided. The statement of purpose provides comprehensive details regarding service provision across the United Kingdom, however an accurate picture of service provision in Wales and the agency's position regarding an ''Active Offer' in relation to the Welsh language and advocacy is lacking. Further improvements are required.

Quality Of The Environment

We do not look at the quality of environment during a domiciliary care inspection as people receive care in their own homes.

How we inspect and report on services

We conduct two types of inspection; baseline and focused. Both consider the experience of people using services.

- **Baseline inspections** assess whether the registration of a service is justified and whether the conditions of registration are appropriate. For most services, we carry out these inspections every three years. Exceptions are registered child minders, out of school care, sessional care, crèches and open access provision, which are every four years.

  At these inspections we check whether the service has a clear, effective Statement of Purpose and whether the service delivers on the commitments set out in its Statement of Purpose. In assessing whether registration is justified inspectors check that the service can demonstrate a history of compliance with regulations.

- **Focused inspections** consider the experience of people using services and we will look at compliance with regulations when poor outcomes for people using services are identified. We carry out these inspections in between baseline inspections. Focused inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focused inspections may be scheduled or carried out in response to concerns.

Inspectors use a variety of methods to gather information during inspections. These may include;

- Talking with people who use services and their representatives
- Talking to staff and the manager
- Looking at documentation
- Observation of staff interactions with people and of the environment
- Comments made within questionnaires returned from people who use services, staff and health and social care professionals

We inspect and report our findings under ‘Quality Themes’. Those relevant to each type of service are referred to within our inspection reports.

Further information about what we do can be found in our leaflet ‘Improving Care and Social Services in Wales’. You can download this from our website, Improving Care and Social Services in Wales or ask us to send you a copy by contacting us.

Care Inspectorate Wales

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Non Compliance Notice

Domiciliary Support Service

This notice sets out where your service is not compliant with the regulations. You, as the registered person, are required to take action to ensure compliance is achieved in the timescales specified.

The issuing of this notice is a serious matter. Failure to achieve compliance will result in Care Inspectorate Wales taking action in line with its enforcement policy.

Further advice and information is available on CSSIW's website
www.careinspectorate.wales

Abicare Services Limited

New Inn

Date of publication: Monday. 3 June 2019

Quality Of Leadership and Management	Our Ref: NONCO-00007693-CWNM
Non-compliance identified at this inspection	
Timescale for completion	**01/08/19**
Description of non-compliance/Action to be taken	**Regulation number**
Staffing Regulation 16 (4) This is because the registered person failed to ensure that members of staff receive appropriate supervision.	

Evidence

The registered person is not compliant with Regulation 16 (4).
This is because the registered person failed to ensure that members of staff receive appropriate supervision.

Evidence
Previous inspection in January 2019, identified agency was not fully meeting legal requirements in relation to supervision of staff for the below reasons
People receiving services are not supported by staff who receive adequate induction, support and opportunity to discuss and illustrate their competence. Staff told us that they did not receive regular supervision, which the newly appointed manager confirmed. Following our visit we were provided with a staff supervision matrix which showed that 17 staff employed for more than three months only 18% had received supervision during 2018. We noted one member of staff who completed their probation period in April 2016 had no record of supervision since that date and another member of staff had not received any supervision for 15 months.

Inspection carried out on 1 May 2019 identified a lack of formal supervision especially during the probation period for new staff.
We examined six staff files, staff supervision matrix and spoke with six members of staff.
Staff told us that they did not receive regular supervision “I have yet to receive any formal supervision” and another person said “I have only had one formal supervision since starting four months ago”.
Staff supervision matrix showed during the period 1 January 2019 until 30 April 2019 only two members of staff had received formal one to one supervision with a line manager.
Newer members of staff had not received additional supervision during probation period at week 4, week 8 and week 12 as per the agency’s procedures.
No evidence of staff annual appraisals being completed.
One member of staff had not received formal supervision for 17 months.
Events concerning conduct of staff brought to the attention of safeguarding.

Impact
People receiving a service are put at potential risk. The agency failed to ensure staff have the appropriate skills, knowledge and confidence required to carry out their role and responsibilities effectively.

Quality Of Leadership and Management	Our Ref: NONCO-00007694-JDLQ
Non-compliance identified at this inspection	
Timescale for completion	**01/08/19**
Description of non-compliance/Action to be taken	**Regulation number**
Fitness of workers Regulation 15 (1) (b). This is because the registered person failed to ensure no person works as a domiciliary care worker for the agency without full and satisfactory information or documentation in respect of each of the matters specified in Schedule 3.	

Evidence

The registered person is not compliant with Regulation 15 (1) (b).
This is because the registered person failed to ensure no person works as a domiciliary care worker for the agency without full and satisfactory information or documentation in respect of each of the matters specified in Schedule 3.

Evidence
Previous inspection in January 2019, identified agency was not fully meeting legal requirements in relation to recruitment of staff for the below reasons
We examined six staff member's files and we saw that not all files contained the required pre-employment information: including disclosure and baring (DBS) checks, references were not always obtained, there were unexplained gaps in staff members' employment histories and verification of the reason why employment involving work with vulnerable people ended was not evidenced. We examined the agency's recruitment and selection of staff policy which detailed the processes to be followed and saw this had not been followed. For example one member of staff did not have a cleared DBS on file and the process of completing "a full risk assessment being completed prior to the care worker starting lone working … and the authorisation of a director would need to be given" was not evidenced. We noted that the lack of required information had not been considered in respect of any risk that may be posed to people and indicated failings in managerial oversight.

Inspection carried out on 1 May 2019 identified recruitment process continued to require improvements, no file examined held a current staff photograph, references had been requested using paperwork relating to different position in the company, for example a keyworker had reference request detailing position as home carer.. Each staff file examined had a checklist included in the front for the manager to sign and date confirming all relevant paperwork in place, none had been signed or dated by the manager, we saw ticks against each required document even when they were not evident in the file.

Staff file 1 - No contract on file. No references on file.

Staff file 2 - No contract on file. Two references from the same company.

Staff file 3 - Gaps in employment history with no explanations. Only one reference on file.

Staff file 4 - Gaps in employment history with no explanation. No evidence of qualifications.

staff file 5 - Gaps in employment history with no explanation. No evidence of verification for leaving previous employment in care setting.

Impact
People receiving a service are put at potential risk. The agency had not considered the lack of required information and potential risk that may pose to people, failure to safeguard people.