



## Inspection Report on

**ISS Healthcare Ltd**

**Pembroke House  
Springmeadow Road  
Rumney  
Cardiff  
CF3 2ES**

## **Date Inspection Completed**

23/01/2023

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## About ISS Healthcare Ltd

|  |   |
|--|---|
| Type of care provided                                      | Domiciliary Support Service   |
| Registered Provider  | ISS Healthcare Ltd  |
| Registered places  | 0   |
| Language of the service                                    | English   |
| Previous Care Inspectorate Wales inspection                | <a href="#">20 August 2019</a>  |
| Does this service provide the Welsh Language active offer? | 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 receive care and support by a dedicated and experienced care team. People told us they share good relationships with regular care staff. The service provider is making adaptations to provide people with more consistency in their care delivery. The provider recognises further work in this area is needed and is making positive changes in how they organise people's care.

Care documentation is stored and updated securely but people do not always have access to the most current personal plan at home. Care staff keep accurate daily records of the care people receive. People would like better communication about changes to their calls and service information. The management team provide oversight of the service, but improvements are required in auditing and monitoring the quality of the service.

Care staff are knowledgeable and understand how to safeguard people from harm. Staff receive a broad range of training and most receive supervision. The management team is acting to ensure all staff receive timely support. Staff have access to policies and procedures that are regularly reviewed. The provider is experiencing changes in the management team and is working in a positive way to improve the oversight of the service people receive.

## Well-being

People and their representatives are involved in planning their care before receiving a service. Things that are important to people are included in the initial assessment completed with the provider. Care staff access personal plan information and complete tasks detailed in the plan. Care staff keep accurate records and include people's choices on a day-to-day basis. Families told us they have good relationships with established care staff.

Agreements between people and the service provider are in place prior to service delivery, however, we found people do not receive a letter of confirmation before starting a package of care. Some people have access to a service user guide, but this was not the case for everyone. Information available to people is not up to date. This is an area of improvement, and we expect the provider to take the necessary actions

People told us they feel confident to speak to care staff or office staff if they have a concern or complaint. Staff receiving people's calls are polite, but not all people feel their concerns are acted upon promptly. We found people who use the service unclear about the formal complaints procedure. People have access to an on-call service which is readily available, and people told us it is responsive.

Overall, most people told us they are listened to, and individual circumstances are considered when care is being delivered. But a small number of people told us they would like more transparency when they contact the service. People and their representatives are not always part of the personal plan review. The provider must ensure that people and their representatives are consulted at every review and their input is documented.

People told us that they feel safe. Staff complete training relating to safeguarding and whistleblowing. The service provides on-going competency checks with care staff, and 'voice of the customer' contact with people to seek their views. Care call times are not always clear to people, and the provider must have better oversight of what people are experiencing. The provider must deliver person-centred care in line with the statement of purpose.

People told us care staff respect their homes, their belongings, and their families. People would like regular updates about the service, the re-introduction of a newsletter is something people would welcome.

## Care and Support

People share good relationships with care staff who treat them with dignity, respect, and kindness. People receive care and support as agreed in the personal plan and many people told us '*Carers go above and beyond*', '*The carers are marvellous*' and '*I don't feel rushed by my carer*'. Most people benefit from continuity of care during the week; but this is not always what people experience at weekends. Most people receive their full allocation of care time.

Although people are involved in planning their care before receiving a service, we cannot be assured the personal plan review is updated every three months with the person and their representative. The provider must ensure that the personal plan; including call times, continue to meet the needs of the person. We expect the provider to make improvements and make necessary changes in a timely manner. Care plans are accompanied by detailed risk assessments which are reviewed annually.

Care needs are well documented, and people's daily records are up to date. People's personal plans and risk assessments are stored, accessed, and updated electronically; this is an improvement since the last inspection. Care staff support people to store and administer medication safely, care staff keep accurate medication records. We found most personal plans contained key information which is an improvement from the last inspection. However, we found a small number of health conditions not documented. The provider must ensure all updates are accurately recorded and available to care staff. Care staff contact the office team should they have a concern about a person's health or well-being. Families told us they are kept informed by care staff.

People told us that care staff follow good infection control measures, dispose of rubbish properly and leave their homes clean and tidy. Staff have ample supplies of Personal Protective Equipment.

People told us they would like better communication from the provider when there are changes to call times and to be told in advance who they can expect in their home. Access to digitalised service information does not meet the needs of most people using the service, the provider must offer information in a variety of formats.

