



## Inspection Report on

**Angeni Support**

**Angeni Support**  
**Office 3,4,5 Valleys Enterprise Centre**  
**Merthyr Tydfil Industrial Park**  
**Merthyr Tydfil**  
**CF48 4DR**

**Date Inspection Completed**

05/10/2023

**Welsh Government © Crown copyright 2023.**

*You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk)*  
*You must reproduce our material accurately and not use it in a misleading context.*

## About Angeni Support

Type of care provided	Domiciliary Support Service
Registered Provider	Angeni Support Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	[Manual Insert]
Does this service promote Welsh language and culture?	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

People are happy with the care they receive from Angeni Support Services. Personal plans and risk assessments provide detailed information on individual care needs. Regular reviews ensure plans remain up to date and current. Care staff understand and respect people's routines. Staff provide support with the safe administration of medication. People have positive relationships with staff and benefit from receiving reliable support from a familiar staff team.

A variety of recruitment checks ensure staff are suitable to work for the service. Audits are completed to check systems work well and remain safe. A range of up-to-date policies supports best practice. Rotas are well managed although some calls are not always received at scheduled times. Care staff are very happy working for the service and receive ongoing training and supervision. The responsible individual (RI) is present in the service and has good oversight over the care provided. A range of innovative schemes support staff in their role and the management team is committed to the ongoing development and improvement of the service.

## Well-being

The service supports people to have choice and control over their care. Personal plans record people's routines and preferences, and staff understand and follow these. Regular reviews and quality assurance discussions enable people to provide feedback on the care they receive. Feedback from people and relatives confirm they have good communication with office and care staff and the service is flexible and responsive to requests. Information is provided on how to make a complaint and people confirm the service takes action to address any issues.

People are happy with the care they receive and have positive relationships with staff. Care is provided by a consistent team of staff which helps build trusting and comfortable relationships. Staff have access to personal plans and risk assessments so they can provide safe and appropriate care. People receive medication as prescribed to ensure they remain as healthy as they can be. Regular reviews identify any changes in people's care needs or circumstances. People consistently tell us they feel happy with the service they receive and speak highly of the staff team who support them.

There are measures in place to protect people from harm. Care staff understand their safeguarding responsibilities and are confident in reporting concerns. Regular audits ensure both documentation and direct care is completed to a consistently good standard. Staff benefit from ongoing training and supervision to ensure they remain adequately supported and skilled to provide care. People receive support from staff who receive infection control training and understand how to use personal protective equipment. Recruitment checks are completed to a good standard to ensure staff are suited to their roles. Ongoing quality assurance checks make sure the service continues to work effectively.

The service provides a Welsh Active Offer. Bi-lingual documentation is available. A number of staff are either fluent in the Welsh Language or in the process of learning Welsh. Language is considered during the assessment process.

## Care and Support

People benefit from a good standard of care and support. People tell us they receive good quality care from a small and stable team of staff. Care tasks are completed in an unhurried manner and staff stay for the full duration of their calls. Feedback from people and call records evidence calls are not always received at the scheduled time but that staff always notified people when they were running late. We were told office staff are easily contactable, the service offers flexible support and strives to accommodate requests as much as possible. Comments from people and relatives include:

*"We are happy with the service and feel nice and comfortable with staff who are really friendly".*

*"They are marvellous",*

*"I have never met people like them they are great",*

*"They are all very good", "These are the best they have been",*

*"I am very fond of all my carers", "I couldn't manage without them",*

*Office staff are "Helpful and easy to contact".*

People's health and care needs are understood and met. Personal plans provide details on people's physical needs, medical backgrounds, and routines. We found people's signatures on plans which indicate they are included and agree with the care provided. A one page personal profile helps care staff to gain insight into the person's life, likes/dislikes and wishes. Care staff tell us they have access to up to date plans and information before providing hands on care. Monitoring forms and daily electronic recordings are completed to evidence staff are undertaking care in line with personal plans. Reviews completed by the service identify any changes in needs and we saw evidence of positive links with social and health care professionals.

Medication is managed and administered safely. We viewed a sample of medication administration records (MAR's) and found these to be completed appropriately. Routine audits ensure medication records are managed correctly and contain no gaps or errors. Completed charts are collected and submitted in a timely manner and are stored safely.

## Leadership and Management

Staff are recruited safely and receive regular training. A sample of recruitment files show various background checks are completed before people are offered employment. Newly appointed staff tell us they receive a positive induction period which offers training and shadowing opportunities. Training records we viewed and feedback from care staff confirm they have access to regular core and specialist training and feel skilled to undertake their role. Staff told us training is *“amazing”* and *“I have learned loads”*. The service stands out as sector leading in providing first response training to key staff and purchasing specialist equipment to assist people at times of crisis.

Staff feel supported and benefit from ongoing supervision. Supervision records and annual appraisals show care staff are given the opportunity to discuss issues, practices, and personal development in a formal setting. The service is outstanding in the level of support it offers, including arranging a number of wellbeing sessions with an outside provider and offering regular team building events. Care staff feel very happy in their role and valued by the management team. Comments include:

*“They are a good company to work for”, “I really enjoy it, I have a good job”.*

The service is *“very supportive”* and *“always praising our work”*.

*“They are on top form”* and *“they tell us then we are doing a good job”*.

*“We feel like part of a family, I wouldn’t want to work anywhere else”.*

The service considers the quality of care provided and encourages positive practices. The RI seeks feedback from people using the service on a three monthly basis. Six-monthly quality of care reviews are completed to identify what the service does well, and any improvements needed. The management team thinks creatively when recognising good practices and provides a range of ongoing incentives and rewards. A formal awards event has also been arranged by the service to recognise staff achievements and exceptional attitudes to care.

Effective management arrangements are in place. Concerns and significant events are reported to the appropriate agencies. The service uses a range of internal audits to support the oversight of a number of areas. We viewed a selection of policies and found these to be fit for purpose and up to date. Regular staff team meetings are held to give all employees the opportunity to discuss their work. Rotas are well managed with additional calls only allocated after discussion with care staff. Staff report they have adequate time to spend with people during each call and are given ample time to travel from one call to the next.

### 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
------------	---------	--------

N/A	No non-compliance of this type was identified at this inspection	N/A
35	Some elements of the required recruitment checks are not always completed.	Achieved
58	People cannot be assured medication is administered or recorded as required.	Achieved



### **Was this report helpful?**

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

**Date Published** 07/11/2023