



# Inspection Report on

**Angeni Support**

**8 Venture Wales Centre  
Merthyr Ind Est  
Pentrebach  
Merthyr Tydfil  
CF48 4DR**

**Date Inspection Completed**

26/01/2023

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## 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	03/10/2022
Does this service provide the Welsh Language active offer?	This theme was not considered at this inspection.

### Summary

We undertook an unannounced focused inspection to consider specific areas. These relate to supervision, medication management and personal plans.

Overall, personal plans are completed and up to date. Medication administration records require improvement as they contain gaps. Staff receive regular supervision however staff rotas require some improvement. Care calls are completed as described in personal plans and people tell us they receive reliable care in a professional manner.

## Well-being

The quality of care and support is of a good standard however the completion of medication records require improvement. There are sufficient staff in place to provide support to people and care calls are not rushed or hurried. The service ensures care is delivered at agreed times and for the full call duration. Personal plans are in place to outline individual needs. Medication administration record (MAR) charts require strengthening to ensure these are managed effectively.

Positive relationships with staff support people's emotional well-being. People confirm staff are friendly and relatives told us they feel reassured with the care provided. People are aware of how to make complaints or raise concerns and feel comfortable in doing this.

## Care and Support

As this is a focussed inspection this theme will not be considered in full. Consideration will be given to specific areas and general observations made during the inspection visit.

The management of medication charts requires improvement. People and relatives told us medication is administered as required and we saw evidence of ongoing audits to support positive medication management. However, some medication administration record (MAR) charts we viewed evidence gaps, particularly around the application of creams, gels, inhalers, and supplementary drinks. Some staff told us medication charts are always fully completed while others stated they had seen *“gaps in charts”* and that *“Some staff don’t sign refusals; they forget to write this in sometimes”*. We advised the service this is an area for improvement, and we would expect the provider to take action in a timely manner.

Overall, personal plans are detailed and up to date. We examined a selection of plans and found these to contain current information and sufficient detail around people’s health and social care needs. We noted one isolated exception where an updated plan was not on file and lacked sufficient detail around nutrition, this was immediately addressed by the service.

People feel they receive positive care, staff arrive on time and remain for the full duration of the call. Comments include *“The carers are really wonderful”*, *“All the girls are lovely”*, *“Fantastic”*, *“Staff go above and beyond”*, *“We are very happy with the service”* and *“They (staff) do everything they need to”*. A relative told us *“The service has made such a difference to us as a family”* and staff *“Take their time”* when providing care. The service uses an electronic call monitoring system to monitor when care staff arrive and leave calls. Most people confirmed they receive regular care staff while others stated even though they did not always receive the same staff *“They are all lovely”* and *“I can’t thank them enough”*.

## **Environment**

As this is a focussed inspection this theme will not be considered in full. Consideration will be given to specific areas and general observations made during the inspection visit.

We visited the office premises and found confidential records are stored securely with no personal or confidential information on display. Documentation which is stored electronically benefits from passwords and paper records are stored in locked cupboards.

## Leadership and Management

As this is a focussed inspection this theme will not be considered in full. Consideration will be given to specific areas and general observations made during the inspection visit.

Staff rotas require some improvement. Staff feedback around rotas was mixed; comments include *"They are all over the place"* and *"Change a lot while out on call"*. Others state rotas are *"Perfect"* and *"Fantastic"* and *"They work well for me and my family."* Staff confirmed they are mostly contacted to advise of any rota changes or to check their availability to complete extra calls. Most staff report travel times are allocated between calls but on occasion these may not always be sufficient. Comments include *"They (calls) can be hit and miss"* and *"Sometimes it's a massive rush and other times we are waiting around"*.

Overall staff feel supported in their role. One staff member told us *"I love the work and the job itself"*. Many staff report office coordinators are supportive, comments include the Responsible Individual *"is marvellous"* and *"Coordinators are very good"*, *"I can talk to them (office staff) and they are straight on it"* and *"There is always someone to talk to"*. The supervision matrix we viewed evidenced staff receive regular supervision sessions to support development, discuss practice and their general wellbeing.

People told us they can contact the office with any concerns, comments include speaking with the Responsible Individual, who was described as *"helpful"*. Overall, relatives feel communication with the service is positive and they are updated of any changes.

### 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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58	People cannot be assured medication is administered or recorded as required.	New
35	Some elements of the required recruitment checks are not always completed.	Reviewed

**Date Published** 24/02/2023