People can be assured that care is provided by trained and dedicated care staff who maintain a good understanding of people's needs. People told us they are happy with the service they receive from care staff but would like better communication and consistency from the provider.

## Environment

This theme is not inspected for domiciliary services. Care and support is delivered within people's own homes. However, we noted there is secure entry to the office building and meeting rooms available for staff supervision and team meetings. There are training facilities available at the office.

People can be confident that information is held securely. We saw all confidential information stored securely on a computer system. The provider ensures that records are retained in a confidential manner and conform to data protection laws.

## Leadership and Management

The provider follows safe recruitment practices, most staff hold a relevant qualification and registration with Social Care Wales. Care staff complete a thorough induction and receive ongoing training. The management team have good oversight of staff training records. Care staff tell us the training is very good, and the management team is supportive. Care staff receive some specialist training specific to people's needs. People would like care staff to further their knowledge and understanding of individual medical conditions. The provider is planning additional training for staff to meet those needs.

Most staff have regular supervision and an annual appraisal; however, a small number of care staff are not receiving regular supervision. We expect the provider to take action in a timely manner. Care staff tell us contracted hours of work are reviewed and Field Care Supervisors monitor staff competencies in people's homes.

The responsible individual monitors the quality of the service. Monitoring visits are not complete, and we expect the RI to make the necessary improvements. Information gathered about the performance of the service is lacking in detail. The Quality Care Review is produced to inform the service provider on the quality of the service. The review does not contain sufficient analysis of information to accurately measure improvements at the service. The RI is taking prompt steps to improve the quality of the auditing and oversight to better inform the quality care review.

Concerns, complaints, and safeguarding matters are recorded electronically. We cannot be assured that every 'event' is logged and people are receiving a prompt response from the service. The RI is taking immediate action to ensure the records are fully maintained, including timescales, actions, outcomes, and lessons learnt. Staff tell us that the management team are responsive to concerns they raise.

Some care staff experience limited travel time between calls. The management team is actively making improvements to call scheduling and resources to improve the quality of the service people receive.

The provider completes various engagement activities with people, staff, and commissioners. This is an improvement since the last inspection; we expect the management team to continue making progress with how it communicates with all stakeholders. The provider meets with the staff team six times a year to provide information and keep staff updated with organisational news. Staff have access to robust policies and procedures. The provider is making positive changes to improve the service people receive.

### 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 |
|------------|---------|--------|
|------------|---------|--------|



|    |   |          |
|----|---|----------|
| 6  | The service provider has failed to deliver key objectives described in the statement of purpose document. There are gaps in the oversight and governance of the service.  | New      |
| 8  | The service provider has failed to provide effective and robust quality monitoring of the service.  | New      |
| 19 | The provider has failed to keep the service user guide up to date; people do not have access to current service information.  | New      |
| 15 | Regulation 15 (7)(e): In preparing a personal plan, the service provider must take into account – (e) any risks to individual’s well-being - In relation to ensuring people’s medical history is reflected and there appropriate risk assessments in place to minimise risk   | Achieved |
| 21 | Regulation 21 (3), (a): The service provider must ensure that care and support is provided in a way which maintains good personal and professional relationships with individuals and staff - Communication to be maintained with people receiving the service regarding changes to call times and staff.                         | Achieved |
| 42 | Regulation 42 (1)(a) &(b): The service provider must offer staff the choice of continuing to be employed under a contract of employment where the number of hours required to be worked per week are (a) at least the average number of hours they have worked; or (b) less than those worked, during the preceding three months. | Achieved |
| 76 | Regulation 76 (1), (d),(e): The responsible individual must put suitable arrangements in place to obtain the views of - (d) service commissioners (e) staff employed at the service   | Achieved |
| 58 | Regulation 58 (1), (2)(c) – (1): The service provider must have arrangements in place to ensure medicines are stored and administered safely and (2) regular auditing of storage and administering of medications takes place.  | Achieved |
| 59 | Regulation 59 (3)(a): The service provider must ensure that records relating to individuals are accurate and up to date   | Achieved |

|    |  |          |
|----|--|----------|
| 21 | Regulation 21 (2): The service provider must ensure that care and support is provided to each individual in accordance with the individual's personal plan.    | Achieved |
| 41 | Regulation 41 (2): A schedule of visits must delineate the time allocated for travel, the time allocated for each visit and time allocated for rest breaks     | Achieved |
| 7  | Regulation 7 (2), (a),(b): The service provider must (a) keep the statement of purpose under review; and (b) where appropriate revise the statement of purpose | Achieved |

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