



## Inspection Report on

**ISS Healthcare Ltd**

**Pembroke House  
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Cardiff  
CF3 2ES**

## **Date Inspection Completed**

14/03/2024

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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	14 February 2023
Does this service promote Welsh language and culture?	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 are happy with the care and support they receive when delivered by their regular care staff. The service involves people to plan and review their care. Promoting people's independence and involving them in their daily tasks is a strength of the service. Care staff securely access people's personal plans which details the care tasks required, and people's needs and preferences. Copies of the personal plan is available to people in their homes and they receive information about the service which is an improvement since the last inspection.

There are recent changes to management and governance of the service, which is having a positive impact. Overall, care staff and other team members receive regular supervision. The responsible individual (RI) monitors the quality of the service people receive and provides supervision to management. Better oversight and robust quality monitoring means areas of improvement seen at the last inspection are met. Further improvements with service delivery, care staff training, and communication are on-going and management show commitment and dedication to continue to better the service.

## Well-being

People know and understand what care, support and opportunities are available to help them achieve their outcomes. Service information and agreements are available. The service does not currently provide the Welsh Active offer; but is flexible in their approach to recruiting care staff to meet the language needs of people considering the service. The service involves people when planning their care and support which is important to ensure their rights and wishes are fully considered. There is a focus on what people can do for themselves. We saw people are actively involved in their care, which is important to them. People are treated with dignity, and we found care staff respect people's living arrangements and are sensitive to those with challenges in their personal circumstances.

People feel listened to, and there are strong and trusting bonds between care staff and individuals. This enables people to have confidence to raise concerns or worries they may have. People are aware of how to make their concerns known and they have the right information to raise a complaint. People would like better communication from the service to ensure they get timely updates. The RI is aware and is taking prompt action.

People mostly get the right support at the right times, although this is not always consistent. The service regularly includes individuals to review their care and support and arranges visits or phone calls. This gives people the opportunity to reflect on the service they receive and to inform the care provider of essential updates about their health, well-being, and personal circumstances. The service values people's views and opinions, and this is important to make the right changes to the service to further improve outcomes for people.

Care staff ensure people feel valued by treating them with warmth and kindness. People told us they look forward to their care visits. Some social needs are being met because they chat freely, conversation is easy and natural, and this enables individuals to talk about things that are important to them. Care documentation captures information about people's lives and circumstances, and the care staff have an in-depth knowledge about people which is invaluable. We were told *'It's lovely to see the same carer'* and *'My carer is helpful and like a friend.'*

## Care and Support

People access information about the service and their agreed care package. When we visited people in their homes, we saw they have a service user guide, a copy of their personal care plan and the local authority care and treatment plan. People sign an agreement before receiving care and support. The service user guide we saw during our inspection is not up to date. However, the RI is aware and is taking action to ensure the information available to people is always accurate and reviewed annually.

People speak for themselves and contribute when reviewing their care and support. The service completes a review to update the personal plan every three months. Records tell us reviews are taking place at the appropriate frequency for most people. We found personal plans are up to date, and person centred, but not all information is accurate. The manager completes regular audits and is making necessary changes to ensure all information is correct. Care staff access the personal plan to follow the care tasks.

People's care and support needs are met most of the time. Care staff encourage people to do as much for themselves as they can, and individuals appreciate this approach. Overall, care staff know people extremely well, and we observed kind and professional care. People told us *'My carer is marvellous'* and *'I would not be able to stay at home if it was not for this service.'* Care staff support people to achieve good outcomes with their personal care, to maintain their nutritional needs and to keep as active and mobile as they can be. Care staff maintain good daily records of the care people receive, and care calls run mostly on time. Overall people are happy with the service when they see their regular care staff, but it can be *'Hit and miss'* at other times. People told us they would like better communication with the service. The RI is aware, and they are taking immediate steps to resolve this.

Care staff support people with medication. The service completes an assessment to establish what an individual can do for themselves, and the support required to safely manage their medications. There is a medication policy for care staff to follow and refer to for guidance. Not all staff are up to date with medication training, but the manager is taking immediate action to resolve this.

## Leadership and Management

There are solid leadership and management arrangements at the service. Recent changes with management is positively impacting on how it operates. The organisational structure is clear, and we are told the service is more organised, teamwork is better, and morale is much improved. Staff across the service unanimously told us management is approachable and there is a great deal of confidence with how the service is being managed. Some told us *'This is a positive change, things get done.'* The management completes effective auditing of the service and takes action to make necessary changes. The RI completes regulatory activities to a high standard and informs the provider of how the service is performing. The quality-of-care review details what is working well and what the service needs to do better. The RI is aware of the need for better continuity of care and communication to people. Robust auditing and governance identify this as a key area for the service to address.

Most care staff feel valued, supported and well supervised. We observed records relating to training, supervision, and competency. Records relating to induction were not available, but care staff told us of their experiences. There are several care staff who are considerably overdue with core training, which includes safeguarding, medication, pressure area care and manual handling. The management is taking immediate action to ensure all care staff complete their training and understand their roles and responsibilities.

Most records relating to safe recruitment of care staff were available to us. All care staff hold a current Disclosure and Barring service certificate and supporting risk assessments are stored securely. Over half of care staff are registered with Social Care Wales (SCW), the workforce regulator. Some care staff hold a relevant social care qualification. The service expects new care staff to gain a qualification and register with SCW.

Care staff access up to date policies and procedures and staff meetings are a new development to improve communication. Care staff told us *'I am happy, I have a regular run'* but also *'We need better communication about added or cancelled calls.'* We observed care staff do not always have sufficient travel times and break times which is a regulatory requirement. The RI is aware and taking action to address this.

The statement of purpose (SOP) is a regulatory requirement which informs all stakeholders of how the provider plans to deliver the service. The SOP is reflective of the service people receive and this is an improvement since the last inspection.

### 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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N/A	No non-compliance of this type was identified at this inspection	N/A
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.	Achieved
8	The service provider has failed to provide effective and robust quality monitoring of the service.	Achieved
19	The provider has failed to keep the service user guide up to date; people do not had access to current service information.	Achieved



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