Arolygiaeth Gofal Cymru
Care Inspectorate Wales

Inspection Report on

ALP Supported Living Services Ltd

8 Coed Cae
Rassau
Ebbw Vale
NP23 5TP

Date Inspection Completed

11/06/2024

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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	09 June 2022
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 very complimentary about the services they receive from ALP Supported Living Services. The agency provides 24 hour care and support to enable people to live in the community. The service adopts a person centred focus which promotes people's independence and supports their safety. People receive a high standard of care and support from skilled and dedicated staff which has led to them achieving positive wellbeing outcomes. The manager is experienced, having run the service for a number of years; a stable staff team supports them. The Responsible Individual (RI) has good oversight and seeks the views of people to improve and develop the service. Professionals gave us positive feedback about the care packages they commission for people.

Well-being

People have choice and control over their lives. People are supported with their daily activities to maintain their independence. Staff support people with their care, domestic and budgeting needs to maintain their living arrangements. Advocacy support can be accessed for people as and when needed. People's views and opinions are regularly sought to develop and improve the service. People are involved in the recruitment of staff which reinforces their rights and choices. People are highly complementary of the service. They told us *"Life's ok I go out and about. I'm keeping well fed and good,"* and *"Everything is ok with me- it's lovely here." "Things are good."*

People benefit from positive relationships with staff and others. Staff are familiar and know people well which provides stability and security for them. Peoples care plans set out how they want to be supported and individuals are engaged in this process as much as they want to be. People's compatibility is considered during the admission process, and individuals told us how they liked to spend time with others. Staff support people to maintain relationships of importance to them such as with their family and friends. People told us they are happy and belong. *"X is very close to the other tenants and staff. They have become not just friends but family as well."* "*Were all spoilt, staff do everything for you. I have no complaints at all." "Its ok here, friendly" "When I need support I get it, like a second family."*

The service supports people with their healthcare and wellbeing. People attend health appointments and screening checks. Staff promote healthy lifestyle choices to maintain people's wellbeing. There is a consistent and experienced staff team who know people well so can quickly pick up any change in a person's needs. Staff provide emotional support to people during hospital stays which supports them with their recovery. There is a positive culture within the management team which drives the values of the service. Relatives told us*, "Mam is well looked after and happy." "I am extremely happy with my relative's care. He loves living at X and all the staff who support him."*

People are safeguarded from harm. Staff are trained to report concerns and respond to incidents. The agency's policies and procedures provide guidance to staff. Recruitment practises which demonstrate staff's fitness to work with vulnerable people are robust.

The provider does not offer a service to people in Welsh and would have to plan how to facilitate a service if this is needed. Information can be provided in Welsh language if requested.

Care and Support

People are treated with dignity and respect. People's personal plans set out how they want to be supported. The plans are person centred and include people's likes and preferences. People and their relatives are involved in drawing up their plans during admission to the service. We did see some regional variation in plans. Management agreed people's plans will be standardised to ensure a consistent approach to service delivery. They gave assurance this work will commence immediately.

Routine reviews of people's plans are taking place. People are engaged as much as they want to be in the process. We saw this documented in plans. People told us about support given to help them achieve their personal outcomes. The review process could be strengthened by recording such information during reviews. People told us they are happy with the services they receive.

People receive a dependable and reliable service which listens to their views. People have positive relationships with staff who are familiar having worked with them for some time. People are supported to take positive risks which promotes their independence. We saw individual risk assessments in place which support people to take an active part in their lives. People are engaged in a range of activities both to maintain their tenancy and in the community to pursue their social and leisure interests.

People's activities are tailored according to their hobbies, interests and what is meaningful to them. Before Covid, some people attended local authority day activity provision. These services are no longer available, so the manager has sought out opportunities for people in their local communities. This has enabled people to meet up with old friends and to form new relationships. People attend a range of activities from colleges, arts and craft classes, meals out and cinema trips. People are given opportunity to go on day trips and holidays.

Safe medicine arrangements are in place. Staff undertake training to support individuals with their medication. Regular audits ensure staff adhere to the agency's medicine practices. Staff told us they receive sufficient training to perform their duties. A medication policy is in place which provides further guidance.

Leadership and Management

The leadership at the service creates a positive culture which promotes the delivery of personal outcomes for people. The manager is experienced and registered with Social Care Wales. They head a stable staff group who are skilled, trained and dedicated, the majority having achieved a recognised care qualification. All staff are registered with the workforce regulator. We found the positive values of the management team drive standards. Staff are complimentary of managers saying they are "*approachable"* and *"always on the end of the phone."* Staff are positive and feel supported to carry out their role.

There are clear lines of management and established systems which support the running of the agency. The RI is a visible presence. They oversee the agency, seek feedback from people who use the service and completes the necessary quality assurance reports. The positive feedback received from people who use the service, staff and professionals shows the agency successfully provides personalised, bespoke packages of care and support.

Vetting processes are sufficiently robust to demonstrate staff's fitness to work with vulnerable adults. The agency carries out pre employment checks in the form of Disclosure and Barring (DBS) and seeking former employer references. The necessary forms of identification are retained for staff.

Staff are trained and developed to conduct their roles. Newly appointed staff complete a recognised induction programme and are expected to complete a recognised care qualification. Staff can update their skills and knowledge via online training. Staff have opportunity for regular supervision. We saw the service's vision and values are implemented by staff.

Summary of Non-Compliance	
Status	**What each means**
New	This non-compliance was identified at this inspection.
Reviewed	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.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	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
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.	Achieved

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