



## Inspection Report on

**ALP Supported Living Services Ltd**

**8 Coed Cae  
Rassau  
Ebbw Vale  
NP23 5TP**

**26 May & 01 & 09 June 2022**

09/06/2022

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## About ALP Supported Living Services Ltd

Type of care provided	Domiciliary Support Service
Registered Provider	ALP Supported Living Services Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">Manual Insert</a> This is the first inspection of the service since it was registered under RISCA.
Does this service provide the Welsh Language active offer?	No. This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people /children who use, or intend to use their service.

### Summary

The service supports people with a learning disability and or mental health needs to live in their own homes. They are supported to have control over their day to day lives and contribute to decisions that affect their lives. People are encouraged to live as independently as possible. They attend training opportunities and maintain relationships with family and friends. People are happy with the services they receive. Relatives, staff and professionals are complimentary of the agency. People are supported by a stable staff team who are dedicated and well trained to conduct their duties. There is a long standing manager who runs the agency. The responsible individual (RI) has oversight of the agency. We identified quality assurance as an area of improvement.

## Well-being

People are supported to make decisions and take control of their own lives. Managers and care workers provide information, assistance and support where needed. People told us how they like to spend their day and how the agency has supported them to do so. The staff team is stable, dedicated and well trained to perform their duties. People are supported with their care, domestic and budgeting needs to maintain their living arrangements.

People are encouraged to maintain their physical health and emotional wellbeing. Health professionals such as district nurses, GP and hospital services, dentists and opticians have oversight of peoples care. People are supported to attend health appointments and routine screening. One relative reported *“The staff are very intuitive when it comes to X’s needs and know when they are feeling low in mood. They supported X to attend the GP recently. This resulted in X feeling much better, their self-esteem was raised and they are even talking about going on a coach holiday.”*

People are safeguarded from harm and abuse. Peoples’ rights are respected. Staff are trained to report concerns and respond to incidents. Staff understand and have access to up-to-date policies to protect people. Risk management strategies support people to maintain their independence and minimise the risk of accident or injury. The agency has sound staff recruitment practices. Advocacy support can be accessed for people as needed.

People are supported to attend leisure and training opportunities and maintain relationships with family and friends. Services people attended before the pandemic have closed. Placements provided individuals an opportunity to meet up with friends. The agency recognises the benefits for people to meet up with friends and family. Contact is maintained by arranging visits and use of Information Technology (IT). People are supported to attend social events, day trips and holidays.

## Care and Support

People are treated with dignity and respect. We viewed people's personal plans which set out how they want to be supported. The plans are person centred and include people's likes and dislikes. Personal plans are reviewed in accordance with the regulations. We saw evidence that people were fully involved in the process.

The service promotes people's independence by positive risk taking. Individual risk assessments support people to take an active part in their lives. Staff are familiar to the people they support and know them well. People are encouraged to make everyday choices. People have a variety of ways to express their views and opinions about the service. Staff consult with people about the support they receive. People we spoke with were complimentary of the care and support they receive. They said, *"I am happy where I am."* *"Staff are kind to me."* *"We are all family."* Relatives said, *"I am satisfied that all of X's needs are being met to a very good standard"* and *"I am 100% happy and the care couldn't be better."*

The service promotes hygienic practices and manages risks of infection. An infection control policy is in place. Staff have received infection control training in accordance with guidance.

The service adopts safe medicine arrangements. There is a clear medication policy in place which includes a procedure for ordering, storage and administration of medicines. Staff undertake training to support individuals with their medication. Medication audits ensure staff adhere to medicine practices. Staff told us they receive sufficient training to perform their duties and they know how to report any incidents.

## **Environment**

This domain is not considered as part of a domiciliary inspection. The agency offices are suitable for their intended use with secure storage facilities.

## Leadership and Management

There are suitable governance arrangements in place to support the operation of the service. The manager is experienced and suitably registered with the care force regulator, Social Care Wales. The responsible individual (RI) has oversight of the agency. Staff told us, *“There is a clear management presence and support can always be accessed.”* The agency has extended service provision and the RI has been visible throughout. The RI routinely visits individual services and speaks with people who use the agency although, they have not produced a report of their findings. This is a way to monitor the performance of the service in relation to the statement of purpose (SoP) and inform the quality review. We have identified this as an area of improvement which should be addressed by the next inspection.

There are quality and audit systems in place to review the progress and inform the development of the service. The SoP sets out the services available to people who use the agency. It was revised in May 2022. Policies are available for staff to view to support them to carry out their regular duties. The agency conducts a satisfaction survey for users of services, their relatives, staff and professionals. We viewed the last six monthly quality report. We discussed with the RI and manager as there was no overall analysis of the services provided. The RI is to consider improvement of the quality review.

Sound staff recruitment checks are in place. We looked at personnel files for new recruits. We found the necessary pre-employment checks had been conducted for the service providers to decide upon people’s fitness to work with vulnerable people. Newly appointed staff undergo a probationary period to further assess their suitability and complete a recognised induction programme. All staff are registered with Social Care Wales, the social care workforce regulator.

Staff are trained and developed to undertake their role. The majority of staff have worked at the agency for a number of years. Staff told us they felt supported to carry out their roles. Staff update their skills and knowledge via online training. We spoke with staff who had mixed views of the current training provision. Staff have regular supervision and an annual appraisal. The organisation recognises the benefits of regular team meetings and intend to conduct regular team meetings in accordance with reduction of Covid restrictions. Agency staff have supplemented the staff team during episodes of sickness linked to the pandemic. We were told the agency uses a limited number of care workers to ensure consistency and familiarity for people who use the service.

### 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
73	During inspection of the agency we saw no reports following formal three monthly visits to the services. These serve to monitor the performance in relation to the SoP and inform the oversight and quality review.	New





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